

Date of Report:

BURNED-AREA REPORT

(Reference FSH 2509.13)

PART I - TYPE OF REQUEST

A. Type of Report

- ☐ 1. Funding request for estimated WFSU-SULT funds
- ☐ 2. Accomplishment Report
- ☒ 3. No Treatment Recommendation

B. Type of Action

- ☐ 1. Initial Request (Best estimate of funds needed to complete eligible rehabilitation measures)
- ☐ 2. Interim Report
 - ☐ Updating the initial funding request based on more accurate site data or design analysis
 - ☐ Status of accomplishments to date
- ☐ 3. Final Report (Following completion of work)

PART II - BURNED-AREA DESCRIPTIONA. Fire Name: BAGLEYB. Fire Number: SHF 2589C. State: CAD. County: SHASTAE. Region: 5F. Forest: SHASTA-TRINITYG. District: SHASTA LAKEH. Date Fire Started: 11-19-2005I. Date Fire Contained: 11-20-2005

J. Suppression Cost: _____

K. Fire Suppression Damages Repaired with Suppression Funds

- 1. Fireline waterbarred (miles): 2
- 2. Fireline seeded (miles): _____
- 3. Other (identify): _____

L. Watershed Number: 1802000312M. Total Acres Burned: 432

NFS Acres(432) Other Federal () State () Private ()

N. Vegetation Types: MIXED CONIFER, OAK, SHRUBO. Dominant Soils: NUENSP. Geologic Types: METASEDIMENTARY

Q. Miles of Stream Channels by Order or Class:

R. Transportation System

Trails: miles Roads: miles

PART III - WATERSHED CONDITION

- A. Burn Severity (acres): 432 (low) 0 (moderate) 0 (high)
- B. Water-Repellent Soil (acres): 0
- C. Soil Erosion Hazard Rating (acres):
 200 (low) 200 (moderate) 32 (high)
- D. Erosion Potential: 2 tons/acre
- E. Sediment Potential: 40 cubic yards / square mile

PART IV - HYDROLOGIC DESIGN FACTORS

- A. Estimated Vegetative Recovery Period, (years): N/A FOR ALL
- B. Design Chance of Success, (percent):
- C. Equivalent Design Recurrence Interval, (years):
- D. Design Storm Duration, (hours):
- E. Design Storm Magnitude, (inches):
- F. Design Flow, (cubic feet / second/ square mile):
- G. Estimated Reduction in Infiltration, (percent):
- H. Adjusted Design Flow, (cfs per square mile):

PART V - SUMMARY OF ANALYSIS

- A. Describe Watershed Emergency: NO EMERGENCY
- B. Emergency Treatment Objectives:

C. Probability of Completing Treatment Prior to First Major Damage-Producing Storm:

Land ___ % Channel ___ % Roads ___ % Other ___ %

D. Probability of Treatment Success

| | Years after Treatment | | |
|---------|-----------------------|---|---|
| | 1 | 3 | 5 |
| Land | | | |
| | | | |
| | | | |
| Channel | | | |
| | | | |
| | | | |
| Roads | | | |
| | | | |
| Other | | | |
| | | | |

E. Cost of No-Action (Including Loss):

F. Cost of Selected Alternative (Including Loss):

G. Skills Represented on Burned-Area Survey Team:

| | | | | |
|--------------------------------------|-----------------------------------|---|--------------------------------------|--------------------------|
| <input type="checkbox"/> Hydrology | <input type="checkbox"/> Soils | <input type="checkbox"/> Geology | <input type="checkbox"/> Range | <input type="checkbox"/> |
| <input type="checkbox"/> Forestry | <input type="checkbox"/> Wildlife | <input type="checkbox"/> Fire Mgmt. | <input type="checkbox"/> Engineering | <input type="checkbox"/> |
| <input type="checkbox"/> Contracting | <input type="checkbox"/> Ecology | <input type="checkbox"/> Botany | <input type="checkbox"/> Archaeology | <input type="checkbox"/> |
| <input type="checkbox"/> Fisheries | <input type="checkbox"/> Research | <input type="checkbox"/> Landscape Arch | <input type="checkbox"/> GIS | |

Team Leader:

Email:___

Phone:___

FAX:___

H. **Treatment Narrative:**

(Describe the emergency treatments, where and how they will be applied, and what they are intended to do. This information helps to determine qualifying treatments for the appropriate funding authorities. For seeding treatments, include species, application rates and species selection rationale.)

Land Treatments:

Channel Treatments:

Roads and Trail Treatments:

Structures:

I. Monitoring Narrative:

(Describe the monitoring needs, what treatments will be monitored, how they will be monitored, and when monitoring will occur. A detailed monitoring plan must be submitted as a separate document to the Regional BAER coordinator.)

Part VI – Emergency Rehabilitation Treatments and Source of Funds by Land Ownership

| | | | NFS Lands | | | | Other Lands | | | | All |
|--------------------------|-------|------|-----------|---------|-------|--|-------------|-----|-------|---------|-------|
| | | Unit | # of | WFSU | Other | | # of | Fed | # of | Non Fed | Total |
| Line Items | Units | Cost | Units | SULT \$ | \$ | | units | \$ | Units | \$ | \$ |
| | | | | | | | | | | | |
| A. Land Treatments | | | | | | | | | | | |
| | | | | \$0 | | | | \$0 | | \$0 | \$0 |
| | | | | \$0 | | | | \$0 | | | |
| | | | | \$0 | | | | \$0 | | \$0 | \$0 |
| | | | | \$0 | | | | \$0 | | \$0 | \$0 |
| Subtotal Land Treatments | | | | \$0 | | | | \$0 | | \$0 | \$0 |
| B. Channel Treatments | | | | | | | | | | | |
| | | | | \$0 | | | | \$0 | | \$0 | \$0 |
| | | | | \$0 | | | | \$0 | | \$0 | \$0 |
| | | | | \$0 | | | | \$0 | | \$0 | \$0 |
| | | | | \$0 | | | | \$0 | | \$0 | \$0 |
| Subtotal Channel Treat. | | | | \$0 | | | | \$0 | | \$0 | \$0 |
| C. Road and Trails | | | | | | | | | | | |
| | | | | \$0 | | | | \$0 | | \$0 | \$0 |
| | | | | \$0 | | | | \$0 | | \$0 | \$0 |
| | | | | \$0 | | | | \$0 | | \$0 | \$0 |
| | | | | \$0 | | | | \$0 | | \$0 | \$0 |
| Subtotal Road & Trails | | | | \$0 | | | | \$0 | | \$0 | \$0 |
| D. Structures | | | | | | | | | | | |
| | | | | \$0 | | | | \$0 | | \$0 | \$0 |
| | | | | \$0 | | | | \$0 | | \$0 | \$0 |
| | | | | \$0 | | | | \$0 | | \$0 | \$0 |
| | | | | \$0 | | | | \$0 | | \$0 | \$0 |
| Subtotal Structures | | | | \$0 | | | | \$0 | | \$0 | \$0 |
| E. BAER Evaluation | | | | | | | | | | | |
| | | | | \$0 | | | | \$0 | | \$0 | \$0 |
| | | | | \$0 | | | | \$0 | | \$0 | \$0 |
| | | | | | | | | | | | |
| | | | | \$0 | | | | \$0 | | \$0 | \$0 |
| | | | | | | | | | | | |
| G. Totals | | | | \$0 | | | | \$0 | | \$0 | \$0 |
| | | | | | | | | | | | |

PART VII - APPROVALS

1. _____
Forest Supervisor (signature)

Date

2. _____
Regional Forester (signature)

Date