



PLANTS OF CONCERN LAND MANAGEMENT FORM – 2011

PART 2: HISTORY

PERSON COMPLETING FORM: _____

DATE SUBMITTED: _____

This form only needs to be completed once for each EOR or subpopulation. If you previously completed this part of the Land Management form for the subpopulation, only complete Part 1. One form may be used for multiple species sharing a management area.

SECTION 1: GENERAL SPECIES AND SITE IDENTIFICATION

Please specify Taxon, Subpop#, and EOR#:

SITE NAME: _____	1. TAXON: _____
COUNTY: _____	SUBPOP, EOR: _____
LAND OWNER: _____	2. TAXON: _____
MANAGER: _____	SUBPOP, EOR: _____
	3. TAXON: _____
	SUBPOP, EOR: _____

SECTION 2: POPULATION INFORMATION

HABITAT/COMMUNITY TYPE: _____
(CW CLASSIFICATION from Biodiversity Recovery Plan, starting on p. 140– available at www.plantsofconcern.org)

IS THIS POPULATION:

- Naturally occurring
- Introduced through restoration
- Both
- Don't know

IF INTRODUCED, PLEASE PROVIDE THE FOLLOWING INFORMATION:

FROM			YEAR	SOURCE
SEED	PLANT	BOTH		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

(Indicate which species, if multiples are included on form.)

SECTION 3: LAND USE HISTORY OF THE SITE, AS IT MAY AFFECT THE SUBPOPULATIONS

PLOWING/AGRICULTURE:	GRAZING:	TILING/DITCHING:	OTHER: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	_____
<input type="checkbox"/> Don't Know	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Don't Know	_____
Years: _____	Years: _____	Years: _____	Years: _____

SECTION 4: HISTORY OF GENERAL SITE MANAGEMENT

YEAR MANAGEMENT BEGAN: _____

In ANY year, has site had:

BURNING?	INVASIVE BRUSH OR TREE REMOVAL?	HERBACEOUS INVASIVES REMOVAL?	MOWING FOR COMMUNITY MANAGEMENT?	HYDROLOGICAL MODIFICATIONS?
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
<input type="checkbox"/> Don't Know	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Don't Know

OTHER MANAGEMENT CONDUCTED WITHIN THE SITE: _____