



WORCESTER SOIL CONSERVATION DISTRICT

304 COMMERCE STREET • SNOW HILL, MD 21863 • PHONE 410-632-5439 (EXTENSION 3)

EROSION AND SEDIMENT CONTROL PLAN FOR FOREST HARVEST OPERATIONS

I. Site Information

- A. Location: _____
(Include vicinity map showing intersection of two major roads.)
- B. Nature of Operation: _____ Acres harvested: _____ Pine acres harvested: _____
- C. Plan Type: Standard Plan Standard Plan w/SMZ Custom Plan Custom Plan w/BMP design

II. Landowner and Operator Information

- A. Landowner(s): _____
Address: _____
Phone: _____ Email: _____
- B. Operator: _____
Address: _____
Phone: _____ Email: _____
Current F.P.O. Lic. #: _____ Green card #: _____
- C. Plan Preparer: _____ Professional License #: _____
Phone: _____ Email: _____

1. List the names of other operators who may be involved in the harvest and the nature of their operations:

2. If subcontracting to any of the operators listed above, do you assume responsibility for their compliance with this plan? Yes No (If **no**, they must obtain a separate plan prior to their operations.)

III. Agreement

- A. I/We agree to adhere to Standard Erosion and Sediment Control Plan for Forest Harvest Operations, and to grant inspectors and Maryland DNR Forest Service staff the right of entry to the site to monitor compliance. Contact Ryan Galligan, DNR Forest Service 443-521-9842 or Ryan.Galligan@maryland.gov at least 3 business days prior to mobilizing any harvesting equipment.
- B. I am aware of the landowner's responsibility in preventing accelerated erosion and sedimentation during and subsequent to forest harvest operations as mandated by the rules and regulations adopted by the State of Maryland and local jurisdictions, and the *2015 Maryland Soil Erosion and Sediment Control Standards and Specifications for Forest Harvest Operations*.
- C. I agree to require that all operators conducting forest harvest operations on my property to adhere to the requirements of the Standard Plan.

Landowner: _____ Date: _____
Operator: _____ Date: _____
Worcester SCD Approved: _____ Date: _____

Note: Plan is valid for 3 years from approval date

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