

Date of Report:

BURNED-AREA REPORT
(Reference FSH 2509.13)



NO TREATMENT DECISION AND FIRE UNDER 300 ACRES- Fill out the yellow highlighted sections, have Forest Supervisor sign, and send to Regional BAER Coordinator. BR, 2005

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 DESCRIPTION

A. Fire Name: Bolli B. Fire Number: P5DF45

C. State: CA D. County: Shasta

E. Region: 5 F. Forest: Shasta-Trinity

G. District: McCloud

H. Date Fire Started: 5/20/2007

I. Date Fire Contained: 5/27/2007

J. Suppression Cost: 1.5M

K. Fire Suppression Damages Repaired with Suppression Funds

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

L. Watershed Number: 180200040404

M. Total Acres Burned: 730

NFS Acres(250) Other Federal () State () Private (480)

N. Vegetation Types: Mixed Conifer

O. Dominant Soils: Neuns

P. Geologic Types: Metamorphic

Q. Miles of Stream Channels by Order or Class:

R. Transportation System

Trails: miles Roads: miles

PART III - WATERSHED CONDITION

A. Burn Severity (acres): 438 (low) 183 (moderate) 110 (high)

B. Water-Repellent Soil (acres):

C. Soil Erosion Hazard Rating (acres):

 (low) (moderate) (high)

D. Erosion Potential: tons/acre

E. Sediment Potential: cubic yards / square mile

PART IV - HYDROLOGIC DESIGN FACTORS

A. Estimated Vegetative Recovery Period, (years): 3

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:

- Fish habitat of main Chatterdown Creek draining into the McCloud River.
 - Large burned out clear-cuts on upper Chatterdown headwaters.
- Sediment, mud flows, landslide instability above Chatterdown Creek.
 - Chatterdown creek into McCloud River above the Bollibokka Club.
- Domestic water sources, sediment and turbidity esp. for Bollibokka Club.
- Soil erosion and loss of productivity in steep hot burned, gravelly, hydrophobic soils in clear-cuts that have steep draws into creek.

B. Emergency Treatment Objectives:

Natural recovery was selected as treatment since soil had good soil moisture even in areas that burned hot. Seed source was adequate and soils were deep with good topsoil.

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 checked="" type="checkbox"/> Hydrology	<input checked="" 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 checked="" type="checkbox"/> Fisheries	<input type="checkbox"/> Research	<input type="checkbox"/> Landscape Arch	<input type="checkbox"/> GIS	

Team Leader: Brad Rust

Email: brust@fs.fed.us

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

Line Items	Units	Unit Cost	# of Units	WFSU SULT \$	Other \$	# of units	Fed \$	# of Units	Non Fed \$	Total \$
A. Land Treatments										
				\$0	\$0		\$0		\$0	\$0
				\$0	\$0		\$0		\$0	\$0
				\$0	\$0		\$0		\$0	\$0
<i>Insert new items above this line!</i>				\$0	\$0		\$0		\$0	\$0
<i>Subtotal Land Treatments</i>				\$0	\$0		\$0		\$0	\$0
B. Channel Treatments										
				\$0	\$0		\$0		\$0	\$0
				\$0	\$0		\$0		\$0	\$0
				\$0	\$0		\$0		\$0	\$0
<i>Insert new items above this line!</i>				\$0	\$0		\$0		\$0	\$0
<i>Subtotal Channel Treat.</i>				\$0	\$0		\$0		\$0	\$0
C. Road and Trails										
				\$0	\$0		\$0		\$0	\$0
				\$0	\$0		\$0		\$0	\$0
				\$0	\$0		\$0		\$0	\$0
<i>Insert new items above this line!</i>				\$0	\$0		\$0		\$0	\$0
<i>Subtotal Road & Trails</i>				\$0	\$0		\$0		\$0	\$0
D. Structures										
				\$0	\$0		\$0		\$0	\$0
				\$0	\$0		\$0		\$0	\$0
				\$0	\$0		\$0		\$0	\$0
<i>Insert new items above this line!</i>				\$0	\$0		\$0		\$0	\$0
<i>Subtotal Structures</i>				\$0	\$0		\$0		\$0	\$0
E. BAER Evaluation										
				\$0	\$0		\$0		\$0	\$0
				\$0	\$0		\$0		\$0	\$0
<i>Insert new items above this line!</i>				\$0	\$0		\$0		\$0	\$0
<i>Subtotal Evaluation</i>				\$0	\$0		\$0		\$0	\$0
F. Monitoring										
??????				\$0	\$0		\$0		\$0	\$0
<i>Insert new items above this line!</i>				\$0	\$0		\$0		\$0	\$0
<i>Subtotal Monitoring</i>				\$0	\$0		\$0		\$0	\$0
G. Totals										
				\$0	\$0		\$0		\$0	\$0

PART VII - APPROVALS

1. _____
 Forest Supervisor (signature) _____
 Date

2. _____
 Regional Forester (signature) _____
 Date