

Montana Forest Stewardship Plan Supplement
Insects & Diseases in Forest Ecosystems

Landowner name _____

Date of survey _____

IDMU (Insect & Disease Management Unit) (referenced to your original Forest Stewardship Plan)

Insect & Disease Management Unit (IDMU) # _____	Estimated Acreage: _____
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Outline the identified IDMU or copy your property map and draw on your IDMU's:

Infestation Size

x = less than 0.1 of an acre

Δ = 0.1 to 1 acre

□ = 1 to 5 acres

 = areas larger than 5 acres should be outlined directly on the map

 = infestations that follow linear features such as roads and streams should be designated by drawing lines on the map

In addition to drawing the line on the map, record the following information:

1. *Width of line.* Record the width of the infestation in meters or yards next to the line drawn on the base map.
2. *Direction of infestation from line.* Next to the line, write an L, R, or C depending on where the infestations located (i.e. are the infestations to the left, right or in the center of the line you have drawn on the base map)

Insect and Disease Survey Findings	

Now return to the outline of the IDMU and outline/mark the infestation boundaries, using the appropriate codes.

Identify potential restrictions and limitations to treatments (proximity to water resources, accessibility etc.)

Describe your IDMU objectives based on the findings above

IDMU Area Desired Future Condition

Knowing your IDMU objectives, how do you want your IDMU to look in the future? Describe changes to correct problems, enhance production of a resource and/or maintain currently desirable conditions.

Proposed Treatment

Achieving desired future conditions requires activities (treatments) designed to improve or maintain existing conditions. Describe your proposed treatment.

a. **Activity**

b. **Treatment Location**

Acreage _____ or Linear Feet _____

c. **Treatment sequence:** *When will you seek expert advice, obtain permits, obtain materials, apply for cost-share, implement treatment, follow-up activities, etc.*

Spring _____

Summer _____

Fall _____

Winter _____

d. **Treatment Method:** *How will the work be done? For each infestation identified above, describe work specifications, tools, material, labor requirements, etc.*

e. **Limitations and Constraints:** *Personal, biological, or physical limitations, available materials, technical expertise, permits, access, seasonal constraints, prohibitive costs, etc.*
