

# SC Forestry Commission Seedling Survival Check List for One Year Old Plantations

<b>Section A</b>	Detail Location of Plantation:
Owner _____	_____
County _____	_____
Species _____ Source: State <input type="checkbox"/>	_____
Industry <input type="checkbox"/>	H: _____ V: _____
Month & Year Planted _____	Photo No.: _____

**SITE:**  
Type of Soil \_\_\_\_\_  
Preparation \_\_\_\_\_  
Ground Cover \_\_\_\_\_  
Density of Cover \_\_\_\_\_

**PLANTING PROCEDURE:**  
Certified Tree Planting Vendor :  
 yes  no  
Person supervising planting \_\_\_\_\_

Method:  
Machine  Hoedad  Dibble

Rainfall & weather conditions before and after planting: \_\_\_\_\_

**TYPE OF ASSISTANCE:**

<input type="checkbox"/> CRP	<input type="checkbox"/> NO COST SHARE
<input type="checkbox"/> FIP	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> FRP	<input type="checkbox"/> INDUSTRY/CONSULTANT

\_\_\_\_\_ name

**Section B PLANTATION SURVIVAL**

TOTAL NO. PLANTED \_\_\_\_\_

TOTAL NO. LIVING \_\_\_\_\_

SPACING \_\_\_\_\_

ACREAGE \_\_\_\_\_

**PERCENT SURVIVAL** \_\_\_\_\_

AVERAGE HEIGHT \_\_\_\_\_

GENERAL APPEARANCE \_\_\_\_\_

\_\_\_\_\_

**SUSPECTED MORTALITY CAUSES**

- Disease
- Insects
- Animals
- Weather Conditions
- Improper Handling
- Shallow Planting
- Improper Packing
- Competition
- Poor stock (cull)
- Other \_\_\_\_\_

### RECOMMENDATIONS

Site preparation \_\_\_\_\_

Replanting \_\_\_\_\_

\_\_\_\_\_

Signature