

COST SHARE AGREEMENT TRAIL MAINTENANCE INFORMATION REPORT

GROUP NAME: _____ GROUP CONTACT: _____ DATE: _____

NATIONAL FOREST: _____ RANGER DIST: _____ COUNTY: _____

TRAIL#: _____ TRAIL NAME: _____ TOTAL MAN HOURS: _____

Trail Length (mi.): _____

Trail Length Cleared (mi.): _____

of downfall encountered: _____

of downfall cleared: _____

Debris & Rocks removed:

Brush work: Linear ft. _____

None _____ Some _____ Large # _____

None _____ Some _____ Large # _____

Tread Work (# of ft.): _____

Water bars: # maintained: _____

Reroute Trail (# of ft.): _____

Water bars installed: _____

Visitors encountered (#): _____

Wildlife Seen (# and type): _____

Types of visitor use observed: _____

Describe trail conditions over distance. Use the general conditions listed below.

Excellent _____ miles

Poor _____ miles

Good _____ miles

Abandoned _____ miles

Fair _____ miles

Estimated average tread with: _____

Estimated average right of way clearance: Width _____ ft. Height _____ ft.

Describe trail maintenance problems using the severity rating listed below. List the length and location of the problem.

Downfall: _____

Overgrowth: _____

Cutting switchbacks: _____

Tight switchbacks: _____

False Trails: _____

Erosion: _____

Ruts: _____

Boggy Areas: _____

Dangerous Sidehills: _____

Severity Rating = Extreme, Moderate, Light

