

The Barrington Land Conservation Trust
Semiannual Stewardship Monitoring Report
Winter 2007

Steward(s) _____ Date of Visit: _____
Property Name: _____
Plat and Lot Number(s) _____

Please circle or complete answers for each of the following sections.

Steward History

This is my first visit as a steward of this property. Yes No
I have been the steward of this property since _____(year).
A BLCT Board member has visited this property with me. Yes No
I visit this property more than semiannually. Yes No
If yes, how often do you typically visit? _____

Research and Documentation Checklist

I have copies of the following documents for this property:

Deed or conservation easement	Yes	No	
Management plan	Yes	No	
Plat map of property	Yes	No	
Baseline documentation	Yes	No	Last
year's stewardship reports	Yes	No	

Is there additional information that would be helpful to you?

If this property includes an easement or right of way:

Was the landowner contacted prior to your visit? Yes No

What method was used to contact the landowner? _____

Did the landowner accompany you? Yes No

Is the landowner planning to sell the property in the coming year? Yes No

Name: _____

Contact address, phone and/or
email: _____

Did the landowner offer any information, feedback or have any questions
for the Land Trust?

Do we need to make a follow up contact with the owner? Yes No

For all properties:

Did you meet any of the neighbor(s) of this property? Yes No

Did the neighbors offer any information, feedback or have any questions for the Land Trust?

Do we need to make a follow up contact with the neighbor(s)? Yes No

If so, please list them by name with a contact address, phone and or email:

Property Condition

Have there been any noticeable changes since your last visit?

Yes No

If yes, please describe:

Are the property boundaries clearly marked or otherwise obvious to you? Yes No

If not, which ones are not clear: All North South East West

Are there signs posted? --Circle all which apply:

BLCT Ownership Property Name No Littering No Dumping

Other: _____

Have there been any encroachments to the property? Yes No

Circle all which apply:

Dumping - Grass Clippings Leaves Brush Soil/Mulch

Litter Large Debris

Clearing - Mowing

Structures – Play equipment Sheds Fences Other: _____

How does the public use this property? Circle all that apply.

Trails Water access Fishing Birdwatching Bicycling

Other: _____

Are the trails in need of maintenance? Yes No

If yes, please circle:

Over-grown Over-cleared Hazards (fallen trees)

Erosion Other: _____

Do you do maintain the trails?

Yes No

Approximately how many hours each growing season? _____

Are there invasive plants on this property?

Yes No Not Sure Needs Inspection

If yes, list species:

If yes, for each species please indicate current extent

Please list any suggestions or concerns about this property:

Do we need to make a follow-up visit to this property? Yes No

Signed: _____

Date: _____

THANK YOU FOR VOLUNTEERING TO BE A MONITORING STEWARD!