

PROPOSED NOXIOUS WEED MANAGEMENT PLAN

In accordance with 7-22-2123 (4) MCA. A person is considered in compliance if he submits and the Board accepts a proposal to undertake specified control measures, and is in compliance for so long as he performs according to the terms of the proposal.

1. Noxious weeds requiring management with approximate size of infestations: _____

2. Location: Township _____ Range _____ Section _____ GEO Code _____
 Sub-division _____ Block _____ Lot _____

Attach map of plat, or sketch of the property with weed infestations shown.

3. Specified control measures:

_____ **Chemical:** Place X in box of chemical treatment to be used. * Results may be variable.

E = Excellent G = Good F = Fair P = Poor

E = excellent G = good F = fair P = poor - = not tested '06-'07 MT, UT & WY Cooperative Extension Services Weed Management Handbook	2,4-D	Amber	Banvel or Clarity	Cinnarron	Cinnarron Max	Curtail	Escort	Grazon P & D	MCPA	Milestone	Perspective	Plateau *	Redeem	Remedy	Roundup	Telar	Tordon	Transline	Weedmaster
Spotted Knapweed	G	-	G	P	G	E	P	E	-	E	G	-	G	-	F	-	E	E	F
Diffuse Knapweed	F	-	F	P	-	G	P	E	-	E	G	-	G	-	F	-	E	G	-
Russian Knapweed	P	-	F	-	P	G	F	E	-	E	G	G	F	-	P	F	E	G	P
Leafy Spurge	F	-	F	P	F	P	P	G	-	-	G	G	-	-	G	-	G	-	F
Dalmation Toadflax*	P	-	P	-	-	-	F	G	-	-	G	G	-	-	-	G	G	-	-
Canada Thistle	F	F	F	F	F	E	F	E	F	E	E	-	G	F	G	G	E	E	F
Field Bindweed	F	-	F	F	P	P	F	G	P	-	F	-	-	-	F	-	G	-	F
Whitetop,	F	-	-	E	G	-	E	-	F	-	-	G	-	-	F	E	P	-	-
Houndstongue	F	G	G	E	G	P	E	-	-	-	-	-	-	-	-	-	G	-	-

_____ **Cultural:** I will keep the noxious weeds on my property mowed (to 4 inches or less), pulled or tilled throughout the growing season (including within windbreak rows).

_____ **Biological:** As an integrated component of overall management. Explain. _____

4. Who will be doing the control work? Self _____ Commercial contractor _____ County _____

5. Dates control measures will be carried out each year: **Initial yearly application must be early enough that management effects are readily apparent by July 1 each year.**

6. Are there any environmentally sensitive areas? _____ If so describe: _____

If weeds are not managed as above, this further authorizes Cascade County Weed and Mosquito Management District to implement this plan.

Dated this _____ day of _____ 20____.

I acknowledge and agree to the foregoing provisions.

Accept (yes) (no) Date _____

Signature _____

Signature _____

Name _____
 Mailing Address _____
 City _____ State _____ Zip _____