

# 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. Number of years to implement management plan: \_\_\_1 year \_\_\_3 years \_\_\_5 years
  
4. Specified control measures: \_\_\_\_\_

\_\_\_\_\_ **Chemical:** Mark which chemical(s) will be used, or write chemical(s) here: \_\_\_\_\_

E = excellent G = good F = fair  - = not tested / not recommended  <i>*Results may be variable*</i>	<b>2,4-D</b>	<b>Escort</b> <i>(metsulfuron methyl)</i>	<b>Tordon</b> <i>(picloram)</i> <small>RESTRICTED USE PESTICIDE</small>	<b>Perspective</b> <i>(aminocyclopyrachlor )</i>	<b>Milestone</b> <i>(aminopyralid)</i>	<b>Plateau</b> <i>(imazapic)</i>	<b>Telar</b> <i>(chlorsulfuron)</i>	<b>SpeedZone or E2</b> <i>(2,4-D + dicamba)</i>	<b>Roundup</b> <i>(glyphosate)</i>
Spotted Knapweed	G	-	E	G	E	-	-	G	F
Diffuse Knapweed	F	-	E	G	E	-	-	F	F
Russian Knapweed	-	F	E	G	E	G	F	F	-
Leafy Spurge	F	-	G	G	-	G	-	F	G
Dalmation Toadflax*	-	F	G	G	-	G	G	-	-
Canada Thistle	F	F	E	E	E	-	G	F	G
Field Bindweed	F	F	G	G	-	G	-	F	F
Whitetop	F	E	-	G	-	G	E	F	F
Houndstongue	F	E	G	G	-	G	G	G	F
Hoary Alyssum	F	E	-	-	-	-	-	F	F
Oxeye Daisy	F	E	G	-	E	-	-	F	F

\_\_\_\_\_ **Cultural/Physical:** Explain. \_\_\_\_\_

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

5. Who will be doing the control work? Self \_\_\_\_\_ Commercial contractor \_\_\_\_\_
  
6. Dates control measures will be carried out each year: \_\_\_\_\_
  
7. 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\_\_\_\_.

Weed District Accept: **(yes)** **(no)**

Weed District Signature: \_\_\_\_\_

**I acknowledge and agree to the foregoing provisions:**

Signature \_\_\_\_\_

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_