

Three Year Weed Management Plan
(PLEASE PRINT)

1. Date Plan Covers: Year: _____ **Through Year:** _____

2. Landowner/Landowner's Representative

Landowner: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Representative/Contact: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

3. Legal Description of Property **Map of Property Must be Included**

_____ 1/4 _____ 1/4 _____ 1/4

Section: _____ Township: _____ Range: _____

Before the board will accept this weed management plan for approval, the applicant must have his/her signature in place on this document. A representative of the weed board will sign after review and approval.

4. Landowner Signature:

_____ Date: _____

State of _____

County of _____

Signed and acknowledged before me on this _____ day of _____ by

_____.

(Signature of Notary)

(Name –Typed, stamped, or printed)

(Title)

Residing at _____

My Commission Expires _____

5. Noxious Weed Management:

A. Noxious Weed Species Present on Property: _____

B. Acres of Noxious Weeds on Property: _____

C. Total Acres of Property: _____

D. Method of Noxious Weed Management (Check all that apply):

____ Chemical Spraying ____ Biological ____ Cultivation

____ Revegetation ____ Hand Pulling ____ Mowing

____ Other (Please List): _____

E. Herbicide to be used for Spraying:

Noxious Weed Specie	Herbicide	Rate of Application

F. Noxious Weed Control will be done by: _____

G. Time Frame of Noxious Weed Management

____ Spring (April-June) ____ Fall (September-October)

____ Summer (July-August) ____ Spring and Fall

____ Other (Explain) _____

6. Re-vegetation of Disturbed Areas:

A. Description of Disturbance: _____

B. Description of Re-Vegetation to be done: _____

C. Type and Amount of Seed to be used in Re-Vegetation:

Seed Type	Rate

D. Type and Amount of Fertilizer to be used in Re-Vegetation:

Fertilizer Type	Rate

E. Timing of Re-Vegetation Practices:

Cultivation Date(s)	Seeding/Sod Date(s)	Fertilizer Date(s)

For Re-vegetation we recommend that you contact Beaverhead County Extension Office.

7. Environmental Checklist: (If Answered Yes, Comments Must be Made)

1. There is "significant use" of the management site by wildlife and/or fish species.

_____ Yes _____ No Comments:

2. Important vegetation communities are present which may be impacted by the proposed project or management plan.

_____ Yes _____ No Comments:

3. Significant topographic features, terrain, or aesthetic values are present in the management area.

_____ Yes _____ No Comments:

4. Important surface or groundwater resources are present which may be impacted by the proposed project or management plan.

_____ Yes _____ No Comments:

5. Fragile soils or soils requiring special consideration are present in the management area.

_____ Yes _____ No Comments:

6. Management area contains areas with unique or reclamation considerations (past mining, erosion, saline seep, etc.)

_____ Yes _____ No Comments:

Inspection Report and Approval

Inspection:

Landowner/Subdivision: _____

Mailing Address: _____

Phone Number: _____

Location Description: Township _____ **Range** _____ **Section** _____

Land Use: ____ Cultivated Crop ____ Irrigated Pasture (Range) ____ Native Range
____ Riparian ____ Timber ____ Mining ____ Residential (Rural)
____ Residential (urban) ____ Commercial (Rural) ____ Commercial (Urban)

Date of Inspection: _____

Noxious Weed Species Present: _____

Inspection Fee Due: ____ Yes ____ No

Amount Due: _____

Bond Required: ____ Yes ____ No

Amount of Bond: _____

Comments: _____

Approval:

A. Approved _____ **Date:** _____

B. Approved with Modification _____ **Date:** _____

C. Denied _____ **Date:** _____

Signed:

_____ **Date:** _____

Beaverhead County Weed Board Representative