



recreationalists, wildlife, livestock, contractors, public or private roads, hay feeding areas; Knowing what weeds are in the hay you purchase, etc.

Specific Control Measures (Check all that apply and explain):

Irrigation \_\_\_\_\_

Seeding by:  Broadcasting,  Drilling, or  Hydroseeding

Mechanical/Mowing

Bio-control \_\_\_\_\_

Hand Pulling \_\_\_\_\_

Grazing (Sheep, etc.) \_\_\_\_\_

Re-Vegetation

Herbicide:

<i>Weed in Question:</i>	<i>Proposed Herbicide(s):</i>	<i>Application Rate:</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other \_\_\_\_\_

**3. Mapping/Evaluation** (Please provide a Map or Sketch of the Site Showing Noxious Weed Locations):

**4. Please describe current weed infestations (if any):**

**5. Please be specific in who will be performing the work, and describe their qualifications:**

**6. When will the work be done?**

**7. Additional remarks:**

**Procedure in Cases of Non-Compliance**

**In Accordance with MCA 7-22-2123** *A person or entity is considered to be in compliance if the District accepts a Proposal to undertake specified weed control measures and remains in compliance as long as the person/entity performs according to the terms of the Proposal.*

Execution of this Weed Management Plan constitutes acknowledgement of State Law and grants the District full authority relating to the enforcement thereof. By signing this document, the Operator agrees to submit a report three (3) years from the approval date detailing the effectiveness of the Weed Management Plan and the presence and species of weed (if any).

**Landowner/Land Manager Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Weed Board Chairperson Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_