

Madison County Weed Board

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Opencut/Utility Noxious Weed Control Management Plan

Plan# _____

Date _____

I. Contractor name and location of mine/disturbance site:

A. Name: _____

Address: _____

Phone#: _____

B. Location:

a. Legal Description: _____ 1/4 _____ 1/4 _____ 1/4

Section _____ Township _____ Range _____ Coordinates: _____

C. A **MAP** identifying or locating the Ownership or area being mined/disturbed **must** be included

D. Pit Name or Utility Site Name(if applicable): _____

II. Noxious Weed Data:

A. Types of Noxious Weeds: _____

Acres of infestation by weed species and land use. (use data key-2nd pg.)

Location	Weed Species	Acres	Land Uses	Environmental & Safety Factors
Example:	S. knapweed	4	Residential	Trees/Garden/Creek

1. _____

2. _____

3. _____

4. _____

III. Control activities:

A. Types of Control: (1) Chemical _____ (2) Biological _____
(3) Cultural _____ (4) Other _____

B. Control Methods: (1) Handgun _____ (Ground Boom) _____
(3) Aerial Application _____ (4) Other _____

C. Who will conduct the control activity (applicator):
(1) Self _____ (2) Neighbor _____ (3) Commercial Applicator _____
(4) Other _____

IV. **Other plans for present control: (Time of control, Herbicides used and application rates, monitoring, etc.)** _____

V. **Plans for future Noxious Weed Control: (Monitoring plans- vegetative transects, photo points, employee awareness. Herbicide use plans. Biological use plans. etc.)** _____

IV. Revegetation: Address plans for reseeding or revegetation of any disturbed areas such as roadsides, road cuts, buried lines, other areas where bare ground will be exposed:

Noxious Weed Data Key:

- | | | |
|----------------------------|-----------------------------|------------------------------|
| 1. Spotted Knapweed | 22. Eurasian Water Milfoil | A. Cultivated Cropland |
| 2. Diffuse Knapweed | 23. Saltcedar | B. Cultivated Hayland |
| 3. Russian Knapweed | 24. Blueweed | C. Irrigated Pasture (range) |
| 4. Leafy Spurge | 25. Orange Hawkweed | D. Native Rangelands |
| 5. Canada Thistle | 26. Meadow Hawkweed Complex | E. Riparian Lands |
| 6. Musk Thistle | 27. Scotch Broom | F. Timber Lands |
| 7. Dalmation Toadflax | 28. Sulfur Cinquefoil | G. Mining Lands |
| 8. Yellow Toadflax | 29. Tall Buttercup | H. Residential Site (rural) |
| 9. Field Bindweed | 30. Yellowflag Iris | I. Residential Site (urban) |
| 10. Whitetop (hoary cress) | 31. Curly Leaf Pondweed | J. Commercial (rural) |
| 11. St. Johnswort | 32. Hoary Alyssum | K. Commercial (Urban) |
| 12. Dyer's Woad | 33. Hydrilla | L. Recreation |
| 13. Yellow Starthistle | 34. Knotweed Complex | M. Non-use |
| 14. Oxeye Daisy | 35. Perennial Pepperweed | |
| 15. Tansy Ragwort | 36. Cheatgrass | |
| 16. Rush Skeltonweed | | |
| 17. Common Tansy | | |
| 18. Houndstongue | | |

*****NOTE: ALL WEED MANAGEMENT PLANS MUST BE SIGNED, DATED, & NOTARIZED. PLANS WILL NOT BE APPROVED WITHOUT NOTARIZATION!**

Contractor/Landowner(Signature)

(Weed Board Chairperson Signature)

Date: _____

Date: _____

VI. Approval / Non-Approval:

***Before the Board will accept this Weed Management Plan for Approval, the Applicant must have his/her Notarized signature in place on this document. The Weed Board Chairperson will sign after Board Review and Approval.**

- | | |
|---------------------------------------|-------------|
| A. Approval- _____ | Date: _____ |
| B. Approval with modifications- _____ | Date: _____ |
| C. Non - Approval- _____ | Date: _____ |

D. Board Recommendations & Reasons: Should the Board have any recommendations to assist the landowner, or if this Plan is not approved, a letter of explanation will be sent to the landowner.

**STATE OF MONTANA)
(ss.
COUNTY OF MADISON)**

On this _____ day of _____, 20____, before me, the undersigned Notary Public in and for the State of Montana, personally appeared _____, known to me to be the person whose name is subscribed this instrument was signed and sworn to before me as the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal the day and year first above written.

Notary Public of the State of Montana

Residing at _____
My Commission Expires _____