



301 2nd Ave East
P.O. Box 730
Superior, MT 59872

(406) 822-3547
fax (406) 822-3840
email: weeds.msu@blackfoot.net

REVEGETATION PLAN

For all disturbed sites reviewed by the Mineral County Weed District in accordance with MCA 7-22-2152.

Please submit this plan **specifying** the methods to be used to accomplish revegetation at least 15 days prior to the activity. Describe the time and method of seeding, fertilization practices, recommended plant species, use of weed-free seed, and the weed management procedures to be used.

Include a map of the disturbed area and designate specific treatments if applicable.

Subdivision or Site Name: _____

Location (Legal): _____

Description of Disturbance: _____

Site Preparation: _____

Seed Varieties and Rates:

<i>Please provide proof of certified, weed-free seed within 15 days of application (i.e. copy of MT Certification Label)</i>	_____

Time and Method of Seeding: _____

Other Revegetation Plans (i.e. trees, shrubs): _____

Fertilizer and Rates (if used): _____

Weed Control/Prevention Methods: _____

Landowner (Print Name): _____ Phone: _____

Address: _____

Signature: _____ Date: _____

MCA 7-22-2152 3 (b) states, “The plan is subject to approval by the board, which may require revisions to bring the revegetation plan into compliance with the district weed management plan. The activity for which notice is given may not occur until the plan is approved by the board and signed by the presiding officer of the board and by the person or a representative of the agency responsible for the action. The signed plan constitutes a binding agreement between the board and the person or agency.”

Signature: _____ Date: _____

Mineral County Weed Board Chairman