

MINERAL COUNTY WEED DISTRICT

P.O. Box 730 • Superior, MT 59872 • (406) 822-3547 • FAX (406) 822-3840

6 Year Integrated Weed Management Plan

Plan # _____

Please complete the following form. Incomplete or inaccurate data may delay the processing and/or approval by the Mineral County Weed Board and incur additional costs to the submitter. Additional pages may be added if necessary.

I. Ownership and Location

A. Name: _____

B. Mailing Address: _____

C. Phone: _____

D. Location of Property:

1. General Description: _____

2. Legal Description: _____¹/₄ _____¹/₄ _____¹/₄

_____Section _____Township _____Range

E. *Include a map identifying as many features present on the land as possible. In addition, noxious weed infestations should be indicated as well as any areas of environmental or special concern. (See "Mapping Guidelines" addendum)*

F. Land Management Goals: (What are your goals for this property?) _____

II. Noxious Weed Data

A. Types of Noxious and/or Problem Weeds: _____

B. Area of Infestation by Weed Species and Land Use:

Map Symbol	Weed Species	Size of Infestation	Land Use	Environmental &/or Special Concerns*
Example	Spotted knapweed	4 acres	Residential (rural)	Trees and garden
1				
2				
3				
4				
5				
6				
7				
8				

Noxious Weeds of Mineral County

1. Spotted knapweed (*Centaurea maculosa*)
2. Diffuse knapweed (*Centaurea diffusa*)
3. Russian knapweed (*Centaurea repens*)
4. Leafy spurge (*Euphorbia esula*)
5. Canada thistle (*Cirsium arvense*)
6. Dalmatian toadflax (*Linaria dalmatica*)
7. Yellow toadflax (*Linaria vulgaris*)
8. Field bindweed (*Convolvulus arvensis*)
9. Whitetop complex (*Cardaria draba*, *C. pubescens*, *C. chalapensis*)
10. St. Johnswort (*Hypericum perforatum*)
11. Sulfur cinquefoil (*Potentilla recta*)
12. Common tansy (*Tanacetum vulgare*)
13. Oxeye daisy (*Chrysanthemum leucanthemum*)
14. Houndstongue (*Cynoglossum officinale*)
15. Hoary alyssum (*Berteroa incana*)
16. Purple loosestrife (*Lythrum* spp.)
17. Tansy ragwort (*Senecio jacobaea*)
18. Meadow hawkweeds (*Hieracium pratense*, *H. floribundum*, *H. piloselloides*)
19. Orange hawkweed (*Hieracium aurantiacum*)
20. Tall buttercup (*Ranunculus acris*)
21. Tamarisk/Saltcedar (*Tamarix* spp.)
22. Perennial pepperweed (*Lepidium latifolium*)
23. Blueweed (*Echium vulgare*)
24. Yellow flag iris (*Iris pseudoacorus*)
25. Rush skeletonweed (*Chondrilla juncea*)
26. Yellow starthistle (*Centaurea solstitialis*)
27. Common crupina (*Crupina vulgaris*)
28. Knotweed complex (*Polygonum cuspidatum*, *P. sachalinense*, *P. polystachyum*)
29. Eurasian water milfoil (*Myriophyllum spicatum*)

30. Flowering rush (*Bufomus umbellatus*)
31. Dyers woad (*Isatis tinctoria*)
32. Scotch broom (*Cytisus scoparius*)
33. Common mullein (*Verbascum thapsus*)
34. Other

Land Uses

1. Residential (rural)
2. Residential (urban)
3. Cultivated cropland
4. Cultivated hayland
5. Irrigated pasture
6. Dryland pasture
7. Open rangeland
8. Riparian area
9. Timberland
10. Mining
11. Commercial (rural)
12. Commercial (urban)
13. Recreation
14. Non-use
15. Other

* “**Environmental and Special Concern**” items can include surface and/or groundwater features, sensitive plant and/or animal species, unique or special reclamation features, topography or any other factor which may significantly influence management of the area.

III. Management Activities

A. Methods of Weed Management: (Please describe your plan.) One method alone will never achieve good weed management. An integrated approach, utilizing several techniques, is encouraged by the Mineral County Weed Board.

1. Prevention (certified seed/hay, clean fill, revegetation of disturbed sites, etc)

2. Cultural (crop rotation, intensive pasture management, revegetation, etc)

3. Mechanical (hand pulling, mowing, burning, etc)

4. Biological (grazing, establishing a biocontrol insectary, etc)

5. Chemical (herbicides)

*Please provide the following information
for each herbicide you intend to use.*

- ▶ Herbicide Name: _____ Rate: _____
Weeds to be treated: _____
Application Type (Aerial, broadcast, spot): _____

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- ▶ Herbicide Name: _____ Rate: _____
Weeds to be treated: _____
Application Type (Aerial, broadcast, spot): _____

Who will be applying herbicides? _____

Is this person trained and/or licensed? Yes No

(The MSU Extension Service-Mineral County and Mineral County Weed District provide yearly training for private pesticide applicators. Special training and testing are available by arrangement if you cannot attend the scheduled training. Please contact the Extension Office at 822-3545 for more information.)

The timing of herbicide applications will greatly affect the success of an chemical control efforts. When do you intend to apply herbicides and what, if any, additional measures will be taken to insure safe and efficient herbicide use?

IV. Supporting Documents

Please provide the following information forms to be considered when your IWM Plan is reviewed.

- A. Environmental Information Form Rec'd: _____
- B. Revegetation Plan Form Rec'd: _____

V. Signature

The undersigned landowner agrees to abide by this "6 Year Integrated Weed Management Plan" following approval by the Mineral County Weed Board, and to inform the Mineral County Weed District Coordinator of any major changes in the implementation of this management plan. Furthermore, annual inspections may occur to determine proper implementation and efficacy of the management plan, evaluate the progress and recommend modifications if necessary. The landowner is hereby notified that any financial outlay or work invested in a project pursuant to this weed management plan is at the landowner's risk. The approval of this plan does not reduce the landowner's liability for damage caused by compliance with the approved plan. Nor does the Mineral County Weed District in authorizing this plan in any way acknowledge liability for damage caused by the landowner's implementation of the authorized plan.

Applicant/Landowner

Date

VI. Weed Board Review

After review of the aforementioned "6 Year IWM Plan", # _____, the Mineral County Weed Board issues the following decision:

- A. Approve Date: _____
- B. Approve with modifications Date: _____
- C. Deny Date: _____

Signature: _____
Mineral County Weed Board Chairperson

- D. Board Recommendations: Should the Mineral County Weed Board have any recommendations to assist the landowner, or if this plan is not approved, a letter explanation will be sent to the landowner.