

**YELLOWSTONE COUNTY WEED DISTRICT
WEED MANAGEMENT PLAN**

In accordance with 7-22-2123 (4) MCA, a person is considered in compliance if they submit and the Board accepts a proposal to undertake specified control measures, and is in compliance for so long as they perform according to the terms of the proposal. **(SITE MAP REQUIRED)**

Date:

Contact person & Phone number:

Name of project:

Land Description (Legal & Descriptive):

Number of acres involved:

Noxious Weed Species found on site if any:

_____	_____
_____	_____
_____	_____

Type of control to be used:

- _____ Cultivation- (must include an attached Revegetation plan)
- _____ Herbicide- (must include what kind, application rate and time & method)
- _____ Grazing- (must complete enclosed grazing plan)
- _____ Hand pulling/Mowing- (please include method of disposal)

Specific control measures: _____

Weed control to be completed by: _____Self _____Commercial Firm
If a commercial firm is to be used, please give name and address when hired.

Dates weed control will be implemented: _____

Is there live or open water on the property? If so please outline on your map.

This plan if implemented by said contractor, will be in effect for two years from the date of project completion. The responsibility for weed control will revert back to the landowner after this period.

Dated this _____ day of _____, _____.

I acknowledge and agree to the foregoing provisions.

Signature _____

Name and Address _____

Please print _____

Weed Management Approval: (Yes) (No) Date _____

Weed District Representative _____

County Weed District Recommendations: _____

Attach additional information if needed