



Lewis County Noxious Weed Control program

Stewardship Incentive Program Application

Fill out the information requested below. Return completed form by mail to:

Lewis County Noxious Weed Control, 351 NW North st, Chehalis, WA 98532;

or scan and email to: Weeds@Lewiscountywa.gov.

Please call with any questions: (360) 740-1215 or (360) 740-1218

Name	Legal Owner? (if not please specify) Yes No Owner Name: _____
Mailing Address	City, State, Zip
Property Address	City, State, Zip
Home Phone	Cell Phone
Email	Parcel Number

Plan *(please review with contractor if utilizing one):*

Noxious Weeds to be addressed _____

Must be filled out completely prior to site visit

Please fill out as much as possible prior to site visit

TREATMENT AREA INFO: Site Specifics <i>(check all that apply):</i> Water adjacent (within 50') to treatment area <i>(streams, lakes, ponds, rivers etc)</i> If so, is the waterbody seasonal? Yes No High water table area Grazing Area <i>(what animals, when, and do you utilize waste for compost?)</i> _____ For dairy For meat While pregnant Haying occurs <i>(when?)</i> _____ Steep slope (what is below?) _____ Are there any other site factors that you are concerned about or we should be aware of? _____ _____ Site type <i>(check all that apply)</i> Riparian Timber land Forest Landscaped/residential Wetland Natural Area Pasture Cropland Other _____	Who will be conducting the work? Contractor <i>(company name)</i> _____ <i>(contact info)</i> _____ Me Other _____ What is the nature of the work? Mechanical <i>(type of equipment)</i> _____ Herbicide <i>(product name)</i> _____ What additives/surfactants? _____ At what rate/total oz per acre? _____ Applied with what equipment? _____ Will you be renting equipment? Yes No Have you read the label & do you understand the rate & restrictions? Yes No N/A Do you know how to calibrate your spray equipment? Yes No N/A Other: _____ Anticipated timing of treatment _____ <i>(please be specific, i.e. Early May, Mid June, Late September, etc.)</i> I hereby certify under penalty of perjury that the information provided is true and correct. I will strictly adhere to any and all application and safety instructions on the herbicide's legally binding label. I hereby give permission to enter the above described private property by Lewis County Noxious Weed Control personnel for the sole purpose of conducting site inspections as it relates to participation in this Stewardship Incentive Program. _____ Signature Date
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Lewis County Noxious Weed Control Board
Stewardship Incentive Program Site Plan

Weed Species to be addressed _____

Additional weeds present (if any) _____

Estimated Treatment Area:	Initial Inspection Date:	Post Treatment Inspection Date:
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Coordinated Plan:

Applicant proposal complete and accepted

(Brief Recap): _____

Minor modifications to be made to proposed plan

(Explanation of changes:) _____

Plan redone via in-office appointment

Appointment date: _____

Detailed Plan: _____

Please initial that you agree to the following:

_____ I will abide by the agreed-upon plan outlined above and will consult the label before applying any herbicide

_____ All costs associated with activities conducted outside the scope of this agreement will be solely my responsibility

_____ LCNWCB has my permission to take photos of the noxious weeds on my property during both inspections

_____ I will consult LCNWCB or other professionals if I have any questions or need additional help with calibrating equipment

.....**Official Use Only**.....

Approved by Noxious Weed Control Coordinator _____

Signature

Date