



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](mailto:Weeds@Lewiscountywa.gov).

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

Box A

<b>Name</b>	<b>E-mail</b>
<b>Phone</b>	<b>Parcel Number</b>
<b>Property Address (Site of Treatment)</b>	<b>City, State, Zip</b>
<b>Mailing Address</b>	<b>City, State, Zip</b>

Box B

**SITE: Total acres of treatment area:** \_\_\_\_\_

**Noxious Weeds to be addressed:** \_\_\_\_\_

**Treatment Area (check all that apply):**

**Water adjacent (within 50') to treatment area (streams, lakes, ponds, etc)**  
 If so, is it seasonal? (Circle one):    (Yes)    (No)

**Grazing area**    If so, what kind of livestock? \_\_\_\_\_    Any pregnant?    (Yes)    (No)

**Do you utilize waste for compost?**    (Yes)    (No)    **Will you slaughter or milk this year?**    (Yes)    (No)

**Do you hay this area?**    Yes    No    **If yes, when is it hayed?** \_\_\_\_\_

**List any other site factors that should be considered when planning for your weed control activities:**  
 \_\_\_\_\_

*If you want to hire a contractor for herbicide application, please answer the following questions and skip box C.*

**Contractor:** \_\_\_\_\_ **Contact info:** \_\_\_\_\_ **Hire date:** \_\_\_\_\_

Box C (Please write N/A for the questions that do not apply to your plan)

**What is the nature of your control work? (Circle one)**                      **Chemical (Herbicide)**                      **Mechanical**

**Will you be renting equipment to complete this work?**    (Yes)    (No)    **If yes, what kind?** \_\_\_\_\_

**If you are using herbicide, what is the product you want to use?** \_\_\_\_\_

**What adjuvants/surfactants will you be using?** \_\_\_\_\_

**What rate (or total Oz/Quarts/Gals) of herbicide will you be applying?** \_\_\_\_\_ **And adjuvants?** \_\_\_\_\_

**Have you read the label & do you understand the rate and any restrictions?**    (Yes)    (No)

**Do you know how to calibrate your equipment?**    (Yes)    (No)

**When do you intend on applying it? (Please be specific, i.e. early May, mid July, late September, etc.):**  
 \_\_\_\_\_



# Lewis County Noxious Weed Control Board Stewardship Incentive Program Site Plan

## For Official Use Only:

Weed Species to be addressed: \_\_\_\_\_

Additional weeds present (if any): \_\_\_\_\_

Reimbursement rate:      75%                  60%

Estimated Treatment Area: _____	Initial Inspection Date: _____	Post Treatment Inspection Date: _____
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Recap of plan: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Please initial that you agree to the following and then sign below:

- \_\_\_\_\_ 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.
- \_\_\_\_\_ I accept the responsibility of any costs accrued prior to the date on my Approval Letter, which LCNWCB will (e)mail.
- \_\_\_\_\_ 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 help with calibrating equipment.

I hereby certify that under the penalty of perjury, that the information provided on this form, and on the application form, is true and correct. I will strictly adhere to all application and safety instructions on the legally binding label of the herbicide product I use. I hereby give permission to Lewis County Noxious Weed Control personnel to enter the property to which this application pertains, for the purpose of conducting site inspections in relation to participation in the Stewardship Incentive Program.

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

..... **For official use only** .....

Approved by Noxious Weed Control Coordinator (signature): \_\_\_\_\_ Date: \_\_\_\_\_

Processing checklist:      W-9 \_\_\_      Aerial Parcel View \_\_\_      Receipts \_\_\_      Reimbursement amount \_\_\_\_\_

Applicant years of participation \_\_\_\_\_      Total reimbursement received to date \_\_\_\_\_