

NOTICE FOR PESTICIDE APPLICATION TO WATERS OF THE STATE

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF WATER QUALITY
SFN 60061 (04/11)

FOR DEPT. USE ONLY

Department ID

Received Date

State water quality regulations (North Dakota Administrative Code 33-16-02.1) require that the North Dakota Department of Health must be notified at least twenty (20) days prior to the application of any pesticide (herbicide, insecticide, biocide, piscicide, algacide) to surface waters of the state for control of aquatic pests.

Applicator Information

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| Organization or Person Responsible for the Pesticide Application | | |
| Applicator Name (or Supervisor Name) | | Certified Applicator Number |
| Address | | Telephone Number |
| City | State | Zip Code |
| Pesticide Information | | |
| Chemical name and composition (Product name, Active Ingredient(s) and Percentage) | | |
| List target aquatic pest(s) or species to be controlled | | |
| Application Area Information | | |
| Attach a map which identifies the application area. Briefly describe the area below (e.g., shoreline in sec, Twp, Rng) | | |
| Water body name (or type; e.g., canal) | | Aerial extent (e.g., acres or ft ²) |
| Provide the calculated active ingredient concentration in surface waters immediately after application (e.g., mg/L or lbs/Mgal) | | Total active ingredient to be applied |

For multiple application sites attach additional pages with the pesticide and area information for each of the pesticide applications you wish to include with this notice.

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| Return Completed Notice to: North Dakota Department of Health Division of Water Quality 918 East Divide Avenue, 4th Floor Bismarck ND 58501-1947 Attn: Pesticide Notification Phone (701) 328-5210 Fax (701) 328-5200 | I certify that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. | |
| | Person Submitting Notice (Print) | Title |
| | Signature | Date |