



Forest Practices Application/Notification For Aerial Chemicals

| For DNR Region Office Use Only | |
|--------------------------------|--|
| FPA/N #: | |
| Region: | |
| Received Date: | |

YOU MUST USE THE INSTRUCTIONS TO COMPLETE THIS APPLICATION.

TYPE OR PRINT IN INK:

1. Landowner, Timber Owner and Operator

| | | |
|-------------------------|----------------------------|------------------------|
| Legal Name of LANDOWNER | Legal Name of TIMBER OWNER | Legal Name of OPERATOR |
| Mailing Address: | Mailing Address: | Mailing Address: |
| City, State, Zip | City, State, Zip | City, State, Zip |
| Phone () | Phone () | Phone () |
| Email: | Email: | Email: |

2. Contact person.

| | |
|----------------|--------------|
| Contact Person | Phone () |
| | Email: |

3. Are you substituting prescriptions from an approved state or federal conservation agreement or watershed analysis?

No. Yes. Write "Using prescriptions" in tables that apply. Attach or reference prescriptions/crosswalk on file.

4. Complete the following property description:

| ¼ ¼ (quarter quarter) | Section | Township | Range | East/ West | County |
|-----------------------|---------|----------|-------|------------|--------|
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5. Is this proposal: (Answer every question)

- a. No. Yes. Within the city limits or an urban growth area? *If Yes, include SEPA Checklist or SEPA Determination or approved 10-year management plan*
- b. No. Yes. Within a public park? *If Yes, include SEPA Checklist or SEPA Determination*
- c. No. Yes. Within 500 feet of a public park? Park name: _____
- d. No. Yes. For an Alternate Plan? *If yes, include a copy of the Alternate Plan*
- e. No. Yes. Using a chemical that is not registered or for a use that is not allowed under the label? *If yes, include a copy of your Experimental Use Permit and a SEPA Checklist*
- f. No. Yes. Applying a pesticide in a Type A or Type B Wetland? *If Yes, include a SEPA Checklist or SEPA Determination*

6. Chemical Information - Show all buffers on your Activity Map

| Type of Chemical (Herbicide, rodenticide, insecticide, | EPA Number | Contiguous Acres Being Treated | Will You Spray Within 100 feet of Agricultural Land? | Will You Spray Within 200 feet of a Residence? | Will You Spray Within 100 feet of Surface Water? |
|---|------------|--------------------------------|--|--|--|
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7. Have you reviewed this forest practices activity area to determine whether it may involve historic sites and/or Native American cultural resources? Read the instructions before answering this question.

No. Yes.

8. We understand that applying chemicals is not an activity included as part of the DNR’s Incidental Take Permit for aquatic species. We affirm that the information contained herein is true, and understand that this proposed forest practice is subject to the Forest Practices Act and Rules as well as all other federal, state or local regulations. Compliance with the Forest Practices Act and Rules does not ensure compliance with the Endangered Species Act or other federal, state or local laws.

| | | |
|---|--|--|
| <p><u>Signature of LANDOWNER</u></p> <p><u>Print</u></p> <p><u>Name:</u> <u>Date:</u></p> | <p><u>Signature of TIMBER OWNER</u> (If different than landowner)</p> <p><u>Print</u></p> <p><u>Name:</u> <u>Date:</u></p> | <p><u>Signature of OPERATOR</u> (If different than landowner)</p> <p><u>Print</u></p> <p><u>Name:</u> <u>Date:</u></p> |
|---|--|--|