

BIOCONTROL SITE INFORMATION

Application and agreement to participate in the release of _____ on _____.
(bioagent) (noxious weed)

(Name - Applicant)

(Address)

(City)

(State, Zip Code)

Site Location: County _____

Latitude _____ Longitude _____

Township _____ Range _____ Section _____ Qtr _____

Brief description and comments as to site:

Soil Texture:	Fine	Medium	Coarse
Topography:	Slight Slope	Steep Slope	Level
Slope facing:	N	S	E W (Circle two for combinations)
Shade from trees/shrubs:	Full	Partial	None

Comments:

Recommendations:

1. Minimize the application of pesticides in area of bioagents.
2. Minimize mowing, tilling, or other site disturbances.
3. Minimize grazing of the release area from June 1 to September 15.
4. Control weeds outside of release site to prevent further spread or seed production.
5. Utilize Integrated Pest Management (IPM) strategies including prevention, mechanical, cultural, chemical and biological controls as part of noxious weed management.
6. Photos of release site would be useful for further site evaluations.

Conditions:

1. Allow SD Department of Agriculture personnel or county weed and pest supervisors to enter upon said property for the purposes of monitoring, collecting, and redistributing biocontrol agents.

By signing this agreement, I agree to the above described terms, recommendations and conditions.

_____ Signature of Applicant	_____ Date	_____ Signature of Weed & Pest Supervisor	_____ Date
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BIOCONTROL RELEASE INFORMATION

Release Date: _____ Release Time: _____

Name of person conducting release: _____ Phone Number: _____

Affiliation: _____

Bioagent Released: _____ Number of Bioagents Released: _____

Sketch of field release site:

