

Reclamation Manual

Directives and Standards

7-2680 (04-2020)
Bureau of Reclamation



PESTICIDE USE PROPOSAL



Proposal Number: <input style="width: 100%;" type="text"/>	
Project: <input style="width: 40%;" type="text"/>	Region: <input style="width: 20%;" type="text"/> <input style="width: 100px;" type="text"/>
Area Office: <input style="width: 30%;" type="text"/>	State: <input style="width: 100px;" type="text"/>
County(ies): <input style="width: 100%;" type="text"/>	
I. Pesticide/Application	
Trade Name(s): <input style="width: 50%;" type="text"/>	EPA Registration No(s): <input style="width: 50%;" type="text"/>
Common Name: <input style="width: 50%;" type="text"/>	Manufacturer(s): <input style="width: 50%;" type="text"/>
Formulations: <input type="checkbox"/> Pelleted <input type="checkbox"/> Granular <input type="checkbox"/> Powder <input type="checkbox"/> Liquid <input type="checkbox"/> Solution or Emulsion	
<input type="checkbox"/> Crystals <input type="checkbox"/> Other: <input style="width: 100px;" type="text"/>	
Application Period: <input style="width: 50%;" type="text"/>	No. of Applications: <input style="width: 50%;" type="text"/>
Application Methods: <input type="checkbox"/> Spray <input type="checkbox"/> Brush On <input type="checkbox"/> Wick <input type="checkbox"/> Injection <input type="checkbox"/> Drill and Fill <input type="checkbox"/> Ground Equipment	
<input type="checkbox"/> Aerial <input type="checkbox"/> Diffuser Tube <input type="checkbox"/> Other: <input style="width: 100px;" type="text"/>	
No. of Sites: <input style="width: 50%;" type="text"/>	
Application Rate (Use units on label): <input style="width: 50%;" type="text"/>	REI (Restricted Entry Interval): <input style="width: 50%;" type="text"/>
II. Pest: List specific pests and reason for application.	
<input style="width: 100%; height: 100%;" type="text"/>	
III. Treatment Site: Describe location, size of area, land use and vegetation and slope and soil type.	
<input style="width: 100%; height: 100%;" type="text"/>	
IV. Sensitive Aspects and Precautions: Describe sensitive area (e.g., marsh, endangered species habitat) and distance to treatment site. List measures to be taken to avoid impact. If sensitive area is upstream or beyond one mile from site, indicate No sensitive areas nearby.	
<input style="width: 100%; height: 100%;" type="text"/>	
V. Best Management Practices (BMP): List measures to be taken to avoid impact. Attach BMPs if needed.	
<input style="width: 100%; height: 100%;" type="text"/>	
I will ensure that the pesticide will be applied in accordance with label restrictions and the information above.	
Regional Director or the appropriate delegated signatory per Paragraph 4.F.(5) of the RM Delegations of Authority	
Name: <input style="width: 30%;" type="text"/>	Address: <input style="width: 40%;" type="text"/> Phone: <input style="width: 30%;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Signature	Date
Regional IPM/Invasive Species Coordinator	
Name: <input style="width: 30%;" type="text"/>	Address: <input style="width: 40%;" type="text"/> Phone: <input style="width: 30%;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Signature	Date

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