



# Pesticide-Use Proposal

(Reference FSM 2150)

FS-2100-0002 (REV.02/2019)  
OMB 0596-0241 Exp. 2/28/2022

To complete this form, see instructions for Form FS-2100-0002, Pesticide-Use Proposal

Agency / Cooperator*	Contact Name, Phone Number and e-mail*
USDA Forest Service	Smokey Bear, (555) 555-5555, sbear@fs.fed.us

Region*	Forest/District*	Date Submitted*
R7	Canoe NF/ Big Lake RD	2/14/19

How would you like to be informed of the decision on your proposal?\*

Telephone     E-mail     Both

**1) OBJECTIVE**

- a) Project name and/or identifier
- b) Specific target pests(s)
- c) Purpose

- a) Smokey Campground Bark Beetle Prevention
- b) Mountain Pine Beetle (*Dendroctonus ponderosae*)
- c) Prevention of successful beetle attack

**2) PESTICIDE PRODUCT(S)**

- a) Trade name
- b) Formulation as purchased
- c) Restricted-use Pesticide(yes/no)
- d) EPA registration number
- e) Common name of chemical(s)
- f) AI, AE, IU, or PIB expressed as % or concentration

- a) Sevin XLR Plus
- b) Liquid
- c) No
- d) 264-333
- e) Carbaryl
- f) 4 lbs a.i. per gallon

**3) TYPE OF APPLICATION**

- a) Method
- b) Equipment

- a) Ground-based
- b) High-pressure hydraulic sprayer

**4) FIELD APPLICATION INFORMATION**

- a) Formulation of material to be applied
- b) Planned application rate
- c) Dilution rate
- d) Diluent
- e) Pounds of AI or AE per acre(or other applicable rate)
- f) Other pesticides being applied to proposed treatment site(s)

- a) spray
- b) 1 gallon per 50 square feet of bark surface
- c) 3.9 gallons/100 gallons or 5 oz/1 gallon
- d) Water
- e) 1.8 lbs a.i. per tree
- f) None

**5) TREATMENT AREA DESCRIPTION**

- a) Targeted treatment area
- b) State and County
- c) Site Description
- d) Estimate of acres(or other unit) to be treated
- e) Number of applications
- f) Month(s) and year(s) of application

- a) Pre-designated high value trees in campground, unless they have current evidence of bark beetle attack
- b) Montana, Missoula County
- c) Campground within a ponderosa pine-dominated forest, level ground, Cold Creek (perennial) flows along north end of campground.
- d) 100 trees
- e) 1
- f) May 2014

**6) SENSITIVE AREAS**

- a) Special designated area (if applicable)
- b) Areas to be avoided
- c) Areas to be treated with caution

- a) None
- b) Cold Creek, 200 foot no-spray buffer
- c) Cover with plastic all camp tables, barbeques, firepits, faucets, toilets. Remove plastic once residues have dried. Cover blackberry shrubs near units 45 and 46 with plastic as well.

**7) PROJECT IMPLEMENTATION**

- a) Trained/certified personnel to be used
- b) Personal safety
- c) State and local coordination
- d) Best management practices
- e) Monitoring
- f) Additional project information

- a) Certified applicators only
- b) In addition to label-required PPE, applicators will also wear chemical-resistant outerwear, chemical-resistant boots. REI is 12 hours.
- c) Obtain county permit prior to application; report use to county after application.
- d) Stream buffer along Cold Creek, 200 feet
- e) Water sensitive spray cards will be deployed during spray application to delimit the area of drift in stream buffer. Operations will be suspended if drift reaches spray cards and at that point an evaluation will be made until conditions to spray are in the parameters set for this project.
- f) The area will be closed to public use during the spraying operation for safety reasons, and to provide the best access for contractors and Forest Service inspectors. The area will remain closed to public access for 5 days following treatment for an added measure of safety. The area will be clearly posted 48 hours before spraying. After spraying is completed, signs explaining that insecticides have recently been applied, what the chemical is, who to contact with questions, and when the area will be opened again will be posted.

**For Official Use Only**

**8. REVIEWER SIGNATURE(S)**

a) Pesticide Use Coordinator \_\_\_\_\_ Date \_\_\_\_\_

b) Other reviewer(s) \_\_\_\_\_ Date \_\_\_\_\_  
(as necessary)

Other reviewer(s) \_\_\_\_\_ Date \_\_\_\_\_  
(as necessary)

Other reviewer(s) \_\_\_\_\_ Date \_\_\_\_\_  
(as necessary)

c) Approval \_\_\_\_\_ Date \_\_\_\_\_  
(signature of approving official)

Attach File(s)

Submit by Email

**Burden Statement**

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