



LCIP Landowner Chemical Program

Purpose: to provide landowners sprayers, herbicide and training to suppress invasive prohibited and some restricted plants. (Amur Cork Tree, Wild Chervil, Common Buckthorn, Bush Honeysuckles, Garlic Mustard, Spotted Knapweed, Japanese Knotweed, Japanese Barberry, Wild Parsnip, Purple Loosestrife, Leafy Spurge)

Need: Landowners have a difficult time finding reliable sprayers and chemicals to treat small invasive infestations.

Background: have 3 - 64oz sprayers at \$38/each stored and maintained at 4-Control, Inc. shop along with herbicides Escort XP, Garlon 4 Ultra, Milestone, Rodeo and others advised by 4-Control that would be most cost effective with Bark Oil and MSO if needed. Landowners would contact LCIP and then an LCIP representative would direct their needs and quantities to 4-Control for pick up and drop off of sprayers and chemicals. LCIP would then provide proper training on techniques in the field. Landowner would fill out survey and provide photos to LCIP. Follow up contact after 1 year from treatment required. Landowner will also sign a release of liability form before issued chemical.

Cost: LCIP would commit a total of \$2,000.00 of funds to this project that would not be replenished yearly, but be re-evaluated after funds would be used. LCIP would track herbicide usage in a spreadsheet. 4-Control would bill LCIP for products used. There would be no cost for landowner. The landowner would only have to agree to return equipment and then have 1 on 1 conversations with neighbors on all adjacent properties of them. This allows LCIP to undertake a neighborhood approach instead of individual approach. Each landowner would be allotted up to \$150.00 of herbicide with no charge for using the LCIP sprayers. Landowners will have the option to donate to LCIP if they desire which may be tax deductible.

Dates: Program started January 1, 2017.

Approved by Steering Committee on 10/27/2016



LCIP LANDOWNER CHEMICAL PROGRAM

SECTION 1.

Applicant/Landowner Name: _____

Applicant/Landowner Address: _____

Applicant/Landowner Phone Number: _____

Legal Location: ____ ¼ of the ____ ¼ of Section ____, T. ____ N, R. ____ W.

Parcel Identification Number: _____

Applicant/Landowner Signature: _____ Date: _____

LCIP Representative Signature: _____ Date: _____

Recipient NO: _____ Herbicide Mixture Cost: \$ _____

Equipment used (circle all used): 64 oz sprayer 64 oz sprayer 64 oz sprayer

Herbicide mixture: _____

Amount of herbicide start: _____ Amount of herbicide finish: _____

Species to be treated: _____

Method to be used (circle all used): basal bark cut stump foliar hack and squirt

Estimated acres treated: _____ Estimated acres remaining: _____

SECTION 2.

INSTALLATION PERIOD

All invasive species control application(s) must be implemented within one year of the signed contract. This contract will supply landowners' herbicide mixtures to control targeted invasive plants on their properties.

Agreement Criteria:

A. The landowner recipient agrees:

1. Fill out survey and provide photos to LCIP of before and after treatment.
2. Follow up contact with LCIP after 1 year from treatment.
3. Will also sign a release of liability form before issued chemical.
4. Talk with all adjacent landowners on what and why they are treating invasives.

B. LCIP agrees:

1. Provide proper training on techniques in the field.
2. Provide up to \$150.00 of herbicide mixture to each landowner.
3. Be available from Monday – Friday each week to sign agreements.

Lower Chippewa Invasives Partnership, Inc. (501 c3 Non-Profit Organization) *Charitable donations may be tax deductible*
700 Wolske Bay Rd, Suite 275 Menomonie, WI 54751 - (715) 539-2766 - lcinvasives@gmail.com OR lcinvasives.org

4-Control, Inc. (Licensed Applicator and Herbicide Dealer)

PO Box 517, Menomonie, WI 54751 - (715) 235-1121 - lee@4-control.com OR marion@4-control.com OR 4-control.com

LCIP LANDOWNER CHEMICAL PROGRAM

LIABILITY WAIVER FORM

I am fully aware of the risks and hazards connected with the use of the Lower Chippewa Invasives Partnership, Inc. (LCIP) issued equipment and herbicide mixtures, including but not limited to purchase fees or failure to pay and hereby elect to voluntarily enter an agreement, knowing that the associated risks and hazards me or my group result in a loss on my behalf. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, OR PROPERTY DAMAGE that may be sustained by me, or loss or damage to property owned by me, as a result of the use of the LCIP equipment and issued herbicide mixture.

I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, LCIP, their officers, servants, agents (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage that may be sustained by me, or to any property belonging to me, while use of the LCIP equipment and herbicide mixture.

It is my expressed intent that this release shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVE, DISCHARGE, and CONVENTION TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability shall be constructed in accordance with the laws of the State of Wisconsin.

In signing this release, I acknowledge and represent that I HAVE READ THE FORGOING Waiver of Liability, UNDERSTAND IT AND SIGN IT VOLUNTARILY as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreements have been made; and I EXECUTE THIS RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY SAME.

Landowner Signature

Print Name

Date



LCIP LANDOWNER CHEMICAL PROGRAM SURVEY

Please fill this survey out and return it by the date listed below. Thank you!

Applicant/Landowner Name: _____

Applicant/Landowner Address: _____

Applicant/Landowner Phone Number: _____

Legal Location: ____ ¼ of the ____ ¼ of Section ____, T. ____ N, R. ____ W.

Parcel Identification Number: _____

Equipment used (circle all used): 64 oz sprayer 64 oz sprayer 64 oz sprayer

Herbicide mixture: _____

Amount of herbicide start: _____ Amount of herbicide finish: _____

Species to be treated: _____

Method to be used (circle all used): basal bark cut stump foliar hack and squirt

Estimated acres treated: _____ Estimated acres remaining: _____

- 1. Was the equipment, training and herbicide adequate to meet your needs?**
- 2. How many adjacent landowners did you talk to about the LCIP Landowner Chemical Program and what did they say?**
- 3. What can we do to improve the LCIP Landowner Chemical Program?**
- 4. Would you talk to anyone else about the LCIP Landowner Chemical Program? If no, why not?**

Other comments: _____

Required date to return to LCIP: ____ / ____ / ____ to either mail address or email listed in contract.