



THE COMMONWEALTH OF MASSACHUSETTS  
 EXECUTIVE OFFICE OF ENERGY AND  
 ENVIRONMENTAL AFFAIRS  
**Department of Agricultural Resources**  
 251 Causeway Street, Suite 500, Boston, MA 02114  
 617-626-1700 fax 617-626-1850 www.Mass.gov/AGR



**State Limited Use Permit Application To Apply Acetochlor Products**

No person may apply any **Acetochlor** containing product without an approved Massachusetts Department of Agricultural Resources State Limited Use Permit. This permit must be submitted and returned prior to any application of product. It is not valid without an authorization stamp from the Department of Agricultural Resources.

1. *Acetochlor* Product Name \_\_\_\_\_ EPA Reg. No. \_\_\_\_\_

2. Farm Name \_\_\_\_\_

Landowner Name \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

3. Pesticide Applicator Name \_\_\_\_\_ Certification # \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

4. Application Site Description (attach separate sheet of paper or map if necessary); **Please use a separate application sheet for each parcel:**

		# Acres to be Treated	Application Rate (pints per acre)
Town	Street Boundaries		

5. Please Check here if *Acetochlor* will be applied to the same site where a permit was granted in a prior year: Yes \_\_\_\_ No \_\_\_\_\_. If Yes, please attach a copy of the Department approved permit and proceed to signature section. If No, please answer the following questions.

**Please Continue on Next Page**

6. What is the Percentage of Organic Matter content of the soil to be treated ? \_\_\_\_\_  
( Please provide a copy of the results of the soil analysis which indicates the % organic matter. )

*Question 7 needs to be completed only if the soil treated has a percent organic matter content of less than 3%.*

7. What is the USDA Soil texture classification (sand, sandy loam, loamy sand, etc.)  
(Please provide a copy of the soil mechanical analysis which indicates soil texture / type.)

**Question 8 needs to be completed only if the soil to be treated falls into one of the following soil texture type / percent organic matter categories:**

- (A) Sandy soil with less than 3% organic matter; or**
- (B) Loamy sand with less than 2% organic matter; or**
- (C) Sandy loam with less than 1% organic matter.**

8. What is the depth to water table of the site to be treated: \_\_\_\_\_feet. How was this determined? Please describe briefly \_\_\_\_\_

*All soil testing should follow the general guidelines provided by UMASS Massachusetts Extension.*

**SIGNATURES**

Farm Owner \_\_\_\_\_ Date \_\_\_\_\_

Pesticide Applicator \_\_\_\_\_ Certification # \_\_\_\_\_

Return Address for Permit:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Completed copies of this permit should be submitted to:

Hotze Wijnja  
Massachusetts Department of Agricultural Resources  
Division of Crop Inspectional Services and Pest Management  
251 Causeway St. – Suite 500  
Boston, MA 02115-2151

This Permit is NOT Valid  
without Department Stamp

For Department Use Only

Application Number \_\_\_\_\_

Date Received \_\_\_\_\_

Date Returned \_\_\_\_\_