

Cranberry Grower

Groundwater Protection Program Notification Form

***CHLOROTHALONIL, THIAMETHOXAM**

You must notify the Massachusetts Department of Agricultural Resources Pesticide Bureau when you apply a pesticide product that is listed on the Groundwater Protection List.

FIRST NAME: _____ LAST NAME: _____

PESTICIDE LICENSE NUMBER: _____

DAYTIME PHONE (include area code): _____

E-MAIL ADDRESS: _____

DATES AND LOCATION OF PESTICIDE APPLICATION: (Provide specific bog location)

PRIMARY RECHARGE AREA (Location of Zone II or IWPA and town)

PESTICIDE USED INCLUDING EPA REGISTRATION NUMBER (Use information from label)

PURPOSE OF APPLICATION

ADDITIONAL COMMENTS:

Submit this form within 10 days of the end of each calendar month. Be sure to include all applications made in that month. Submit to:

Hotze Wijnja
Environmental Chemist
Division of Crop Inspectional services and Pest management
251 Causeway Street, Suite 500
Boston, MA 02114-2151

Note: Intrepid (Methoxyfenozide) and Princep/Caliber (Simazine) cannot be sprayed in Zone II areas because there are ample viable alternatives to use of these products.