



Proposed/Temporary Administrative Rules Form

Section 1 (To be Completed by Agency)

Agency Name: Agriculture		STARS Agency Code: 210	Fax Number: (208) 334-2283	Date: 05/08/2013
Contact Person: Matt Voile	Title: Section Manager	Phone: (208) 332-8667	Email: matt.voile@agri.idaho.gov	
Person Authorizing Rule: Brian Oakey	Title: Deputy Director	Phone: (208) 332-8500	Email: brian.oakey@agri.idaho.gov	
Statutory Authority for the rule making (Idaho Code, Federal Statute or Regulation): Idaho Code § 22-2403				
Title, Chapter, and Possible Docket (IDAPA) Number: 02.06.22, Noxious Weed Rules				
This rule is: <input checked="" type="checkbox"/> Proposed <input type="checkbox"/> Temporary			Effective Date:	
<p>If this is a temporary rule:</p> <p><input type="checkbox"/> Necessary to protect the public health, safety, or welfare; or</p> <p><input type="checkbox"/> Compliance with deadlines in amendments to governing law or federal programs; or</p> <p><input type="checkbox"/> Conferring a benefit.</p> <p>Please explain:</p>				
If this is a temporary rule which imposes a fee or charge, provide justification as described in Idaho Code 67-5226(2):				
Agency has determined according to Idaho Code 67-5220(1):				
<input checked="" type="checkbox"/> This rule is to be negotiated		<input type="checkbox"/> Negotiation of this rule is not feasible		
If rule is negotiated:				
<p>Agency certifies that the rule <input type="checkbox"/> has been or <input checked="" type="checkbox"/> will be negotiated with interested persons as outlined in Idaho Code 67-5220(3). <i>(indicate which)</i></p>				
If rule negotiation is not feasible, the agency has determined:				
<input type="checkbox"/> Rule is temporary; or		<input type="checkbox"/> Lack of identifiable representatives of affected interests; or		
<input type="checkbox"/> Rule is simple in nature; or		<input type="checkbox"/> Affected interests are not likely to reach consensus; or		
<input type="checkbox"/> Other.				
Please explain:				
Provide a fiscal impact statement for all programs affected. Be sure to reflect both positive and negative impacts and to include all fund sources including both the General Fund and dedicated funds:				
ISDA does not anticipate any fiscal impact from the changes to be made to the Rule during this rulemaking.				
Provide a short explanation for the need for this rule:				
The proposed changes to the rule are necessary to incorporate a temporary listing of Water Hyacinth that was signed under the Director's authority in August, 2012. In addition, it is necessary to provide an opportunity to update the category lists in the rule from time to time to ensure that the lists reflect changes to due weed distribution, risk factors, and other issues that may arise.				

Provide a short summary of the changes this rule makes:
 The proposed rule changes will add one species, Water Hyacinth, to the Early Detection Rapid Response ("EDRR") Noxious Weed List. Additionally, opportunity will be given for recommended changes/alteration in existing noxious weed list(s) by interested parties.

The proposed changes will also remove Section 100.04—"Statewide Monitor List" from the Rules Governing Noxious Weeds.

Provide a list of those persons or interest group(s) affected by this rule:
 Idaho Weed Control Association, Idaho Nursery Landscape Association

Section 2 (To be Completed by DFM)

DFM Analyst Comments:
 This rule change will update the noxious weed list and the Dept. will give the interested parties a chance to make recommendation to the list.

DFM Analyst Fiscal Impact Review:
 No fiscal impact is anticipated.

DFM Analyst Signature & Date: Anita Hamann, May 9, 2013	Recommend: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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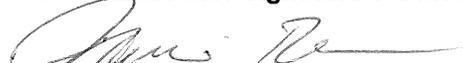
Gov Special Assistant Signature & Date: Bonnie Butler May 13, 2013	Recommend: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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DFM Administrator Action:

Approved

Authorized to Advance Rulemaking Process, DFM to review draft rule prior to publication (See Section 3)

Not Approved

DFM Administrator Signature & Date:
 5/13/2013

Section 3 (To Be Completed By DFM if Required)

DFM Analyst Signature & Date:	Recommend: <input type="checkbox"/> Yes <input type="checkbox"/> No
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DFM Administrator Signature & Date:	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Return via email to: info@dfm.idaho.gov