

INVENTORY OF CHEMIGATION SYSTEMS

Same as Previous Years

New Systems

System Name: _____

Chemical: Fertilizer [] Pesticide [] Both [] **Water Supply:** Domestic [] Ground [] Surface []

Type of Delivery System: Center Pivot [] Sprinkler [] Surface Irrigation [] Other []

Legal Description: ¼ Sec. _____ ¼ Sec. _____ Section _____ Township _____ Range _____

System Name: _____

Chemical: Fertilizer [] Pesticide [] Both [] **Water Supply:** Domestic [] Ground [] Surface []

Type of Delivery System: Center Pivot [] Sprinkler [] Surface Irrigation [] Other []

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System Name: _____

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Type of Delivery System: Center Pivot [] Sprinkler [] Surface Irrigation [] Other []

Legal Description: ¼ Sec. _____ ¼ Sec. _____ Section _____ Township _____ Range _____

To facilitate the Idaho State Department of Agriculture's (ISDA) Inspection program, the ISDA requests that you list the names of other licensed chemigators who conduct chemigation at the systems listed above.

Print Name

License Number(s)

I certify that:

- (1) The equipment and system I plan to use for chemigation meets ISDA standards.
- (2) The owner and other persons who will be operating the equipment have read the ISDA rules Governing Pesticides and Chemigation (IDAPA 02.03.04).
- (3) The owner and other persons who will be operating the equipment intend to operate and maintain the chemigation system according to the above stated rules.
- (4) All sites that I plan to chemigate this year have been listed.
- (5) The information on this form (front and back) and all attachment is correct.

DATE: _____

SIGNATURE: _____