

INVENTORY OF CHEMIGATION SYSTEMS

*****ALL CHEMIGATION License Holders must Sign & Date this form*****

Return by fax: (208)334-3547 or Mail to: ISDA, Division of Ag Res, P.O. Box 7723, Boise, ID 83707

Same as Previous Years New Systems Not Currently Chemigating

System Name: _____

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

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

Property Location (i.e. GPS coordinates): _____

System Name: _____

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

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

Property Location (i.e. GPS coordinates): _____

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System Name: _____

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

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

Property Location (i.e. GPS coordinates): _____

The Idaho Dept. of Agriculture requests that you list the names of other licensed Chemigators who conduct chemigation at the systems listed above. **Print Name(s) & License Number(s) below:**

- I certify that:
- (1) All sites that I plan to Chemigate this year have been listed **AND** 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) **AND** will operate and maintain the chemigation systems accordingly.
 - (3) The information on this form and all attachment(s) is correct.

DATE: _____ SIGNATURE: _____

Print Name or provide License #: _____