



CONSERVING, SUSTAINING, AND
CONNECTING NATURAL AREAS, LANDS,
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**Lake St. Clair Cooperative Invasive Species Management Area
(LSC CISMA)**

2019 Pre-Treatment Meeting Agenda

Prepared 8/20/19

Attendees: LSC CISMA, MCDOR, SRLC, participating Townships, and Wetland & Wildlife Solutions.

Date/ Time: _____

Location: _____

1. Expectations to review:

- a. Treatment acreage, maps and township boundaries
- b. Agreed upon payments and timeline
- c. No Treatment Applications (qualified properties holding no-treat permits)
- d. Treatment Specifications, collect signatures
- e. Treatment Conditions, collect signatures
- f. Treatment Acknowledgement, collect signatures

2. Emergency Contacts / Class structure

3. Incident Reporting

4. Herbicide Safety

- a. Drift Plan
- b. Opposing weather
- c. Personal Protection Equipment

5. Reporting Details

- a. Acreage
- b. GPS/ Shapefiles
- c. Weather Data
- d. Chemical Data
- e. Field Notes
- f. Proper Posting
- g. Reporting Details - report by Township, not by date



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LSC CISMA Contractor Treatment Specifications

Scope of Work: Chemically treat _____ linear feet of Phragmites in treatment areas on attached maps of RFP. If unsure of boundaries, contact MCDOR and community before proceeding.

Phragmites: Apply herbicide to the foliage of all live culms of invasive *Phragmites australis* within the designated treatment areas. Foliar spraying may be used in areas where significant damage to non-target native vegetation can be avoided (i.e. in dense patches composed of 30% or more Phragmites or Phragmites stands of any density mixed with other non-native vegetation.) For isolated plants or sparse patches adjacent to native vegetation, individual plants must be treated by a careful wick or hand application of herbicide to individual plants. Treatment must occur after the majority of Phragmites plants have tasseled (while plants are supplying nutrients to the rhizome), between August 15 and October 15, 2019 or prior to the date of the first killing frost, whichever comes first. Payment will not be made for Phragmites treatment that occurs outside this window or outside of designated treatment areas. It is the responsibility of the contractor for any over-kill caused by drift or over-treatments.

Posting: The Contractor shall be responsible for posting all necessary chemical treatment signs in accordance with applicable federal, state, and local laws, codes and regulations. Photo document the first and last sign placed on each date of treatment and include road name (if possible cross roads). Include photos and road names in treatment report.

In well-traveled areas such as parks or homeowners lawns a sign should be posted, at minimum, every 250 feet. When posting areas that are accessible to the public (trails, visitor centers etc.), place notices at the usual points of entry or along the perimeter of treated sites. The posting should include a notice that the area has or will be treated, the name of the herbicide used, the date of the treatment, appropriate precautions to be taken, the date when reentry is judged to be safe, and the contractors and CISMAs (248-504-4315) phone numbers for additional information. The notices should be removed after it is judged safe to re-enter the area.

Decontamination: The Contractor shall document steps taken to prevent and/or minimize the spread of invasive species during this project. Decontamination steps should follow the State of Michigan “Invasive Species Decontamination for Field Operations” protocol.

Herbicides: The Contractor shall use any herbicides listed in the RFP for controlling Phragmites. To ensure proper chemical uptake, a nonionic surfactant must also be used in conjunction with the herbicides. All materials used must be applied at recommended label rates.



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LSC CISMA: Contractor Treatment Specifications Continued

Mapping: Prior to payment, the Contractor shall be responsible to provide the LSC CISMA with GPS maps generated while treatments were being performed. Treatment maps will be generated for each community (Township) of application, not by date of application.

Scheduling: All work will be scheduled through LSC CISMA and its member representatives with jurisdiction of treatment areas.

Treatment Data Requirements: Prior to payment, the Contractor shall be responsible to provide the permit holder Six Rivers Land Conservancy (SRLC) and/or the Lake St. Clair CISMA with the below data in the template provided by the LSC CISMA.

1. Address (or Latitude / Longitude)
2. Property Owner
3. Target Plant
4. Application Method
5. Chemical Brand Name & USEPA Registration No.
6. Application Rate (include units)
7. Size of Treatments Area (include units)
8. Total Amount of Each Chemical Applied (oz)
9. Current Weather & Date of Application
10. Pesticides applied to, at, near, or over surface waters? (Y/N)
11. Contractor and Applicator Name
12. Pesticide Applicator Contact Information (certification #, phone and/or email)
13. Any Adverse Incidents? (Y/N)
14. GPS generated maps

All work is to be completed before first frost or October 1, 2019, whichever comes first.



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Emergency Contact and First Aid Form			
Name	Affiliation	Phone	Email
McKenzi Waliczek	LSC CISMA Coordinator	248.504.4315	CISMA@macombgov.org
John Crumm	Macomb Department of Roads	586.484.3413	jcrumm@rcmcweb.org
Mary Bednar	Clinton Township	586.286.9387	m.bednar@clintontownship-mi.gov
Ken Verkest	Harrison Township	586.914.9944	kverkest@harrison-township.org
Joe Jarzyna	Ray Township	586.749.5171	jjarzyna@raytownship.org
Tavio Palazzolo	Shelby Township	586.739.8007	tavio@fazalkhan.com
Bonnie Krauss	Washington Township	586.786.0010	kraussb@washingtontwpmi.org
Chris Bunch	Six Rivers (permit holder)	248.604.2816	cbunch@sixriversrlc.org
Poison Control Center		800.222.1222	https://www.poison.org/1800222122
National Pesticide Information Center	(NPIC)	800.858.7378	http://npic.orst.edu/

General First Aid Guidelines

- Call 911 if the person is unconscious, having trouble breathing or having convulsions. Check the label for directions on first aid for that product.
- **Poison in eye.** Eye membranes absorb pesticides faster than any other external part of the body; eye damage can occur in a few minutes with some types of pesticides. If poison splashes into an eye, hold the eyelid open and wash quickly and gently with clean running water from the tap or a gentle stream from a hose for at least 15 minutes. If possible, have someone else contact a Poison Control Center for you while the victim is being treated. Do not use eye drops or chemicals or drugs in the wash water.
- **Poison on skin.** If pesticide splashes on the skin, drench area with water and remove contaminated clothing. Wash skin and hair thoroughly with soap and water. Later, discard contaminated clothing or thoroughly wash it separately from other laundry.
- **Inhaled poison.** Carry or drag victim to fresh air immediately. If you think you need protection such as a respirator and one is not available to you, call the Fire Department and wait for emergency equipment before entering the area. Loosen victim's tight clothing. If the victim's skin is blue or the victim has stopped breathing, give artificial respiration (if you know how) and call rescue service for help. Open doors and windows so no one else will be poisoned by fumes.

Non-emergency Reporting (Report within 24 hours of incident)

- Call MDARD at 800-292-3939 and DEQ at 1-800-662-9278 to report.
- After, call the CISMA (McKenzi at 248-504-4315) and seek what permit applications fall under. Using the provided template, email incident report to CISMA@macombgov.org.
 - ANC & NPDES report line: 517-284-5593
- Contact product's manufacturer about incident. Their contact information is on the product label.



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LSC CISMA Adverse Incident Report

Name:

Address:

City:

State:

Zip:

County:

Country:

Phone:

Email:

Please contact me regarding this (if you wish to be contacted, check the box)
complaint:

Establishment and/or Owner's Name*:

Address & Intersection (if known)*:

City*:

Zip:

Date and Time of Occurrence*:

(mm/dd/yyyy, hh:mm, am/pm):

Complaint Type*:

Nature of Complaint*:

Be specific-include detailed product information.



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**Application Form
Phragmites Control Program
No Treatment Zone Permit**

MACOMB COUNTY DEPARTMENT OF ROADS
117 South Groesbeck highway
Mt. Clemens, MI 48043
Phone: 586.463.8671 Fax: 586.463.8682

The undersigned hereby requests that the above entity omit the treatment of phragmites along Department of Roads right of way abutting property owner by me generally described as follows:

Township: _____ Address: _____

Road Name: _____ Side of road property is located on: N S E W
(Circle One)

Nearest Cross Roads: Between _____ and _____
(Road Name) (Road Name)

In consideration of the Macomb County Department of Roads' (MCDR) approval of the requested NO TREATMENT ZONE PERMIT, the undersigned agrees to accept the responsibility for maintaining the roadside area by the cutting of all roadside phragmites and brush. The area to be maintained shall be a minimum distance of 20 feet from the edge of the traveled portion of the road. As the Applicant, I understand and agree that in such even as the phragmites and brush are not cut or otherwise removed at the time of MCDR operations, the MCDR reserves the right to remove same, acting within its sole discretion. If approved, the MCDR agrees to honor this permit, subject to the conditions herein and the posting of the NO TREATMENT ZONE signs, i.e. beginning and ending signs being in place on the day of operations. MCDR will furnish identifying signs to be placed by the property owner. The signs are to be placed as specified in the County Phragmites Control Program Advance Notice. The undersigned agrees to place the NO TREATMENT ZONE signs on their property but no closer than 5 feet off the edge of pavement or gravel.

Submitted by: _____



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**Application Form Continued
Phragmites Control Program
No Treatment Zone Permit**

Submitted by: _____

Signature: _____ Date: _____

Printed Name: _____

Street Address: _____

City / State / Zip: _____

Phone (day): _____ (night): _____

Email Address: _____

If you have any questions regarding this Application form, please contact St Clair County Road Commission at (810) 364-5720 or roads@stclaircounty.org. Thank you.



FOR OFFICE USE ONLY

___ Approved Date: _____

___ Denied Date: _____

By St Clair County Road Commission Representative: _____

Printed Name of Representative: _____



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LSC CISMA

Contractor Conditions Form

This document sets forth the conditions contractors must comply with when completing treatments under the permit(s) of the Lake St. Clair CISMA. Contractors must comply with the requirements described in these forms and submit all required documentation prior to payment.

Contractors shall:

1. Perform all treatments in compliance with all State and Federal regulations
2. Prior to commencing treatments, provide copies of their State and Federal licenses.
3. Prior to commencing treatments, attend a Pre-Treatment Meeting.
4. Maintain all records required by State and Federal regulatory authorities
5. Comply with all LSC CISMA procedures and provide required records as listed in the LSC CISMA 2019 Treatment Documents (pre-treatment meeting, timeline, acknowledgements, incident reports, no-treatment zones, specifications, business road check form, and conditions).
6. Provide copies of all treatment records, maps, and documentation to the Lake St. Clair CISMA.
7. Provide invoices for treatments per community, including total acreage per community.
8. Apply chemicals only in conducive weather. If it rains within 12 hours of treatment, the area must be re-treated 2 weeks following initial attempt.
9. Immediately inform Six Rivers Land Conservancy and LSC CISMA Coordinator if/when any adverse incident happens.
10. Immediately inform applicable Township, from Emergency Contact list, Coordinator if/when any adverse incident happens concerning private residents.

Contractors must sign and return a copy of this form to the Lake St. Clair CISMA acknowledging their understanding of and commitment to comply with these terms.

Signature of principal or duly authorized authority:

_____ Date

Printed Name and Title

Company name



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LSC CISMA Contractor Acknowledgement

The Contractor identified herein has been selected to treat the invasive species as described in the RFP that is attached and incorporated by reference. All treatments shall be performed in keeping with the attached Treatment Documents and following all State and Federal regulations and permitting requirements. This acknowledgement amends the RFP by including the attached specification sheet.

Contractor name

Agrees to perform treatments described for the costs agreed upon in the RFP. Any changes to the scope of work or cost must be agreed to in writing by both parties.

Signature of principal

Date

Company Name

Address

Phone

Email