

Macomb County Department of Roads
Public Notice of Herbicide Program



Macomb County Department of Roads, in conjunction the Lake St. Clair Cooperative Invasive Species Management Area hereby provides notice to the public and property owners adjacent to County roadways of the 2020 Phragmites Herbicide Application Program for the roadside right-of ways within the City of Sterling Heights and Harrison, Clinton, Shelby, Washington and Ray Townships.

Contracted Application Firm:

Contractor: PLM Lake & Land Management
Address: 10785 Bennett Drive, Morrice MI 48857
Contact Information: 800-382-4434 <https://www.plmcorp.net/>

Schedule of Application: Applications will take place between September 1-30, 2020.

Herbicide Locations: Locations may include, but are not limited to, sections of:

Clinton Township: Canal Road, Metropolitan Parkway, Stevenson, and Little.

Harrison Township: Metropolitan, Executive, Perimeter, Venetian, Prentiss, and more.

Ray Township: 27 Mile, 29 Mile, 31 Mile, Romeo Plank, and Hartway.

Shelby Township: Hayes Road, Ryan Road, and Mound Road.

City of Sterling Heights: 19 Mile, Mound, 17 Mile, Hannebauer Lane, and more.

Washington Township: Schoenherr, Campground, 26, 27, 28, 29, 30 and 31 Mile Roads, Old Van Dyke, Mound, Dequindre, Inwood, and more.

Visit <https://www.sixriversrlc.org/lsc-cisma> for complete maps highlighting treatment areas. See below for information on how to apply for a “No Treatment Zone Permit.”

Herbicides Planned for Use:

Aquaneat, Glyphosate 5.4, Habitat, Cygnet Plus (surfactant), and Blue Tracer Dye (marker).

Method of Application:

Applications will be foliar applied by vehicular mounted hand spray gun equipment. Individual plants will be carefully treated with a hand wick.

Re-Entry Restrictions: **Do not enter treated areas until the spray has dried.**

Contact:

Macomb County Department of Roads
Planning Division
117 South Groesbeck
Mt. Clemens MI 48043
Phone: 586-463-8671



**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 Macomb County Department of Roads right of way abutting property owner by me generally described as follows:

Community: _____ 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: _____

Signature: _____ Date: _____

Printed Name: _____

Street Address: _____

City / State / Zip: _____

Phone (day): _____ (night): _____

Email Address: _____

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



If you have any questions regarding this Application form, please contact Macomb County Department of Roads at 586-463-8671. Thank you.

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FOR OFFICE USE ONLY

___ Approved

Date: _____

___ Denied

Date: _____

By Macomb County Department of Roads Representative: _____

Printed Name of Representative: _____