

# Cranberry Grower

## Groundwater Protection Program Notification Form

**\*CHLOROTHALONIL**

You must notify the Massachusetts Department of Agricultural Resources Pesticide Bureau when you apply a pesticide product that is listed on the Groundwater Protection List.

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

PESTICIDE LICENSE NUMBER: \_\_\_\_\_

DAYTIME PHONE (include area code): \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

DATES AND LOCATION OF PESTICIDE APPLICATION: (Provide specific bog location)

PRIMARY RECHARGE AREA (Location of Zone II or IWPA and town)

PESTICIDE USED INCLUDING EPA REGISTRATION NUMBER (Use information from label)

PURPOSE OF APPLICATION

ADDITIONAL COMMENTS:

**Submit this form within 10 days of the end of each calendar month. Be sure to include all applications made in that month. Submit to:**

Hotze Wijnja  
Environmental Chemist  
Division of Crop Inspectional services and Pest management  
251 Causeway Street, Suite 500  
Boston, MA 02114-2151

**Note: Actara (Thiamethoxam), Intrepid (Methoxyfenozide) and Princep/Caliber (Simazine) cannot be sprayed in Zone II areas because there are ample viable alternatives to use of these products.**