

NOTICE OF PESTICIDE APPLICATION

For further information regarding this notice please contact the IPM Coordinator for Pascack Valley:

Name Robert Donahue Phone Number: ____ (201) 358-7004 x22021 ____

The following pesticides will be used:

Pesticide Common Name Powerzone	Pesticide Trade Name MCPA	EPA Registration Number 2217-834
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The Office of Pesticide Programs of the United States Environmental Protection Agency has stated: “Where possible, persons who potentially are sensitive, such as pregnant women, infants, and children, should avoid any unnecessary pesticide exposure.”

Location of the pesticide application: _____ School Grounds _____

Reason for the pesticide application: _____ To Control Weeds _____

If an indoor application the date and time it is planned:

DATE _____ TIME _____

In the case of an outdoor application, 3 dates must be listed, in chronological order, on which the outdoor application may take place if the preceding date is canceled.

DATE 11/5 DATE 11/6 DATE 11/7

Description of the possible adverse effects of the pesticides as per the Material Safety Data Sheets for the pesticides to be used, if available:

May cause mild irritation to skin and eyes. Ingestion of large amounts may cause gastrointestinal disorder, nausea, vomiting and/or diarrhea.

Pesticide(s) product-label instructions and precautions related to Public Safety:

Causes minor eye injury (irritation). Harmful if inhaled or absorbed through the skin. Avoid contact with skin, eyes, or clothing. Avoid breathing dust. Wash thoroughly with soap and water after handling. Prolonged or frequently repeated skin contact while handling the material may cause allergic reactions in some individuals.