PESTICIDE USE PERMIT APPLICATION Business / Entity Name: Date: SUPPLEMENTAL SITE INFORMATION Projected Date(s) of Pesticide Application: Territory: [] Allegany [] Cattaraugus SNI Parcel ID Number: ______ Acres: ______ Description of Location / Field: Land Owner: Is the site within an area defined as habitat for species with Federal Protection Status? [] Yes [] No State Protection Status? [] Yes [] No Is the site located within an aquifer area? [] Yes [] No Is there a waterbody located in a public water supply watershed? [] Yes [] No If yes, where does the waterbody flow to? Pesticide(s) Being Applied to this Parcel: (including estimated quantity per acre) Application Method(s): Description of Mixing Process / Removal: Projected Date(s) of Pesticide Application: Territory: [] Allegany [] Cattaraugus SNI Parcel ID Number: _____ Acres: ____ Description of Location / Field: Land Owner:

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