



# 2018 WEED COMMISSIONER'S REPORT

For the County of: \_\_\_\_\_

Submit to County Board of Supervisors by: November 1, 2018  
 Return copy to the IDALS office by: December 1, 2018

## Weed Commissioner's Contact Information:

Name	Year Appointed
Address	Telephone
City, Zip Code	Alternate Telephone
Email Address	Pesticide Certificate #

## Which of the noxious weeds have you found in your county?

- 1 – Found, a problem in my county
- 2 – Found, but not a problem

- 3 – Not known in my county
- ? – If you cannot identify this plant

<i>Primary Noxious Weeds</i>	<i>Answer</i>	<i>Secondary Noxious Weeds</i>	<i>Answer</i>
Buckthorn		Buckhorn Plantain	
Bull Thistle		Cocklebur	
Canada Thistle		Curly Dock (Sour Dock)	
Field Bindweed		Multiflora Rose	
Hoary Cress (Perennial Pepper-grass)		Poison Hemlock	
Horse Nettle		Puncturevine	
Leafy Spurge		Red Sorrel (Sheep sorrel)	
Musk Thistle		Shattercane	
Palmer Amaranth		Smooth Dock	
Perennial Sow Thistle		Teasel	
Quackgrass		Velvetleaf (Butterprint)	
Russian Knapweed		Wild Carrot	
		Wild Mustard	
		Wild Sunflower	

<i>Invasive Prohibited Plants</i>	<i>Answer</i>		
Garlic Mustard			
Japanese Hop			
Japanese Knotweed			
Oriental Bittersweet			
Purple Loosestrife			

**Please list any other plants which are a problem or a concern in your county:**

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**As County Weed Commissioner, do your duties include roadside spraying?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Did your county publish a Notice of Program for weed control pursuant to the provisions of Title VIII Chapter 317 Section 317.14?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Did your county employ contract spraying during 2017?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what percentage of your total spray program is contracted? \_\_\_\_\_%

If possible, please list the contract rates. \$/mile \_\_\_\_\_

Total contract cost \$ \_\_\_\_\_

**In the past year how much did your county spend on purchasing herbicides?**

\$ \_\_\_\_\_

**How many times during 2018 was it necessary to serve a noxious weed notice?**

Private (written) \_\_\_\_\_ Public (written) (DOT, DNR, CCB) \_\_\_\_\_

**How many times did you contact individuals personally, rather than sending them a weed control notice?**

Private (verbal) \_\_\_\_\_ Public (verbal) (DOT, DNR, CCB) \_\_\_\_\_

**How many times did you actually enter private or public land, control weeds, and assess the cost to the owner?**

\_\_\_\_\_

**How many months were you employed as weed commissioner in 2018?**

\_\_\_\_\_ months

**Are your duties as weed commissioner incorporated into another county job?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, what? \_\_\_\_\_

Weed Comm. Duties \_\_\_\_\_% IRVM Duties \_\_\_\_\_%

Other County Duties \_\_\_\_\_%

**How does the overall county weed situation compare with last year?**

Improved \_\_\_\_\_ Unchanged \_\_\_\_\_ Worse \_\_\_\_\_

**Comments?** \_\_\_\_\_

**Is brush control included in your weed commissioner duties?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes**, what method(s) do you use? *(Circle all that apply):*

Spraying      Cutting      Stump treatment      Basal bark

Other, explain \_\_\_\_\_

**What are your suggestions and/or recommendations which may improve your county weed and brush infestations?**

**What herbicides did your county use in your weed control program?** Be specific, please list brand name and quantity of each. Please do not list surfactants or adjuvants. If the spray program is contracted in your county, ask your contractor for this information. Add another page if necessary.



The above report is true to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
County Weed Commissioner

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Chairman, County Board of Supervisors

Please return a copy to: Iowa Department of Agriculture and Land Stewardship  
Attn: State Weed Commissioner  
2230 S Ankeny Blvd  
Ankeny, IA 50023-9093