CLEAN SWEEP PESTICIDE DISPOSAL 2017 Program Registration Form

ACCEPTED ITEMS: Pesticides that are unwanted or no longer usable, from Michigan participants only.

COST: Free to qualified applicants, including Michigan pesticide retailers.

DROP-OFF LOCATION: Benton Harbor, MI - participants will be contacted to set an approximate drop-off appointment time and will be given the exact location and directions to the collection site.

PARTNERS: Michigan Department of Agriculture and Rural Development, Berrien County Parks Dept., Berrien Conservation District, and Michigan State University Extension

Registration Deadline: Two weeks prior to the collection date

2017 COLLECTION SCHEDULE

Please circle the date that you will be participating

June 28, 2017

July 26, 2017

Applicants Name:	Name: Telephone:				
Driver's Name:	Name: Driver's Cell Phone: rent than applicant)				
Email Address:					
Farm/Company (if applica	ble):				
Address:		City:	State:	Zip:	
County: where waste is loc	ated, please circle one:				
Berrien County	Cass County	Van Buren County	Other: please specify		
Type of Applicant, please	circle one:				
A. Farm	C. Pesticide Retaile	er	E. Turf/Landscape/Greenhouse		
B. Retired Farm	D. Rural property	owner (non-farm)	F. Other		
I verify that all information were generated through ac		ny knowledge and that wa	nste pesticides pre	sented for disposal	
Signature	ignature Date				
RETURN FORM TO: Jill	Adams by one of the fo	ollowing means			
Email: jadams@bo	• •				
<u>Fax</u> : 269-982-866			1 347 4000		
<u>Mail</u> : Berrien Co	unty Parks Department	t, 701 Main Street, St. Jos	seph, MI 49085		

Please follow the directions to help minimize the costs and provide you with the best service possible.

- 1. Estimate weights and volumes as accurately as possible, but do not endanger anyone's health.
- 2. List unknown pesticides as well, with as much detail as possible.
- 3. Please indicate if the product is LIQUID or SOLID.
- 4. Place a check mark in the column next to any products that need to be repackaged. (Items that need repackaging should be placed in sealed and labeled plastic bags.)
- 5. Don't mix different products together.
- 6. All information provided on this form will be kept confidential by the collection coordinator.
- 7. Return form to Jill Adams by email, fax, or mail contact information on front of form.

SAFETY COUNTS so don't hesitate to call if you have any questions!

EXAMPLE:

CONTAINER SIZE/ ITEM NEEDS AMOUNT
TRADE NAME COMMON NAME CONTAINER TYPE REPKG SOLIDS (pounds) LIQUIDS (gallons)

1. Suspenso	Lead arsenate	5 lb bag		16 lbs
2.	Lead arsenate	1 lb bag		2 lbs
3. Benlate	Benomyl	1 lb bag		8 lbs
4.	DDT*	1 gal.	X	5 gal
5. Lasso	Alachlor	5 gal.		18 gal
6. Guthion**	Azinphos- methyl	Pint bottles		7 gal.

^{*}The DDT is in one gallon containers with a total of 5 gallons and the "X" indicates that the person feels one or more need to be repackaged.

Either use this chart or create your own with these headings to provide us with an approximate inventory.

TRADE NAME	COMMON NAME	CONTAINER SIZE/	ITEM NEEDS	AMOUNT
		CONTAINER TYPE	REPACKAGING	Solids/Liquids lbs/gallons

^{**} Guthion is in pints and this person has a total of 7 gallons in one-pint containers. It is important for the disposal contractor to know what the container size is for liquids.