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| **Obsolete Pesticide Inventory Form** | **Maine Board of Pesticides Control**28 State House Station Augusta, ME 04330-0028Tel: 207-287-2731Email: pesticides@maine.gov | Remember to store pesticides in a dry, secure location. Store liquids in rigid plastic containers. Double plastic trash bags are recommended for paper or cardboard packages. DO NOT MIX chemicals together. | For office use only |
| ID #Zone: |
| Date Rec’d:Date Entered: |
| NAME AND MAILINGADDRESS | EMAIL | TELEPHONE NUMBER | Please check (if applicable) |
|  |  | DAYTIME: EVENING: | Some products are in 55-gallon drums ☐ Amount: |
| Greater than 1,500 lbs of total product ☐Amount: |
| PHYSICAL LOCATION OF PESTICIDES | PARTICIPANT TYPE (Circleone):Homeowner Gardener | If you are not a year-round resident, please list the name, address, and phone number(s) of a contact person: | I am submitting some unknowns ☐ Amount: |
|  | Real-estate agent |  |  |
|  | Family-owned Farm |  |
|  | Nursery/greenhouse |  |

SEE NEXT PAGE FOR INSTRUCTIONS

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| **FORM DIRECTIONS** |
| Please ﬁll out as much information about the products you would like to submit as possible. Product names, EPA registration number, and active ingredients are listed on the front of the pesticide label. If the pesticide has more than one active ingredient, please list them all. If the active ingredient is not listed, or is unreadable, please describe the product to the best of your ability with any identifying information on the label. If you are submitting unknown pesticides, please describe the material and what it may have been used for. We will contact anyone submittingunknown material in an attempt to identify the pesticides. If submitting multiple unknowns, please number them. |
| Product Name | EPARegistration # | Active Ingredient | Liquid (L) or Solid (S) | # of Containers | Max Weight/Volume of Each Container(Specify the container size – even if it is not full in gal orlbs) | TOTALWeight/Volume(Specify the amount of product on hand fordisposal in gal or lbs) | Type of Container(i.e., plastic, paper) | Condition of Container |
| **EXAMPLE: SEVIN** | **123-456-12** | **CARBARYL** | **L** | **2** | **5 GAL** | **8 GAL** | **PLASTIC** | **GOOD** |
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| PLEASE RETURN THE COMPLETED FORM TO THE BOARD OF PESTICIDES CONTROL AT THE ADDRESS SHOWN ABOVE | The Obsoletes Pesticide Program is jointly sponsored by the Maine Board of Pesticides Control and the Maine Department of Environmental Protection |

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| **Product Name** | **EPA****Registration #** | **Active Ingredient** | **Liquid (L) or Solid (S)** | **# of Containers** | **Max Weight/Volume of Each Container**(Specify the container size – even if it is not full in gal or lbs) | **TOTAL****Weight/Volume**(Specify the amount of product on hand for disposal in gal or lbs) | **Type of Container**(i.e., plastic, paper) | **Condition of Container** |
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