

## Widely Spread Species Management Measures Questionnaire (Aquatic Plants)

**1. Incident Number:** This is the number starting with **IAS** that can be found on your original letter/s.

**2. Species Name/Details:** **Nuttall's waterweed, Lagarosiphon, Floating pennywort etc.**  
 This will also be detailed on the letter you received. Please confirm.

**3. Estimated area of infestation**  
 Please see accompanying notes 3.

**4. Is your site located in or near a designated site.** YES NO Site name  
 If yes please provide name of site.

**5. Has/will area of infestation been/be clearly demarcated off with marker buoys and mesh traps on any out/infalls?** YES NO

**6. If YES, please provide details.**  
 Detail which method you have or will use to warn the public or any others using the water body to avoid entering the area during treatment. Have or will you erect **Check Clean Dry** signage to inform water users not to spread invasive species to other water bodies.

**7. Have you checked water body for wildlife that may require a wildlife license to carry out weed removal?** YES NO

**8. What method/s of treatment are/will be used?** Chemical Manual  
 Please see accompanying notes 8. Herbicide Mechanical Combination

**9. Please provide further detail of treatment method/s and timings in use or to be used**  
 Please see accompanying notes for details of all available methods  
**Attach extra pages if necessary.**

**10. Is this part of an existing/ongoing treatment plan, or is this or will be a first time treatment?** Existing First treatment  
 If it is on a designated water body you may already have consent to carry out works. If so please provide evidence of your agreement with NIEA.

**11. What biosecurity measures are/will be in place on site to prevent further spread during treatment?**

Strict biosecurity measures must be put in place to ensure land owners/contractors/ members of the public do not act as vectors in spreading these invasive non-native species.

For further info -please see accompanying note 11.

**12. Please detail your post treatment monitoring timetable:**

How often each year will you be checking the site for signs of re-growth and for how many years will your monitoring continue?

Detail/record who is carrying out the monitoring and how they are qualified to do so.

**13. Estimated timescale (yrs) to eradicate:**

This will be dependent on size, maturity & growing conditions of the plants.

You may need expert advice to answer this question.

**14. What measures do you plan to put in place to restore the original habitat? Please detail:**

Restoring the site with native species will assist the prevention of re-infestation.

Please see accompanying note 14.

**15. Landowner/land manager contact telephone number:**

**16. Landowner/land manager Signature:**

**17. Landowner/land manager contact E-mail address:**