

Contractor Name  
Contractor Address

<b>For Wallowa Resources Use Only</b>		Database App. #:	Gross Acres:
Project Name:	Site #:	Site Name:	
Billed to:		MXF/TXF:	
Contract #:		Invoice #:	

**WEED TREATMENT RECORD**

Date of Application:		Location of Property (Lat/Long and description):			
Time: From	a.m. p.m.	Landowner:			
To	a.m. p.m.				
Total Hrs:	# People:	State:	Type of ground:	Soil:	

<b>WEATHER</b>	Sky Condition (circle): Clear Partly Cloudy Overcast Showers	Temp (F):
Wind Speed mph (circle): No Wind (0-1) Breeze (2-5) Gusty (5-8)		Humidity: High Med Low

<b>CHEMICAL APPLICATION</b>	Name(s) and License #(s) of person(s) who applied or supervised the application of pesticides (Please indicate O=Operator, A= Applicator, T=Trainee):
Spot Application Yes / No	

	Chemical Name/Formulation	EPA #	Rate/acre	Total (oz)	Net Acres	Total Sol gal	GPA	Target Weed / %	Second Weed / %
Solution 1								/	/
								Oz	Oz
								Ac	Ac
Solution 2								/	/
								Oz	Oz
								Ac	Ac
Solution 3								/	/
								Oz	Oz
								Ac	Ac

Solution 1	Additive(s)	Name	Rate	oz	Name	Rate	oz
Solution 2	Additive(s)	Name	Rate	oz	Name	Rate	oz
Solution 3	Additive(s)	Name	Rate	oz	Name	Rate	oz

<b>APPLICATION EQUIPMENT (indicate # of each type)</b>					<b>Chemical Supplier</b>		<b>WAYPOINTS (list #s)</b>	
Booms	Broadjet	ATV	Backpack					
Boat	Helicopter	Horse	Handgun					

<b>MECHANICAL TREATMENT</b>				
Target Weed	Treatment Type	Net Acres Treated	# hours	# people

**NOTES (List additional weeds or additives, other equipment, observations: WEED PHENOLOGY)**

