



Contractor Herbicide Application Form

The following information must be recorded on **each treatment** area to which pesticides are discharged over or within 3 ft of waters of the state. **Submit this form with your invoice to receive payment.**

- Contractor Name, Project Name:
- WMSWCD Staff Contact:
- Target pest(s):
- Description of pest management measure(s) implemented prior to the first pesticide application (i.e. cut, mow, etc), if known:
- Pesticide application dates:
- Pesticide application time:
- Assessment of environmental conditions relating to proper pesticide use (i.e. weather and wind conditions):
- Description of treatment area and identification of any waters, either by name or by location, to which any pesticides were discharged:
- Pesticide Discharge Information (*only for area over or within 3 ft of surface waters*):

Pesticide Product Name	EPA Registration Number	Application Rate	Diluents, Dilution & Concentration %	Volume Used (Total Backpack – Gauge Height)	Linear feet of sprayed area	Percent of total area sprayed

- Any unusual or unexpected effects identified to non-target organisms:
- Whether or not a visual assessment was conducted. If a visual assessment was conducted was it during the pesticide application or post pesticide application, if no visual assessment was conducted, explain why it was not conducted:
- Documentation of equipment calibration: