PESTICIDE USE REPORTING FORM

WISCONSIN DEPARTMENT OF NATURAL RESOURCES
2514 MORSE STREET
JANESVILLE, WI 53545

LANDOWNER: __WDNR – Albany EWH_____ PROJECT #: _2301-1

PROJECT LOCATION: ADDRESS _____ PHONE: _____

GPS COORDINATES: _42.721130, -89.518574 _ and/or TOWNSHIP_____RANGE_____SECTION_____

DATE OF APPLICATION: ____ /____ / 20____ TIME OF APPLICATION: ____ am/pm TO ____ am/pm

MIXING/LOADING LOCATION: __parking area_____

NAME OF APPLICATOR: _Louis Ohland_____ PESTICIDE CERTIFICATION NUMBER: _____ EXPIRATION DATE: ____ / ____ / 20____

WEATHER:

TEMPERATURE _____ °F

WIND SPEED _____ mph

WIND DIRECTION _____

SKY CONDITIONS _____

APPLICATION METHOD:

- ☐ BOOMLESS
- ☐ BOOM
- ☐ HANDGUN
- ☐ BACKPACK
- ☐ OTHER (specify) _____

CHEMICALS APPLIED			
TRADE NAME	EPA NUMBER	RATE	TOTAL APPLIED
TOTAL GALLONS OF SOLUTION APPLIED:			

SURFACTANT APPLIED			
TRADE NAME	EPA NUMBER	RATE	TOTAL APPLIED
N/A			

REASON FOR APPLICATION:
EX: kill woody brush

TARGET SPECIES:	
NAME:	SIZE:
Honeysuckle	1-3 inch diameter

SIZE OF AREA TREATED: _____

COMMENTS: _____
_____
_____
_____

SIGNATURE: _____ DATE: ____ / ____ / 20 ____