

Treatment Area Number	Date of Treatment (month, day, year)	Latitude / Longitude or Universal Transverse Mercator (UTM)	Acreage	List Chemical(s) Used or Other Control Method

Actual plants present and their relative abundance at time of treatment

Aquatic Plant Name	Relative Abundance (% of Community)	Aquatic Plant Name	Relative Abundance (% of Community)

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Actual plants present and their relative abundance at time of treatment

Aquatic Plant Name	Relative Abundance (% of Community)	Aquatic Plant Name	Relative Abundance (% of Community)

Attach map of lake showing actual treatment areas.

Signature of Applicator _____ Date (month, day, year) _____

312 IAC 9-10-3 (g):
Report of control treatments is due seven (7) days after treatment has been completed.

Please return report to:

Aquatic Vegetation Permit Biologist
Division of Fish and Wildlife
402 W. Washington St., RM W273
Indianapolis, IN 46204
Telephone: 317-234-1074
E-mail: AquaticVegPermit@dnr.in.gov

