

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)

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)

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:

Waters NORTH of SR 32
Regional Secretary
NERO, Division of Fish and Wildlife
1353 South Governors Drive
Columbia City, IN 46725-7539
Telephone: (260) 244-6805
Fax: (260) 244-7247

Waters SOUTH of SR 32
Regional Secretary
Division of Fish and Wildlife
5596 E. State Road 46
Bloomington, IN 47401
Telephone: (812) 287-8303
Fax: (812) 339-4807

