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AQUATIC VEGETATION CONTROL PERMIT REPORTING

State Form 51627 (R4 / 1-18) DEPARTMENT OF NATURAL RESOURCES Page____ of _____

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Permit Num	ber	_	FO	R OFFICE USE ONLY			
Body of Water					Date Rece	eived	
County						tered	
Applicator				-		ed By	
				-			
Treatment Area Number	Date of Treatment (month, day, year)	Latitude / Longitude o Transverse Mercat	Acreage		emical(s) Used or Other Control Method		
	Actual pla	hts present and their rel	ative abundar	ce at time c	of treatme	nt	
A						Relative Abundance	
Aqua	atic Plant Name	(% of Community)	Aquatic Plant Nam		le	(% of Community)	
				_	-		
Treatment Area Number	Date of Treatment (month, day, year)	Latitude / Longitude o Transverse Mercat		List Ch Acreage		nemical(s) Used or Other Control Method	
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	Actual pla	nts present and their rel	ative abundan	ice at time o	of treatmen	nt	
Aquatic Plant Name		Relative Abundance (% of Community)	Aquatic Plant Name		ne	Relative Abundance (% of Community)	
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Treatment Area Number	Date of Treatment (month, day, year)	Latitude / Longitude o Transverse Mercat		Acreage		emical(s) Used or Other Control Method	
	Actual pla	nts present and their rel	ative abundan	ice at time o	of treatmen		
Aqua	atic Plant Name	Relative Abundance Aquatic Plant N (% of Community)		ic Plant Nam	ne	Relative Abundance (% of Community)	

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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						
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	Actual plar	nts present and their rel	ative abundan	ce at time c	of treatmer	nt					
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

