Bayluscide Application Data Form

Office: **1**/MQT **2**/LUD **3**/CAN **Lake:** **1**/S **2**/M **3**/H **4**/E **5**/O **6**/NYO

Stream:_____No._____

Tributary/Branch:_____

Zone/Branch Code: _____ Station: _____

Mileage: _____

GPS Coordinates: _____

Date: (mm/dd/yy) _____/_____/_____

Time On:_____

Duration (hrs)_____

Application Type:_____

Application Codes:_____

Tablet Number: _____

BAYLUSCIDE DATA

*Mfr	Chem. State (EC)	Batch Year	**Batch ID	Amount (L or lbs)

Location: _____

Operators:_____

Time	Feed Rate Checked (cc/min)	Feed Rate Adjusted (cc/min)	Amount Added		S.G.	Init.	Comments/Remarks (Please enter remaining amount here)
			Size	Number			

Map & Comments

Application Type: **1** Pump **Application Codes:** **P** Primary **B** Boost **TB** Trib Boost

*Manufacturer 2007-present = **C** Coating Place

**Batch numbers required starting 2013, otherwise batch number equals NA

Time	Feed Rate Checked (cc/min)	Feed Rate Adjusted (cc/min)	Amount Added		S.G.	Init.	Comments/Remarks (Please enter remaining amount here)
			Size	Number			