

Lampricide Control Granular Bayluscide Application Form

Lake: 1 Superior 2 Michigan 3 Huron 4 Erie 5 Ontario 6 Ontario-New York

Stream #: _____ Stream Name: _____

Zone/Station/Mileage: ____ / ____ / ____ Plot Number: _____ Waypoint I.D.: _____

Access/Boat Launch Info: _____

Personnel (Last Name / I.D. #): _____ / _____ / _____

_____ / _____ / _____

Date: From: ____/____/____ (mm/dd/yy) Start Time: ____:____ Feed Time: ____ . ____ Delivery Type: *circle below*
 To: ____/____/____ (mm/dd/yy) Start Time: ____:____ Feed Time: ____ . ____ (9-Hand, 12-Blower, 15-Spray Boat)

Lampricide Data:

Tablet number: _____

Manufacturer: C=Coating Place

Containers lbs

Year: _____	Batch ID (12 digits): _____ - _____ - _____	Amount Applied: _____ / _____
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Year: _____	Batch ID (12 digits): _____ - _____ - _____	Amount Applied: _____ / _____
Year: _____	Batch ID (12 digits): _____ - _____ - _____	Amount Applied: _____ / _____
Year: _____	Batch ID (12 digits): _____ - _____ - _____	Amount Applied: _____ / _____

Site Data:

Type Area Sprayed: (circle) 1- lentic 2 - lotic Total Area Treated: _____ hectares / acres
 Total # Containers Prescribed: _____ Total # Containers Applied: _____ % Completed: _____

Plot Characteristics (Flow): _____

Location	Top / Bottom	Depth (m/ft.)	D.O. (mg/L)	Temp. (°C)
1				
2				
3				
4				
5				

Calibration Check - lbs product / acres sprayed = lbs per acre (write out calculation): _____

Treatment Conditions: _____

Is dense vegetation present? YES/NO If yes, please coment: _____

Are fish congregated? YES/NO If yes, please

comment: _____ Ammocoete / Gull Activity: _____

Non-target Mortality: _____

Additional Remarks: _____

IF POSSIBLE, NOTE AMMO ACTIVITY LOCATION ON MAP ON REVERSE SIDE OF SHEET.

DRAW MAP OF PLOT WITH SAMPLING LOCATIONS, VEGETATION PRESENT, CONGREGATED FISH, ETC

# Containers	At (Time)	Batch ID (12-digits)	Tally
	____ : ____	____ - ____ - ____	
	____ : ____	____ - ____ - ____	
	____ : ____	____ - ____ - ____	
	____ : ____	____ - ____ - ____	
	____ : ____	____ - ____ - ____	
	____ : ____	____ - ____ - ____	