

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: _____						
Boats Deployed: _____						
Personnel (Last Name / I.D. #): _____ / _____ / _____ / _____ / _____						
From: Date	____/____/____ (mm/dd/yy)	Start Time:	____: ____	Feed Time:	____. ____	
				Delivery Type: <i>circle below</i>		
				9-Hand 12-Blower		
To: Date:	____/____/____ (mm/dd/yy)	Start Time:	____: ____	Feed Time:	____. ____	
				15-Spray Boat 16-Rotary Spreader		

Lampricide Data			Tablet number: _____	
Manufacturer: C=Coating Place			Containers	lbs
Year: _____	Batch ID (12 digits): _____ - _____ - _____	Amount Applied:	_____ / _____	
Year: _____	Batch ID (12 digits): _____ - _____ - _____	Amount Applied:	_____ / _____	
Year: _____	Batch ID (12 digits): _____ - _____ - _____	Amount Applied:	_____ / _____	
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): _____				
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Ten Dissolved Oxygen measurements should be taken in five regions representing the treatment area before a standard **lentic** gB treatment

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 comment: _____	
Are fish congregated? YES/NO If yes, please comment: _____	
Ammocoete Activity/Location: _____	
Gull Activity/Location: _____	
Non-target Mortality: _____	
Additional Remarks: _____	

IF POSSIBLE, NOTE AMMOCOETE 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
	__.:__	____-____-____-____	
	__.:__	____-____-____-____	
	__.:__	____-____-____-____	
	__.:__	____-____-____-____	
	__.:__	____-____-____-____	
	__.:__	____-____-____-____	