TREATMENT INFORMATION SUMMARY

Stream _____ No. _____ Total Discharge (m^3/s) ▶ (__ . _ _) _____

Townships _____ Kms. Treated ▶ (__ . _) _____

Dist./Co. _____ Trmt. Dates ____/____/____ to ____/____/____ : # of Calendar Days _____
mm dd yy mm dd yy

Max. No. of Persons on Crew _____ Person Days (pre-treatment and treatment) _____ Trmt. Method Code _____

Sea Lamprey Tribs Treated _____

Treatment Remarks: _____

_____

Flow Timing Remarks: _____

_____

TREATMENT DISCHARGES FLOW TIMING

CODE	Date mm/dd/yy	Branch Name / Code	Stn.	Discharge (m^3/s) __ . _ _ _	Disch. Code	From Stn.	To Stn.	Elapsed Time hr : min	Cumm. Time hr : min	CODE

P – Pretreatment
T - Treatment

Discharge codes:
RSG - Recording Staff Gauge
TC - Treatment Calculated
BC - Barrier Calculated
E - Estimated
M - Metered
O - Other
L - Lampricide
D - Dye