

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: _____

Access/Boat Launch Info: _____

Boats Deployed: _____

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

Date: ____ / ____ / ____ (mm/dd/yy) Start Time: ____: ____ Feed Time: ____: ____

Delivery Type: *circle below*

9-Hand 12-Blower

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 # Hetares/Acres Prescribed: _____ Total # Containers Applied: _____ % Completed: _____

Plot Characteristics (Flow): _____

Ten Dissolved Oxygen measurements should be taken in five regions representing the treatment area before a standard lentic gB treatment

Location	Upper / Lower	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 (Low / Medium / High) Location: _____

Gull Activity (Low / Medium / High) Location: _____

Non-target Mortality? YES/NO If yes, please comment: _____

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

Year	Batch ID (12-digits)	Tally	# of Containers
	____ - ____ - ____		
	____ - ____ - ____		
	____ - ____ - ____		
	____ - ____ - ____		
	____ - ____ - ____		
	____ - ____ - ____		
	____ - ____ - ____		