## Reset Form

## AQUATIC VEGETATION CONTROL PERMIT REPORTING

State Form 51627 (R3 / 12-13)
Page of
Permit Number
Body of Water
County
Applicator

| FOR OFFICE USE ONLY |
| :---: |
| Date Received |
| Date Entered |
| Entered By |


| Treatment Area Number | Date of Treatment (month, day, year) | Latitude / Longitude or Universal Transverse Mercator (UTM) |  | Acreage | List Chemical(s) Used or Other Control Method |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Actual plants present and their relative abundance at time of treatment |  |  |  |  |  |
| Aquatic Plant Name |  | Relative Abundance (\% of Community) | Aquatic Plant Name |  | Relative Abundance (\% of Community) |
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| Aquatic Plant Name | $\begin{array}{c}\text { Relative Abundance } \\ \text { (\% of Community) }\end{array}$ | Aquatic Plant Name |  | $\begin{array}{c}\text { Relative Abundance } \\ \text { (\% of Community) }\end{array}$ |
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|  |  |  | Relative Abundance |  |
| (\% of Community) |  |  |  |  |$]$

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## Attach map of lake showing actual treatment areas.

Signature of Applicator $\qquad$ Date (month, day, year) $\qquad$
312 IAC 9-10-3 (g):
Report of control treatments is due seven (7) days after treatment has been completed.
Please return report to:

Waters NORTH of SR 32
Regional Secretary
NERO, Division of Fish and Wildlife
1353 South Governors Drive
Columbia City, IN 46725-7539
Telephone: (260) 244-6805
Fax: (260) 244-7247

Waters SOUTH of SR 32
Regional Secretary
Division of Fish and Wildlife
5596 E. State Road 46
Bloomington, IN 47401
Telephone: (812) 287-8303
Fax: (812) 339-4807

