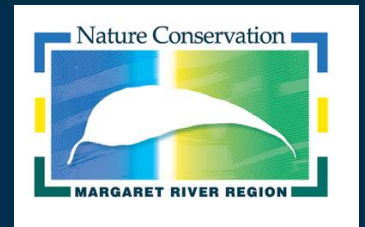




ARUM LILY BLITZ

Herbicide Application Record



**Contractor
name:**

Date(s):

**Total number of
hours:**

Landholder:

Property address:

Growing Conditions Very Good Good Poor Very Poor

Soil Conditions Wet Moist Dry Dry Surface

Application Data:

	Date	Product used	Rate	Total L
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____