

Water Chestnut Treatment

Water body Name:

year

Coordinator:

Treatment type:

hand pull, machine harvest, herbicide, or other (describe)

Is this treatment for regrowth? (yes/no)

Did you fill out an inspection form prior to the first day of treatment? Yes _____ No _____

Did you fill out an inspection form after the final day of treatment? Yes _____ No _____

Notes:

Grand totals for this water body:

Amount removed (lbs):

Amount removed (cu ft)

Number of volunteers:

Volunteer hours:

Staff hours:

Cost:

Partners:

Daily Totals (enter grand totals at top of sheet):

Date	Amt (lbs)	Amt (cu ft)	# volunteers	volunteer hrs	staff hrs