HEADWATERS OF THE LITTLE PRICKLY PEAR NOXIOUS WEED PROGRAM

Daily Log Worksheet: **Landowners Name_____**

All participants in the Headwaters of the Little Prickly Pear Noxious Weed Program must fill out the **PROPER** paper work to fulfill the Montana Department of Agriculture's reporting requirements for the Montana Weed Trust Fund grant. Upon completion of your weed control activities, documentation of the when, where, why, who and your time needs to be completed for your records. That documentation then needs to be compiled and sent to the **Lewis and Clark County Extension Service with the "PROPER FORM" " HEADWATERS OF THE LITTLE PRICKLY PEAR NOXIOUS WEED Participants 50/50 Reimbursement Semi-Annual Report form".** This form may help you keep track of your activities through the reporting period and later be convenience when filling out your 50/50 paper work. Not every thing will apply to everyone. Please feel free to adjust it to fit your needs and activities. Extra copies are available or make you own. You can also give this to your commercial spray company to use also.

Landowner sprayed____; Name of Commercial Spray Company; _____Sprayer_____

DATE: _____TIME STARTED_____TIME FINISHED: _____ELEVATION:_____

TEMP: _____SKY CONDITIONS: _____WIND CONDITIONS: _____

LOCATION OF WORK: FOREST SERVICE____BLM___STATE___PRIVATE___

WEEDS THAT YOU ARE WORKING ON: Spotted Knapweed____; Canada Thistle____;Field bindweed___;
Leafy Spurge_____;White top____;Bull Thistle_____; Musk Thistle_____;Houndstongue_____;
Common Tansy_____; Dalmatian Toadflax_____;Commom Toadflax_____;Cockleburs____;
Others;_____

AREA NAME IF ANY: _____
GPS POSITION IF AVAILABLE:_____; Way points recorded_____,_____,_____,_____,_____,
_____,_____,_____,_____,_____,_____,_____,_____,_____, Miles to Spray Start Point:_____
Road, Gulch, Creek, Trail:_____
Hay Meadows: Location:_____ Grazing land: Location_____
Ditches: _____ Hillsides:_____Mountian sides:_____
Acres or area searched:_____Number of times you have returned to same area:_____
Evaluation of Location:_____
Miles traveled while spraying: _____Width of area worked:(Acres, Feet. or Miles)_____
Bags, trucks beds, and or trailers of weeds harvested:_____

ESTIMATED HOURS SPRAYING: _____ Weed Mapping/Inventory of property:_____Hours_____;

EQUIPMENT USED: Back pack_____4-Wheeler w/sprayer_____ Truck sprayer_____Rented Equipment_____;
CountySprayer_____ Hand cutting & Pulling____;Mowing___;Baled after mowing _____;Other_____;
Grazing_____; acres_____days_____Animals Used_____;Bio Released_____;
Number of insects_____; Species of insects_____Area of release_____
Monitoring time_____;Other_____;GPS location of release_____;

CHEMICAL USED: _____
APPLICATION: SPOT SPRAY_____BOOM SPRAY: _____
OTHER TYPES: _____
Application rate:_____Gallons sprayed:_____Acres or size of area worked_____

DYES USED:_____SURFACTANTS USED:_____,_____
Name: Hi-Light, Marker Dye, Red Foam, Others Name: Syl-tac, R-11, Fylgard, Activator 90, Others
DYE COST:_____ SURFACTANT COST:_____

CHEMICAL COST:
Tordon_____Redeem_____Transline_____Escort_____Curtail_____Rodeo_____
Aqua Star_____Hi-Dep_____Round Up_____Amine4- 2,4D_____Insects_____
Others_____

Give a brief Summary of your efforts and accomplishments: Add photos if you like on additional sheets of paper:
NOTES:_____