

Customer: Jacaranda West HOA #1 INC.
 Technician: Brandon S.

Account Number: 148970
 Date: 5/14/18 Time: 9:15 am.

WORK PERFORMED

METHOD USED: **B** (Boat) **T** (Truck) **S** (Backpack Sprayer) **U** (Utility Vehicle)

SITE ID	2	3	6	7	8	15	16	17
Method Used	S →							
Treated Algae								
Treated Cyanobacteria								
Treated Submersed Weeds								
Treated Grasses/Brush	✓	✓	✓	✓	✓	✓	✓	✓
Treated Floating Weeds	✓	✓	✓	✓	✓	✓	✓	✓
Treated Mosquitoes and/or Midges								
Lake Dye								
Site Inspection	✓							
WETLAND/UPLAND								
Spot Spraying								
Physical weed removal								
CARP PROGRAM								
Carp Observed								
Barriers Inspected								
RESTRICTION TYPE(S) DO NOT: I (Irrigate) F (Fish) S (Swim) O (Other):								
Restriction # of days	0 →							
Restriction Type								

GENERAL OBSERVATIONS OF THE WATER

WATER CLARITY <input checked="" type="checkbox"/> All <1', 1', 2', 3', 4', >4'	2'	→
WATER FLOW <input checked="" type="checkbox"/> All <input checked="" type="checkbox"/> N (None) <input type="checkbox"/> S (Slight) <input type="checkbox"/> V (Visible)	N	→
WATER LEVEL <input checked="" type="checkbox"/> All <input type="checkbox"/> H (High) <input type="checkbox"/> N (Normal) <input checked="" type="checkbox"/> L (Low)	L	→

GENERAL FIELD OBSERVATIONS

BENEFICIAL PLANTS			FISH/WILDLIFE		BIRDS	
<input type="checkbox"/> Arrowhead	<input type="checkbox"/> Chara	<input type="checkbox"/> Lily	<input checked="" type="checkbox"/> Bass	<input checked="" type="checkbox"/> Alligator	<input type="checkbox"/> Anhinga	<input checked="" type="checkbox"/> Gallinules
<input checked="" type="checkbox"/> Bacopa	<input type="checkbox"/> Cordgrass	<input type="checkbox"/> Naiad	<input type="checkbox"/> Bream	<input type="checkbox"/> Otter	<input type="checkbox"/> Coots	<input checked="" type="checkbox"/> Herons
<input type="checkbox"/> Blue Flag Iris	<input type="checkbox"/> Golden Canna	<input checked="" type="checkbox"/> Pickerelweed	<input type="checkbox"/> Catfish	<input type="checkbox"/> Snakes	<input type="checkbox"/> Cormorant	<input type="checkbox"/> Ibis
<input checked="" type="checkbox"/> Bulrush	<input checked="" type="checkbox"/> Gulf Spikerush	<input type="checkbox"/> Soft Rush	<input checked="" type="checkbox"/> Gambusia	<input checked="" type="checkbox"/> Turtles	<input checked="" type="checkbox"/> Egrets	<input type="checkbox"/> Osprey
<input checked="" type="checkbox"/> Other	<u>Duck Potato Smart weed</u>					

CONCERNS FOR FOLLOW-UP

<input type="checkbox"/> Recurring or excessive algae	Lake # _____	<input type="checkbox"/> Water Quality Assessment Recommended
<input type="checkbox"/> Persistent invasive weeds	Lake # _____	Persistent problems may indicate an underlying water quality issue that current treatments will not correct. A laboratory assessment is recommended to determine the cause(s) and plan the best corrective actions. Please call 800-432-4302 for more information.
<input type="checkbox"/> Fish/wildlife issues	Lake # _____	
<input type="checkbox"/> Low water clarity	Lake # _____	
<input type="checkbox"/> Bad Odors	Lake # _____	

Customer: Jacaranda West HOA #1 INC

Account Number: 148970

Technician: Brandon S.

Date: 5/22/18 Time: 7:45 am.

WORK PERFORMED

METHOD USED: **B** (Boat) **T** (Truck) **S** (Backpack Sprayer) **U** (Utility Vehicle)

SITE ID	4 5 14 18 20
Method Used	S →
Treated Algae	
Treated Cyanobacteria	
Treated Submersed Weeds	
Treated Grasses/Brush	✓ ✓ ✓ ✓ ✓
Treated Floating Weeds	✓ ✓ ✓ ✓ ✓
Treated Mosquitoes and/or Midges	
Lake Dye	
Site Inspection	
WETLAND/UPLAND	
Spot Spraying	✓ ✓ ✓
Physical weed removal	
CARP PROGRAM	
Carp Observed	
Barriers Inspected	
RESTRICTION TYPE(S) DO NOT: I (Irrigate) F (Fish) S (Swim) O (Other):	
Restriction # of days	0 →
Restriction Type	

GENERAL OBSERVATIONS OF THE WATER

WATER CLARITY <input checked="" type="checkbox"/> All <1', 1', 2', 3', 4', >4'	2' →
WATER FLOW <input checked="" type="checkbox"/> All N(None) <input checked="" type="checkbox"/> S(Slight) <input checked="" type="checkbox"/> V(Visible)	S →
WATER LEVEL <input checked="" type="checkbox"/> All H(High) <input checked="" type="checkbox"/> N(Normal) <input checked="" type="checkbox"/> L(Low)	N →

GENERAL FIELD OBSERVATIONS

BENEFICIAL PLANTS			FISH/WILDLIFE		BIRDS	
<input type="checkbox"/> Arrowhead	<input type="checkbox"/> Chara	<input type="checkbox"/> Lily	<input checked="" type="checkbox"/> Bass	<input checked="" type="checkbox"/> Alligator	<input type="checkbox"/> Anhinga	<input type="checkbox"/> Gallinules
<input type="checkbox"/> Bacopa	<input type="checkbox"/> Cordgrass	<input type="checkbox"/> Naiad	<input type="checkbox"/> Bream	<input type="checkbox"/> Otter	<input type="checkbox"/> Coots	<input checked="" type="checkbox"/> Herons
<input type="checkbox"/> Blue Flag Iris	<input type="checkbox"/> Golden Canna	<input checked="" type="checkbox"/> Pickereweed	<input type="checkbox"/> Catfish	<input checked="" type="checkbox"/> Snakes	<input type="checkbox"/> Cormorant	<input type="checkbox"/> Ibis
<input checked="" type="checkbox"/> Bulrush	<input checked="" type="checkbox"/> Gulf Spikerush	<input type="checkbox"/> Soft Rush	<input checked="" type="checkbox"/> Gambusia	<input type="checkbox"/> Turtles	<input checked="" type="checkbox"/> Egrets	<input type="checkbox"/> Osprey
<input checked="" type="checkbox"/> Other <u>Duck Potato</u>						

CONCERNS FOR FOLLOW-UP

<input type="checkbox"/> Recurring or excessive algae	Lake # _____	<input type="checkbox"/> Water Quality Assessment Recommended
<input type="checkbox"/> Persistent invasive weeds	Lake # _____	Persistent problems may indicate an underlying water quality issue that current treatments will not correct. A laboratory assessment is recommended to determine the cause(s) and plan the best corrective actions. Please call 800-432-4302 for more information.
<input type="checkbox"/> Fish/wildlife issues	Lake # _____	
<input type="checkbox"/> Low water clarity	Lake # _____	
<input type="checkbox"/> Bad Odors	Lake # _____	

