

ADA Notice
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REPORT OF CHEMICAL SPRAY OPERATIONS

CONTRACTOR	WEEK ENDING DATE	PROJECT DESCRIPTION			PROEJCT NUMBER
CHEMICAL MIXTURE AND PERCENT ACTIVE MATERIAL	A		B	C	D
WATER RATE					
APPLICATION PER SQUARE FOOT OR ACRE					

CHECK PROPER BOX										PLANTING SPRAYED				PEST KILLED				DESCRIPTION OF AREA (STA., LOOP, ETC.)					
DAY	WINDY	CALM	A.M.	P.M.	CLOUDY	SUNNY	CHEMICAL USED					TREES	SHRUBS	IVY	ICE PLANT	P.M.	GROUND COVER		GRASS	BROADLEAF	STOLONS	SCALE, MOTH, ETC.	DISEASE
							A	B	C	D													
MON																							
TUE																							
WED																							
THU																							
FRI																							
SAT																							

RESIDENT ENGINEER COMMENTS:	CONTRACTOR'S REPRESENTATIVE
	COPY TO: DISTRICT _____ MAINTENANCE FOR FILE