

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
HERBICIDE APPLICATION LOG

FORM 850-000-15
 MAINTENANCE
 01/13

Date _____ Name/Signature of applicator _____ License # _____

Name of license holder responsible _____ License holder approval _____

Contract number _____ Company name _____

Location of the herbicide mixing and loading area _____

Description of application equipment used (include DOT no.) _____

Trade name of herbicide _____ Active Ingredient _____ Formulation _____ Manufacturer _____

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List adjuvants used (if applicable) and rate _____

Percent of active ingredient applied per acre/gallon _____

Amount of product applied per acre _____

Total acreage treated _____ Total gallons of solution applied _____

List target species or roadway structures/facilities treated _____

County Section No. _____ SR No. _____

From/To or GPS Location _____

Time(s) of application _____

Average hourly wind speed and direction

Time	Speed	Direction	Time	Speed	Direction	Time	Speed	Direction
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

Nozzle type _____

Application angle (0 to 30 Downward - 31 to 90 Outward - 91 to 180 Upward) _____

CALIBRATION

TANK MIX SYSTEM

INJECTION SYSTEM

Total gallons per minute collected _____

Speed _____ Spray swath _____

Gallons per acre of solution _____

Tank size _____ Tip size _____

Pressure _____

Amount of water in tank _____

Amount of herbicide per tank _____

Acres to be treated per tank _____

Spray swath _____

Distance calibration no. _____

Pump no. _____

Tube size _____

Pump calibration no. _____

Ounces collected _____