

Yes, I would like to participate in the 2020 SRCDD Pest Weed Control Program and agree to pay for the chemicals I requested to be purchased on my behalf. I understand my cost will be the total cost for chemicals and/or aerial spraying for my property.

NOTE: SRCDD reserves the right to reduce requests to a level that is appropriate with the acreage to be sprayed.

Landowner Name	Club Name and Number	Phone Number	Signature
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The following are my estimates of chemical needed/acreage to be sprayed:

HAND APPLICATION PROGRAM – Roundup Custom is required for spraying over water; Gly Star Plus may be used on dry land. Roundup Custom requires the purchase of surfactant as well. Please use the following equation to calculate your chemical needs:

_____ **Total Acreage to be Hand Sprayed**

Acres to be hand sprayed / 1 gal. of Gly Star Plus per acre = gal. of Gly Star Plus needed
gal. of Gly Star Plus needed / 2.5 gal. per container = # of 2.5 gal. containers needed

- I wish to purchase _____ 2.5 gal. containers of Gly Star Plus
- I wish to purchase _____ 30 gal. containers of Gly Star Plus

Acres to be hand sprayed / 1 gal. of Roundup Custom per acre = gal. of Roundup Custom needed
gal. of Roundup Custom needed / 2.5 gal. per container = # of 2.5 gal. containers needed

- I wish to purchase _____ 2.5 gal. containers of Roundup Custom
- I wish to purchase _____ 30 gal. containers of Roundup Custom

Example: 10 acres spraying X 1 gal. Roundup Custom per acre = 10 gal.

10 gal. / 2.5 gal. per container = 4 containers

I wish to purchase 4 2.5 gal. containers of Roundup Custom

AERIAL SPRAY PROGRAM * Please sign below*

Club Name and Number

_____ **Total Acres to be Aerial Sprayed**

I hereby give permission to Suisun Resource Conservation District to coordinate aerial spraying of Roundup Custom and LI 700 on my property. I agree to pay the cost of chemical used and aerial spray time based upon pilot calculations obtained from on-board helicopter instruments. My targeted maximum financial commitment to this aerial spray program will be \$_____, I understand that actual treatment cost may exceed this amount and I agree to reimburse SRCD for all actual costs to treat my property

(Landowner will be charged their portion of the chemical cost for the program, plus aircraft application time and a portion of the ferry cost).

Name

Date

Address

Work Phone Number

Home Phone Number

E-mail address

Signature

* **Add detailed map** and return to SRCD