Yes, I would like to participate in the 2023 SRCD 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.

	e following are my			
	c following are my	y estimates of chemical need	ed/acreage to be spraye	ed:
Sta	r Plus may be use	ION PROGRAM – Aqua St d on dry land. Round up Cus following equation to calcula	tom requires the purch	ase of surfacta
	Total Acr	eage to be Hand Sprayed		
		ayed / 1 gal. of Gly Star Plus needed / 2.5 gal. per containe		
0	I wish to purchas	e 2.5 gal. containers e 30 gal. containers e 2.5 gal. containers	of Gly Star Plus	
nee		ayed / 1 gal. of Round up Cus I up Custom needed / 2.5 gal.		
•	I wish to purchas	e 2.5 gal. containers e 30 gal. containers e 2.5 gal. containers	of Round up Custom	
Exa		oraying X 1 gal. Round up Cu 5 gal. per container = 4 conta	iners	
		urchase 4 2.5 gal. contain	ners of Round up Custo	om

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 , I understand that actual treatment cost may exceed program will be \$ this amount and I agree to reimburse SRCD for all actual costs to treat my propoerty (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

AERIAL SPRAY PROGRAM * Please sign below*