

I would like to participate in the 2025 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.

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

Club Name and Number

Landowner Name

Phone Number

Signature

The following are my estimates of chemical needed/acreage to be sprayed:

HAND APPLICATION PROGRAM – Gly Star Plus may be used on dry land. Aquatic Approved Glyphosate. Requires the purchase of surfactant as well. Please use the following equations to calculate your chemical needs: 1 acre = 1 gallon and for Ammonium sulfate use spray tank size in gallons x 0.1

_____ **Total Acreage to be Hand Sprayed = Total gallons needed**

_____ **Tank Size x 0.1 = Amount of Ammonium Sulfate Needed per treatment**

Example: 10 acres spraying X 1 gal. Gly Star Plus per acre = 10 gal.

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

I wish to purchase 4 2.5 gal. containers of Gly Star Plus

Example: 25-gallon spray tank X .1 gal. Ammonium sulfate = 2.5 gal.

20-gallon spray tank X .1 gal. Ammonium sulfate = 2 gal.

15-gallon spray tank X .1 gal. Ammonium sulfate = 1.5 gal

Gly-Star Plus

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

Aquatic Approved Glyphosate

- I wish to purchase _____ 2.5 gal. containers of Aquatic Approved Glyphosate.
- I wish to purchase _____ 30 gal. containers of Aquatic Approved Glyphosate.
- I wish to purchase _____ 1 gal. containers of LI-700
- I wish to purchase _____ 2.5 gal. containers of Ammonium sulfate.

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AERIAL SPRAY PROGRAM * Please sign below*

Club Name and Number

_____ **Total Estimated 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**