DATE: **CASCADE COUNTY WEED MANAGEMENT DISTRICT WORK AUTHORIZATION**

Bill to:_____
Address: _____
Address: _____
City:_____State:____Zip:_____
Location: T_____ R____ S_____ QTR___
Geocode:_____
Parcel #:_____

Home Phone:_____
Office Phone:_____
Other FAX/Phone:_____
_____

MAP: **N**

GPS ? YES NO **S**

Chemical to be used

1 2,4-D Amine	___qts/___00gal
3 1qt Tordon + 1qt 2,4-D	___qts/___00gal
4 1pt Tordon + 1qt 2,4-D	___qts/___00gal
6 Tordon 22K	___qts/___00gal
14 Roundup Pro	___qts/___00gal
22 Rodeo	___qts/___00gal
32 .2oz Escort + 1qt 2,4-D	___qts/___00gal
5 .2oz Escort + 1qt 2,4-D +1qt T	___qts/___00gal
37 Curtail	___qts/___00gal
35 .2oz Escort + 1qt D + 1pt T	___ /___00___
__ _____	___ /___00___

Crew Assignment

Date: _____
Crew Members:_____
_____
Unit #

Special Considerations/Areas of Concern
(Wells, Streams, Sensitive Areas etc.)

_____
_____

Weeds Present: Circle Number

1 Leafy Spurge	13 Rush Skeletonweed
2 Whitetop	14 Purple Lythrum
3 Canada Thistle	15 Sulfur Cinquefoil
4 Field Bindweed	16 Tansy Ragwort
5 Russian Knapweed	17 Common Tansy
6 Dalmatian Toadflax	18 Salt Cedar
7 Spotted Knapweed	19 Orange Hawkweed
8 Diffuse Knapweed	20 Meadow Hawkweed
9 Saint Johnswort	21 Oxeye Daisy
10 Dyers Woad	22 Houndstongue
11 Yellow Starthistle	23 Tall Buttercup
12 Common Crupina	

Application Instructions:

_____
_____
_____
_____
_____
_____
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_____
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_____

Inspection Remarks

_____
_____
_____
_____
_____

Inspector:

_____
Signature

Authorized by:

_____
Signature