

Name _____

Address _____

Property Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Uses of Water: Drinking Swimming Fishing Livestock Irrigation/Sprinkling

Other (explain) _____

Services Requested Do-It-Yourself Program Aeration System Design
 Vegetation Management Service Fountain Selection
 Fish Management Service

DO-IT-YOURSELF PROGRAM

Vegetation Samples

Collect samples of problem vegetation, wrap wet samples in paper towel, place different kinds of vegetation in separate plastic bags. Do not send along extra water. Identify bags with numbers and keep a record of what the numbers mean to you (i.e. What part of the lake they came from, seriousness of problem, etc.) Enclose check or money order for \$45 and send sample as soon after collection as possible.

Pond Description

Please provide a sketch of lake showing general outline, measurements including units and shade problem areas. Please mark inflow and outflow if applicable.

Pond Dimensions: _____

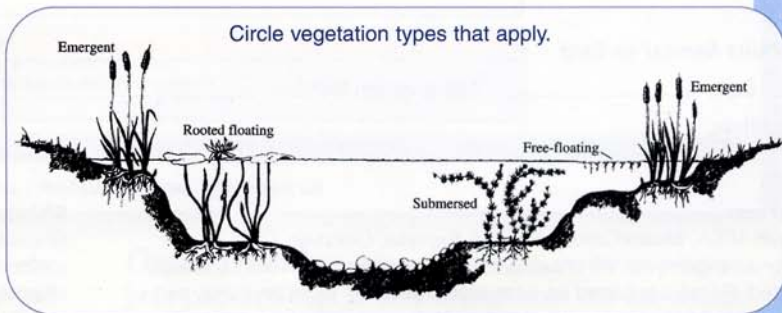
Max Depth _____ ft. Avg. Depth _____ ft.

Age _____

Measurements of Problem area: _____

Depth range where problem occurs _____ ft.

Percentage of pond with problem _____



Treatment History _____

**AQUATIC
CONTROL**

Mail Plant Samples to:

Aquatic Control Plant Sample

418 W. State Road 258

Seymour, IN 47274

Send digital pictures to:

sales@aquaticcontrol.com