

Aquatic Vegetation Treatment Proposal Form

Lake Athens

Directions: Please fill in the following fields. Include a map of the waterbody with marked or delineated proposed treatment site(s) when submitting this form.

Water Body Name: Lake Athens _____ **Submission Date:** _____

Physical Site Address: _____

Date Surveyed: _____ **Proposed Treatment Date(s):** _____

Tier (Refer to [guidance manual](#)): _____

Aquatic Vegetation type (Please circle one): **Floating** **Emergent** **Submerged**

Target Aquatic Vegetation Species Name: _____

Estimated Aquatic Vegetation Coverage (acres) to be treated: _____

Proposed Treatment Type (circle all that apply): **Mechanical** **Biological** **Chemical**

Applicator Name: _____ **Applicator License Number:** _____

Homeowner/Property Owner Name: _____

Species	Treatment Name/Label (all that apply on separate rows)	Method/Form of Treatment (granular, spray, cut, etc.)	Treatment Site Description (shoreline, cove, channel, etc.)	Percent Coverage Relative to Lake Area	Treatment Area (acres)	Treatment Rate (per acre treated)	Total Treatment Used (rate X area)	Mean Water Depth (ft)

Comments: _____

*Approved proposals authorize treatments (up to the maximum acreage proposed) for six months from the date of submission, unless application plans change.