# Klamath Basin National Wildlife Refuge Lease Land Farming Program Monthly Pest Control Report

<table>
<thead>
<tr>
<th>OPERATOR (GROWER)</th>
<th>BUSINESS ADDRESS, CITY, STATE, ZIP CODE</th>
<th>BUSINESS PHONE</th>
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<tr>
<th>CROP</th>
<th>CULTIVAR</th>
<th>SUMP OR AREA AND LOT #</th>
<th>ACRES</th>
<th>PLANTING DATE</th>
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<tr>
<th>DATE AND METHOD OF APPLICATION</th>
<th>PESTICIDE AND RATE/ACRE</th>
<th>CROP GROWTH STAGE</th>
<th>PEST IDENTIFICATION</th>
<th>PEST LEVEL OR DAMAGE SEVERITY</th>
<th>SAMPLING DATE AND METHOD</th>
<th>ECONOMIC THRESHOLD (IF KNOWN)</th>
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REPORT PREPARED BY ________________________________________ DATE _____________________________