

DEPARTMENT OF THE INTERIOR U. S. FISH AND WILDLIFE SERVICE
Klamath Basin National Wildlife Refuge Lease Land Farming Program Monthly Pest Control Report

OPERATOR (GROWER)	BUSINESS ADDRESS, CITY, STATE, ZIP CODE	BUSINESS PHONE
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CROP	CULTIVAR	SUMP OR AREA AND LOT #	ACRES	PLANTING DATE
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DATE AND METHOD OF APPLICATION	PESTICIDE AND RATE/ACRE	CROP GROWTH STAGE	PEST IDENTIFICATION	PEST LEVEL OR DAMAGE SEVERITY	SAMPLING DATE AND METHOD	ECONOMIC THRESHOLD (IF KNOWN)

REPORT PREPARED BY _____ **DATE** _____