

SWFWMD Monthly Progress Report

Project Name: Rock Ponds Ecosystem Restoration Site Vegetation Management Services

Year:

Quarter:

Activities:

Date	Activity	Location(s)	Acres/ Miles	Description	Comments

Chemical Treatments:

Certified Applicator Name	FDACS License #

Field Supervisor(s) must document their Restricted Pesticide Certification # with their name.

Treatment Location*	Acres Treated	Species Treated	Application Method	Herbicide Name	Gallons of Herbicide Applied	Rate %

* GPS tracks of each treatment area recorded by the Contractor shall be submitted as part of this monthly progress report.

Accomplishments/Deviations (Contractor or site manager)

Contractor Representative:

Signature: _____

Print Name: _____

Date: _____