



CWMA Post Treatment Monitoring Form

Date: _____

Inspector Name: _____

CWMA Name: _____

- CWMA Project Type:
- Landowner Herbicide Reimbursement*
 - Landowner Contractor Reimbursement*
 - CWMA Herbicide Application

Target Species: _____

Project Location: _____

Latitude- _____

Longitude- _____

Post treatment Monitoring

Treatment Date: _____

Treatment Area Size : _____ (Acres)

Visible signs of Treatment: Yes No

Treatment Efficacy: _____ (%)

Adverse Effects: _____

Project Monitoring Notes: _____

*Projects requiring post treatment monitoring as per CWMA Cost Share Agreement.

This form is for the purpose of fulfilling 20% monitoring requirement and needs to be included as supporting documentation for the CWMA Cost Share Term Reports