

Kittitas County PAM Cost Share Program
Cooperator Report of PAM Application
Please fill out a separate form for each field

2011 Irrigation
Season

Name: _____ Phone: _____

Field Location: _____

Crop: _____

Irrigation #	Dates	Total Days	Volume of Water	PAM Applied? Y or N	Concentration of PAM
			Applied/Day (e.g. CFS)		(e.g. total lbs used per irrigation)
Example	4/15 to 4/22	7	1 CFS	Y	30 lbs
<i>Comments:</i> Used Tablets- mostly 2 per furrow, except on steeper areas where I used 4 per furrow					
Example	7/8 to 7/18	10	¼ CFS	Y	50 lbs
<i>Comments:</i> Used jug dispenser- it quit once b/c it plugged up. Could really see difference.					
1					
<i>Comments:</i>					
2					
<i>Comments:</i>					
3					
<i>Comments:</i>					
4					
<i>Comments:</i>					
5					
<i>Comments:</i>					
6					
<i>Comments:</i>					
7					
<i>Comments:</i>					
8					
<i>Comments:</i>					

Cooperator Signature: _____ **Date:** _____

This form is required for PAM Cost Share participation. Estimations are acceptable if exact dates, volumes or concentrations are not known.