****2019****

Eurasian Water Milfoil
Volunteer Monitor/Removal Report

This report is used to collect volunteer time in support of the DNR grants administered by the SLP&RD.

Name: _____

Phone #: _____ **Email:** _____

Are you trained to identify EWM? **Circle One: Y N** Are you trained to remove EWM ? **Circle One: Y N**

NOTE: For your safety, do not attempt to remove EWM in more than 4 ft of water. Only remove if you are trained.

Date (mm/dd/yy)					
Start Time					
End Time					
Total time for this day (rounded to half hour)					
Location Searched	Grid Locations				
	GPS Lat/Long				
	Onterra Priority District use ONLY!				
Used motorized boat, non-motorized boat, other? (M/NM/O)					
Did you find EWM? (Y/N)					
Monitor or Remove? (M/R)					
Monitoring: Did you mark with a buoy? (Y/N) Use the map on back of form to indicate the approximate locations.					
Removing: Approximate weight (lbs) removed. Also, use the map on back of form to indicate the removal area.					

Comments:

These invasive species are known to be in Squash Lake. Did you observe any of them during you search for EWMN? Please circle all that apply.

Banded Mystery Snail **Chinese Mystery Snail** **Freshwater Jellyfish** **Rusty Crayfish.**

These invasive species HAVE NOT YET BEEN found in Squash Lake. Did you observe any of them during you search for EWM? Please circle all that apply. Also fill out DNRForm 3200-125, and collect a sample if possible. Turn the form and sample into the local DNR office, or your Lake's Citizen Monitoring Coordinator.

Curly-Leaf Pondweed **Fishhook Waterfleas** **Hydrilla** **Purple Loosestrife** **Spiny Waterfleas**
Yellow Flag Iris **Zebra Mussles.**

Signature of Volunteer: _____ **Date:** _____

For Squash Lake Protection & Rehabilitation District Use Only:

*AEPP-563-18: Total Volunteer Monitoring hours reported on this form: _____ In-kind boat use hrs _____

*ACEI-199-18: Total Volunteer Removal Hours reported on this form: _____ In-kind boat use hrs _____

Total pounds EWM removed: _____

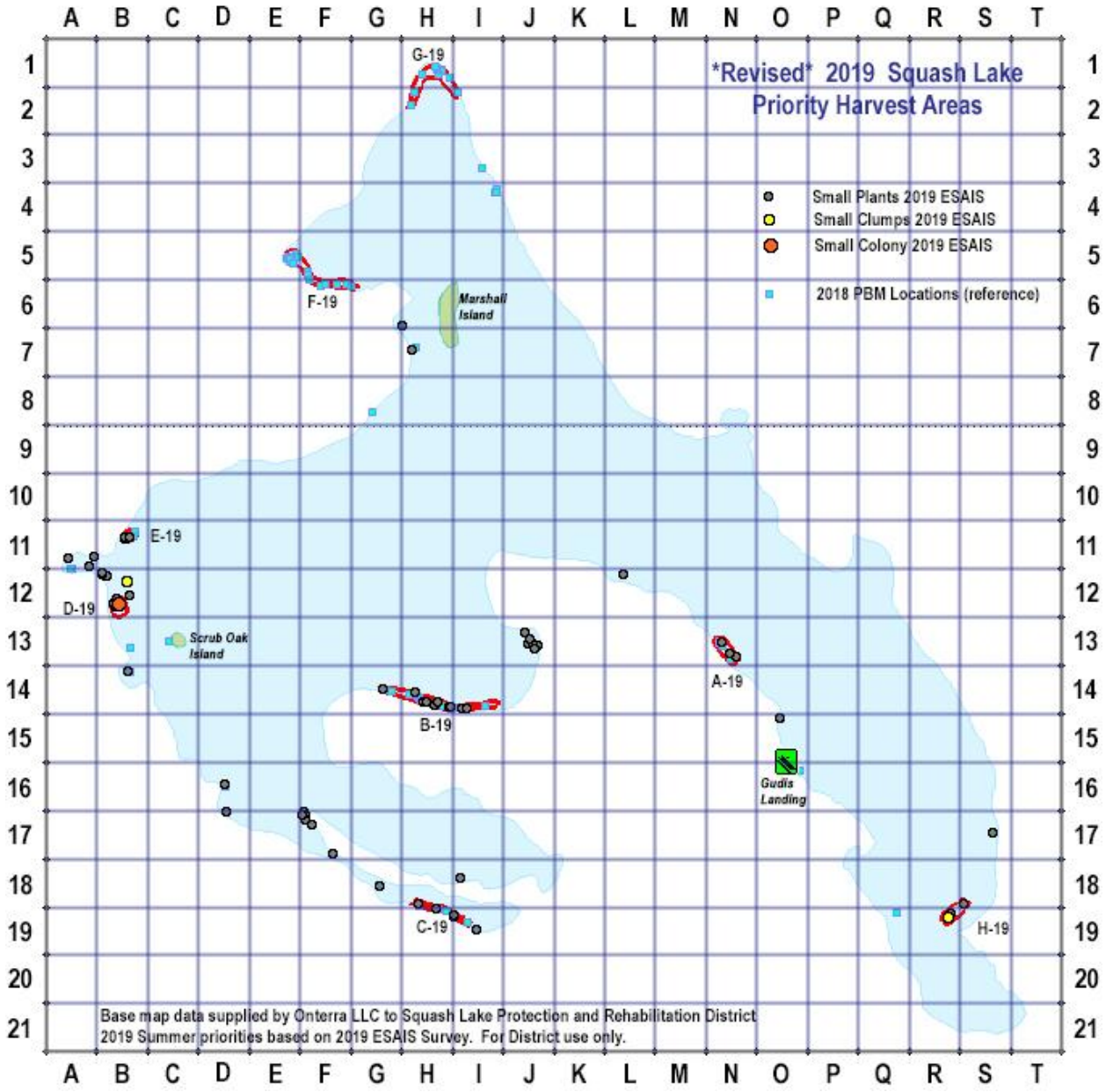
Grant Administrator Signature:_____ Date: _____

Return form to: Squash Lake Protection and Rehabilitation District, PO Box 34 Rhinelander, WI 52501, or email to dan.butkus@yahoo.com

Early Response Contacts: Marj Mehring ph # 715-360-6573; Craig Zarley ph # 715-282-6554; Dan Butkus ph 608-628-5151

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