

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

FERTILIZER APPLICATION LOG

MAINTENANCE

02/14

Date of Application: _____ Times of Application: _____

Name of Applicator: _____

Maintained by Local Maintenance Agreement: Yes ___ No ___ FDOT Employee: Yes ___ No ___

Date Applicator completed training with Green Industries Best Management Practices: _____

Name of Contractor Company: _____

Contract Number: _____ Financial Project Number (FPID#): _____

Applicator's License Number: _____ Expire Date: _____

Fertilizer meet all the requirements of Section 982, Standard Specifications: Yes _____ No _____

Fertilizer Manufacture: _____ Wind Speed: _____

Type of Fertilizer: Liquid _____ Granular _____ Other _____

Organic _____ Inorganic _____

Labeling of Percent of Fertilizer: Nitrogen _____ Phosphorus _____ Potassium _____

Fast Release Source: _____ Slow Release Source: _____

Method of Application: _____ Rate of Application: _____

Amount of Fertilizer Applied: Gallons _____ Pounds _____

Target Area: Acres: _____ Square foot: _____

Type of Maintenance Activity: _____

(Routine; shoulder work, sod replacement, landscape, or bold landscape project)

Target: Turf _____ Landscape Shrubs _____ Flowers _____ Trees _____ Palms _____

State Road Number: _____

State Road Id: County _____ Section _____ Subsection _____

Location of Application: _____

(Side of Road, north, south, east, west; Median)

Mile Marker or GPS Location: Begin _____ End _____