

Report Following Treatment of Aquatic Vegetation
Appalachian Power Company
Smith Mountain Lake and Leesville Lake
To be completed by Licensed Applicator

Permit # _____

Date of treatment _____

Today's date _____

Landowner /
Organization
Name: _____

Lake Address: _____

(no P.O. Box)

Phone: () _____

Tax Map and
Parcel #: _____

Applicator /
Company: _____

Address: _____

Phone: () _____

License No. _____

List all species treated _____

Method used for treatment _____

Total size (square feet) of vegetation bed treated _____

Please briefly describe the treatment process, including any additional information below:

- Statement of Effectiveness of Treatment by Applicator: _____

This report is to be completed by the applicator and submitted to AEP's Rocky Mount Service Center within 30 days of vegetation treatment. One report is to be submitted for each permit acquired.

Signature of Applicator