

Appendix B: Biological Control Agent Release Form

AGENT RELEASE

Released By: _____ Release Date: ___/___/___ County: _____ State: _____
(mm dd yy)

Agent: _____ # Released: _____ Target Weed: _____

Source of Agents: _____ Date Collected: ___/___/___
(mm dd yy)

Life Stage (circle): Larvae Pupa^e Adults Eggs Other (specify) _____

Land Ownership (circle): Private County State USFS BLM COE BOR BIA/Tribe TNC Other (specify) _____

Legal: T___ R___ Sec___ Q___ QQ___ **(OR)** Lat: Deg___ Min___ Sec___ Long: Deg___ Min___ Sec___

ENVIRONMENT

Temperature (°F): _____ Wind: Calm, Light, Moderate, Strong, Gusty Wind Direction: N S E W

Weather (circle): Clear, Ptlly Cloudy, Cloudy, Rain, Snow Release Time (military): _____

Site Aspect (circle): N, NE, E, SE, S, SW, W, NW Elevation: _____

Site Slope: Flat (0-10%) _____ Gentle (10-30%) _____ Moderate (30-60%) _____ Steep (>60%) _____

Topographic Position (circle): Valley Bottom Terrace Lower Slope Mid/Upper Slope Crest

Disturbance: (check all that apply, circle most prevalent) Cultivation ___ Fire ___ Flood ___ Grazing ___ Logging ___
 Roads ___ Mining ___ Recreation ___

Directions to Site (include a map to the site on the back of this form): _____

SITE CHARACTERISTICS

Site Name: _____ Size of Infestation (acres): _____ Weed Cover %: _____

Weed Height: _____ Weed Density (#permeter sq): _____ Dominant Plant: _____

Distribution of Weed: Isokted ___ Scattered ___ Sc-Patchy ___ Patchy ___ Continuous ___ Linear ___

Phenology: Seedling % ___ Rosette % ___ Bolt % ___ Bud % ___ Flowering % ___ Seed % ___ Dormant % ___

<p>Vegetation Type (check):</p> <p>Annual Grassland <input type="checkbox"/></p> <p>Perennial Grassland <input type="checkbox"/></p> <p>Shrubland/Steppe <input type="checkbox"/></p> <p>Dry Conifer <input type="checkbox"/></p> <p>Mixed Conifer <input type="checkbox"/></p> <p>Dry Meadow <input type="checkbox"/></p> <p>Moist Meadow <input type="checkbox"/></p>	<p>Estimate % Cover:</p> <p>Tree _____</p> <p>Shrub _____</p> <p>Forb _____</p> <p>Grass _____</p> <p>Litter _____</p> <p>Bare Ground _____</p> <p>Rock _____</p>
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Soil Texture: (check) Sand ___ Silt ___ Clay ___ Gravel ___ Loam ___

Comments (continue on reverse if necessary)