FIELD ID NO: ____________
IR-4 FIELD DATA BOOK

PART 6. APPLICATION RECORDS

A. EQUIPMENT

INSTRUCTIONS: Complete a separate form for each piece of test substance application equipment used in the trial.

EQUIPMENT USED FOR APPLICATION NUMBERS

EQUIPMENT IDENTIFIER

1 Each test substance application equipment must have a unique identifying name or code

APPLICATION EQUIPMENT TYPE (check one)

- TRACTOR
- BACKPACK
- GRANULAR
- OTHER (describe)

PROPELLANT (check one)

- CO₂
- COMPRESSED AIR
- PUMP
- OTHER (describe)

NUMBER OF NOZZLES/HOPPERS OUTLETS

SPACING BETWEEN NOZZLES/HOPPERS OUTLETS

NOZZLE BRAND/TYPE/SIZE (e.g. T-JET 8004, even flat fan)

MESH SIZE USED IN THE STRAINERS

TYPE OF APPLICATION (check all that apply)

1) FOLIAR
2) GROUND
2) BROADCAST
3) BANDED
3) DIRECTED
3) IN-FURROW
3) OTHER (describe)

TREATED AREA

2 Calculated width of nozzle discharge pattern (CWNDP) at proper boom height X length of plot sprayed or treated. For a broadcast application, CWNDP = (# of nozzles X nozzle spacing). For a banded application, CWNDP = # of nozzles X swath per nozzle. If application is directed enter treated row width X # of rows X length of plot sprayed or treated. Treated row width may differ from actual row width when the actual row width is wider than local commercial practices. In this circumstance, the application rate should be calculated using the maximum commercial row width, and an explanation should be included on this page. Contact the Study Director if guidance is needed.

DOES TREATED AREA = PLOT AREA (from Parts 5C and 5F)?

YES
NO

IF NOT, PLEASE EXPLAIN:

ABOVE DATA ENTERED BY: __________________________ DATE: __________

PART 6 PAGE ___ OF ___

Trial Year 2005

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PART 6. APPLICATION RECORDS

B. DIAGRAM OF APPLICATION EQUIPMENT

EQUIPMENT USED FOR APPLICATION NUMBERS

INSTRUCTIONS: Complete a separate form for each piece of test substance application equipment used in the trial. Sketch a diagram and/or provide clear photograph of application equipment. Include the relative location and size of the target crop in the sketch or photograph. In addition, on the sketch or photograph assign each nozzle or hopper outlet a unique number. Also note the nozzle/hopper outlet placement and application pattern in relation to crop.

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PART 6. APPLICATION RECORDS
C. DISCHARGE CALIBRATION FOR APPLICATION NUMBER

INSTRUCTIONS: Complete a copy of this form (PHOTOCOPY IF NECESSARY) for additional times when a complete calibration or calibration recheck of application equipment is required.

EQUIPMENT IDENTIFIER___________________________________________________________________________

DISCHARGE CALIBRATION DATE__________________________ PERFORMED BY_________________ (INITIALS)
PRESSURE OR OTHER STANDARD SETTING UTILIZED IN CALIBRATION_________________________________
DISCHARGE UNITS MEASURED (e.g. ml, oz., grams) ____________________________
BRIEFLY DESCRIBE PROCEDURE USED TO CHECK DISCHARGE CALIBRATION __________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
DISCHARGE CALIBRATION Record time applicator is allowed to discharge. Collect output from each nozzle or hopper. Record this value in “RUN” Row 1 under the appropriate outlet. Calculate the total and average discharge for all the nozzles/hoppers. Entry prompts have been provided for 2 additional discharge calibration runs. Calculate averages of each nozzle/hopper outlet. Show all calculations.

<table>
<thead>
<tr>
<th>RUN</th>
<th>TIME</th>
<th>Nozzle/hopper Outlet Number Along Boom (SEE EQUIPMENT DIAGRAM FOR NOZZLE NUMBERS)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1       2       3       4       5       6       7       8       9       10       Total       Ave.</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ave.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CALCULATIONS:

WAS THIS A RECHECK OF DISCHARGE CALIBRATION? (Check one) YES______ NO______
IF YES, WERE RESULTS WITHIN 5% OF ORIGINAL CALIBRATION? (Check one) YES______ NO______

IMPORTANT: An output consisting of an average of three runs must be used when calculating the sprayer output and amount of test substance to use. If this is a recheck, then the results of the original calibration must be used. Otherwise, a new calibration (three runs) is needed. The original calibration data, or a true copy, must be in this field data book.

ABOVE DATA ENTERED BY: __________________________________________ DATE: __________

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IR-4 FIELD DATA BOOK

PART 6. APPLICATION RECORDS

D. SPEED CALIBRATION FOR APPLICATION NUMBER _____

INSTRUCTIONS: Complete a separate form for additional times when a complete calibration or calibration recheck of application equipment is required.

EQUIPMENT IDENTIFIER ____________________________________________________________

SPEED CALIBRATION DATE ____________ ___________________ PERFORMED BY______________ (INITIALS)

TERRAIN OF CALIBRATION TRACK (e.g. tilled field,)

BRIEFLY DESCRIBE PROCEDURE USED FOR SPEED CALIBRATION _______________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

SPEED CALIBRATION: Calculate the speed of the application equipment. If appropriate, note the gear setting and/or RPM setting used in the speed calibration. Indicate the distance (in feet) of the track on which the application equipment was tested to determine speed (e.g. speed of application equipment tested for 100 ft.). The speed is calculated by dividing the length of test track (in feet) by the time needed to cover that length (in seconds). Entry prompts have been provided for 2 additional runs. Show all calculations.

<table>
<thead>
<tr>
<th></th>
<th>GEAR</th>
<th>RPM</th>
<th>TRACK</th>
<th>TIME</th>
<th>CALCULATED SPEED</th>
</tr>
</thead>
<tbody>
<tr>
<td>RUN 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RUN 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RUN 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AVE.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CALCULATIONS:

NOTE: A speed re-check is not required when the nozzle output is re-checked.

WAS THIS A RECHECK OF SPEED CALIBRATION? (Check one) YES _____ NO __________

IF YES, WERE RESULTS WITHIN 5% OF ORIGINAL CALIBRATION? (Check one) YES _____ NO __________

The original calibration data, or a true copy, must be in this field data book.

NOTE: A target speed may be used for application calculations, rather than the mean of three runs, as long as the mean of the three runs in the speed calibration is within 5% of the target speed.

WAS THIS A CHECK OF A TARGET SPEED? (Check one) YES _____ NO __________

IF YES, WERE RESULTS WITHIN 5% OF TARGET SPEED? (Check one) YES _____ NO __________

ABOVE DATA ENTERED BY: __________________________________________ DATE: __________

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PART 6. APPLICATION RECORDS

E. DELIVERY RATE CALIBRATION FOR APPLICATION NUMBER ____

INSTRUCTIONS: Complete a separate form for each application. Determine the rate of delivery from the application equipment. Briefly describe the procedure, including formulas used to determine delivery rate calibration and cite the initials of the person performing the procedure. Show all calculations. Equations used in electronic (computer software) calculations in this trial must be transcribed or printed out and attached here. Computer-generated values (as opposed to those entered by the field cooperators) must be reviewed and clearly delineated by circling, initialing, and dating.

PROCEDURE/FORMULA:

CALCULATIONS:

ABOVE DATA ENTERED BY: ____________________________________________________ DATE: __________

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PART 6. APPLICATION RECORDS

F. VOLUME, MIXING AND DILUTION CALCULATIONS FOR APPLICATION NUMBER ____

INSTRUCTIONS: Complete a separate form for each application. Show all calculations, formulas, and results below, define units of measure, and cite the initials of the person performing the calculations. Equations used in electronic (computer software) calculations in this trial must be transcribed or printed out and attached here. Computer-generated values (as opposed to those entered by the field cooperators) must be reviewed and clearly delineated by circling, initialing, and dating.

DESCRIBE HOLDING AND TRANSPORT OF TEST SUBSTANCE FROM STORAGE AREA TO LOCATION OF TANK MIXING
(E.g.: “Test substance held securely in an insulated cooler during transport to field site in the bed of a pickup truck” or “Tank mix prepared within walking distance of the chemical storage building”)
PART 6. APPLICATION RECORDS

G. APPLICATION INFORMATION FOR APPLICATION NUMBER ____

INSTRUCTIONS: Complete a separate form for each application date. Complete one column for each treated plot (use the Treatment Number as indicated in the protocol). Provide the name of the test substance (common chemical name or chemical code number); the batch or lot number of the test substance; the approximate time the test substance was mixed with the carrier and the approximate time the mixture was applied to the plots, along with the initials of the person(s) mixing and spraying the tank mix; the unique name or code for the application equipment used to apply this treatment; a description of the application (e.g. PPI, PRE, POST); the placement of the test substance (e.g. broadcast, in-furrow, directed, knifed-in, banded); the amount of carrier, formulated product and other additives in the mix; the distance (include units) of the nozzles above the canopy or ground (indicate which); the pressure in pounds per square inch at the boom; if treatment(s) were incorporated, the method and/or equipment used to incorporate the test substance mix (e.g. disked, roto-vator, irrigated, etc.), depth to which the test substance was incorporated or the amount of water used to move the test substance into the soil; the time after treatment the incorporation activity was performed; and the carrier ( normally water), its source (e.g. farm pond, city water), the pH of the carrier and its temperature.

APPLICATION DATE ________________

<table>
<thead>
<tr>
<th>Test Substance</th>
<th>TRT Number ____</th>
<th>TRT Number ____</th>
<th>TRT Number ____</th>
</tr>
</thead>
<tbody>
<tr>
<td>Batch/Lot Number</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time Mixed/Initials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time Applied/Initials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment Identifier</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Application Type</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Placement of Pesticide</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tank Mix Amounts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Carrier</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Formulated Product</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Additional Additives</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Total Volume of Tank Mix</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nozzle Distance from Target</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSI at Boom</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incorporation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Methodology</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AND/OR Equipment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Depth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Time</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carrier Source/Type</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carrier pH/temperature</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ABOVE DATA ENTERED BY: ___________________ DATE: __________

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**IR-4 FIELD DATA BOOK**

### PART 6. APPLICATION RECORDS

**H. ADDITIONAL INFORMATION FROM APPLICATION NUMBER _____**

**APPLICATION DATE _____________________** (Complete a separate form for each application date)

**PROVIDE A BRIEF NARRATIVE SUMMARY OF THE APPLICATION**

(E.g. "Test substance was applied to the treated test plot in two passes; one pass down each side of the row. Each pass was applied to the soil, in a 3 ft band out from the tree, with the spray boom 24 inches above the soil.")

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

**NARRATIVE ENTERED BY ___________________** (Initials)

---

**PLANT GROWTH & ENVIRONMENTAL DATA AT THE TIME OF APPLICATION**

<table>
<thead>
<tr>
<th>CROP GROWTH STAGE (e.g. seed, seedling, vegetative, bud, bloom, fruiting, #true leaves)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CROP VIGOR (e.g. poor, fair, good, variable)*</td>
<td></td>
</tr>
<tr>
<td>CROP HEIGHT (Measure or estimate crop height, include units of measurements)</td>
<td></td>
</tr>
<tr>
<td>PLANT SURFACE MOISTURE (Circle one)</td>
<td>SATURATED DAMP DRY NA</td>
</tr>
<tr>
<td>ESTIMATED % OF SOIL AREA COVERED BY CROP CANOPY</td>
<td></td>
</tr>
<tr>
<td>MEASURED WIND SPEED (include units)</td>
<td></td>
</tr>
<tr>
<td>WIND DIRECTION FROM THE (Circle one):</td>
<td>N NE E SE S SW W NW or NO WIND</td>
</tr>
<tr>
<td>MEASURED AIR TEMPERATURE (Circle F or C)</td>
<td>°F °C</td>
</tr>
<tr>
<td>ESTIMATED % OF CLOUDS IN THE SKY</td>
<td></td>
</tr>
<tr>
<td>MEASURED RELATIVE HUMIDITY%</td>
<td></td>
</tr>
<tr>
<td>DEW (heavy, light, none, etc.)</td>
<td></td>
</tr>
<tr>
<td>DESCRIPTION OF SOIL TILTH (smooth, firm, packed, cloddy, etc.)</td>
<td></td>
</tr>
<tr>
<td>ESTIMATE OF SOIL SURFACE MOISTURE (wet, moist, dry, etc.)</td>
<td></td>
</tr>
<tr>
<td>SOIL TEMPERATURE (Circle F or C)</td>
<td>°F °C</td>
</tr>
<tr>
<td>DEPTH OF MEASUREMENT OF SOIL TEMPERATURE (Circle INCHES or CM)</td>
<td>INCHES CM</td>
</tr>
</tbody>
</table>

*IF CROP VIGOR IS POOR OR VARIABLE, EXPLAIN: _____________________________________________________

BRIEFLY DESCRIBE PROCEDURE USED TO CLEAN APPLICATION EQUIPMENT_______________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

**CLEANED BY ___________________** (Initials)

**ABOVE DATA ENTERED BY: ___________________, DATE: ___________________**

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PART 6. APPLICATION RECORDS

I. POST APPLICATION RATE CONFIRMATION FOR APPLICATION NUMBER ___

APPLICATION DATE ______________________ (COMPLETE A SEPARATE FORM FOR EACH APPLICATION DATE)

RECORD PASS TIME AND PASS DIRECTION - Complete the table by providing the time required to make each pass of the application equipment through the plot and direction of that pass (e.g. N > S, SW > NE, etc.).

<table>
<thead>
<tr>
<th>PASS NUMBER</th>
<th>TREATMENT __</th>
<th>TREATMENT __</th>
<th>TREATMENT __</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>/</td>
<td>/</td>
<td>/</td>
</tr>
<tr>
<td>2</td>
<td>/</td>
<td>/</td>
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<td>3</td>
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<td>4</td>
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<tr>
<td>5</td>
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</tr>
<tr>
<td>6</td>
<td>/</td>
<td>/</td>
<td>/</td>
</tr>
</tbody>
</table>

TOTAL PASS TIME

PASS TIMES RECORDED BY (INITIALS) _______ DISCHARGE RATE (ml/sec or g/sec): ________________

ACTUAL PLOT AREA TREATED (swath width or treated row or bed width x # of passes x length of plot): ________________

Note: Use bed width for plots with multi-row beds.

CALCULATION OF ACTUAL APPLICATION RATE - Using information such as total pass time, plot size, tank mix amounts, and discharge rate (average of 3 outputs) determine the actual amount of formulated test substance applied to treated plots. Convert this amount to the amount applied per acre, and determine deviation from target application in the protocol, rounded to the nearest whole percent. Show all calculations and label all units. **It is not sufficient to merely compare the actual pass times to the “practice” pass times.** The example formulas listed at the bottom of 6J may be used to calculate the application rate.

WAS ACTUAL APPLICATION RATE WITHIN -5% TO +10% OF PROTOCOL RATE?

(Circle one) YES NO IF NO, **Contact the Study Director immediately.**

ABOVE DATA ENTERED BY: ______________________________ DATE: __________

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PART 6. APPLICATION RECORDS

J. POST TREATMENT RECORDS FOR APPLICATION NUMBER _____

APPLICATION DATE______________________ (Complete a separate form for each application date)

ENTER THE REQUESTED INFORMATION BELOW FOR BOTH THE FIRST RAINFALL AND FIRST IRRIGATION AFTER EACH APPLICATION, REGARDLESS OF WHETHER SUBSEQUENT APPLICATIONS WERE MADE PRIOR TO THE FIRST RAINFALL OR IRRIGATION. “NONE BEFORE HARVEST” OR “NONE BEFORE SAMPLING” MAY BE ENTERED, IF APPLICABLE.

DATE OF FIRST RAIN (Note the date of first rainfall after this application date) ________________________________

TIME AFTER APPLIC. THAT PLOTS WERE EXPOSED TO FIRST RAINFALL: ________ DAYS or ________ HOURS (Circle one)

AMOUNT OF WATER IN INCHES __________ RECORDED BY___________________________________ (Initials/date)

DATE OF FIRST IRRIGATION (Note the date of first irrigation after this application date) ________________________________

TYPE OF IRRIGATION (e.g. overhead, trickle, flood) ___________________________________________________________________

TIME AFTER APPLIC. THAT PLOTS WERE EXPOSED TO FIRST IRRIGATION: ________ DAYS or ________ HOURS (Circle one)

AMOUNT OF WATER IN INCHES __________ RECORDED BY___________________________________ (Initials/date)

WAS THERE ANY VISIBLE PHYTOTOXICITY DAMAGE? (Circle one)
YES      NO      RECORDED BY________________________ (Initials/date).

IF YES, PROVIDE BRIEF DESCRIPTION: _______________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________

________________________ PHYTOTOXICITY DESCRIBED BY ______________ (Initials/date)

**************************************************************************************

EXAMPLE FORMULAS: The formulas below may be used to calculate the amount of test substance (TS) applied per acre as required in Part 6I. Other formulas may be used instead; however, it is not sufficient to merely compare the actual pass times to the “practice” pass times.

1) Total Pass Time x Discharge Rate/Nozzle x #Nozzles = Amount of Carrier applied to Plot

2) Amount of Carrier applied to Plot x Amount of TS in Tank Mix = Amount of TS applied to Plot

3) Amount of TS applied to Plot x 43,560 sq ft per acre = Amount of TS applied per acre

Plot area treated in sq ft

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PART 6. APPLICATION RECORDS

K. APPLICATION EQUIPMENT MAINTENANCE AND REPAIR LOG

Instructions: Complete this form or provide equivalent information. Provide dates and a brief description of maintenance and repair work completed on the application equipment relevant to this trial. Be sure to date and initial all entries.

APPLICATION EQUIPMENT IDENTIFIER ________________________________________________

EQUIPMENT USED FOR APPLICATION NUMBERS ________________________________________

RECORD DATES AND BRIEF DESCRIPTION OF ANY CALIBRATION, MAINTENANCE AND REPAIR WORK DONE ON THE APPLICATION EQUIPMENT, OR ATTACH TRUE COPIES OF THE LOGS. ALSO RECORD SOP# FOLLOWED, IF APPLICABLE.

<table>
<thead>
<tr>
<th>Initials and Date</th>
<th>Was Maintenance or Repair routine? (Check one)</th>
<th>Routine</th>
<th>Non-Routine</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

ABOVE DATA ENTERED BY: ___________________________________________ DATE: __________________

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