**Appendix L: Post-Treatment Form**

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| --- | --- | --- | --- | --- | --- |
| Locality |  | Total Number of Communities Treated |  | Year |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Block  Number | EM/Acre | Block Category | Number of Acres Qualified for Treatment | Number of  Acres With  Defoliation | Insecticide | If Bt:  BIU/Acre |
|  |  |  |  |  |  |  |
|  | | | | | | |
| Block  Number | EM/Acre | Block Category | Number of Acres Qualified for Treatment in | Number of  Acres With  Defoliation | Insecticide | If Bt:  BIU/Acre |
|  |  |  |  |  |  |  |
|  | | | | | | |
| Block  Number | EM/Acre | Block Category | Number of Acres Qualified for Treatment | Number of  Acres With  Defoliation | Insecticide | If Bt:  BIU/Acre |
|  |  |  |  |  |  |  |
|  | | | | | | |
| Block  Number | EM/Acre | Block Category | Number of Acres Qualified for Treatment | Number of  Acres With  Defoliation | Insecticide | If Bt:  BIU/Acre |
|  |  |  |  |  |  |  |
|  | | | | | | |
| Block  Number | EM/Acre | Block Category | Number of Acres Qualified for Treatment | Number of  Acres With  Defoliation | Insecticide | If Bt:  BIU/Acre |
|  |  |  |  |  |  |  |
|  | | | | | | |
| Block  Number | EM/Acre | Block Category | Number of Acres Qualified for Treatment | Number of  Acres With  Defoliation | Insecticide | If Bt:  BIU/Acre |
|  |  |  |  |  |  |  |
|  | | | | | | |
| Block  Number | EM/Acre | Block Category | Number of Acres Qualified for Treatment | Number of  Acres With  Defoliation | Insecticide | If Bt:  BIU/Acre |
|  |  |  |  |  |  |  |
|  | | | | | | |
| Block  Number | EM/Acre | Block Category | Number of Acres Qualified for Treatment | Number of  Acres With  Defoliation | Insecticide | If Bt:  BIU/Acre |
|  |  |  |  |  |  |  |

POST-TREATMENT FORM INSTRUCTIONS

Post-Treatment survey must be completed and returned to VDACS. Information from this survey is used by USDA-FS to determine efficacy of treatments in each spray block. Return surveys to the VDACS OPIS Main Office by September 30, of the treatment year.

**Block Number**: Enter number of spray block. All spray blocks must be entered on this form. Enter one block per line, if a spray block was divided to buffer water, all resulting spray blocks can be entered on one line.

**EM/Acre**: Conduct a 1/40th acre egg mass survey (see instructions on page 24) to determine the average number of egg masses per acre within the treated area. This number will be compared to the egg masses per acre on the original proposal form. Do not include egg masses found outside of the boundaries of the original (completed treatment) spray block.

**Block Category**: Enter A, B, C, or D for area type from guidelines. The block category must be the same as on the **Aerial Treatment Proposal Form.**

**No. of Acres That Will Qualify for Treatment for treatment following treatments**: Estimate the number of acres (within the treated spray block boundaries for this current treatment year) that will *qualify for treatment* using criteria established in VDACS **Annual Guidelines for Participation, Aerial Treatments**.

**No. of Acres with Defoliation**: Estimate number of acres within the block that had 30% or greater defoliation.

**Insecticide**: Enter insecticide applied in block.

**If *Bt*, BIU/Acre**: enter either 25.3 or 38 BIU/acre applied. If Dimilin or Mimic is the selected insecticide, leave this blank.