

**Spray System Set-up
Verification Documentation**

Business Name _____ Operator Name _____
 Mailing Address _____ City _____
 State _____ Zip Code _____ County _____
 Phone # (_____) _____ - _____ Fax # (_____) _____ - _____ E-mail _____

Type sprayer (truck, buggy, tractor, aircraft, or?) _____ Model # _____ (G) Equipment ID or "N"# _____ (A/G)
 Application rate _____ (A/G) Boom Length _____ (A/G) Boom Height _____ (G)
 Wing or rotor span _____ (A)
 Nozzle description - be specific _____ (A/G)
 Nozzle discharge or fan angle _____ (A/G)
 Nozzle orientation with the air stream _____ (A)

Rate (GPA)	Speed (MPH)	Pressure	Orifice Size	Orifice angle	# of Nozzles

List all nozzle sizes - if more than one size/style is used.

Analyst information:

Name _____ Business: _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Fax # _____ E-mail address _____

Technician:

Boom length % of wing/rotor span _____ (70/80%) (A)
 Distance below trailing edge _____ (10" or greater) (A)
 Air Shear Angle _____ (30 deg. or less) (A)
 Nozzle fan angle _____ (65 deg. or greater) (A/G)
 Nozzle release height _____ (A/G)
 VMD _____ (A)
 VD.1 _____ (A)
 VD.9 _____ (A)
 % <100 Microns _____ (A)
 % <200 Microns _____ (A)
 Spray Classification Category _____ (Medium or larger) (A/G)

I have evaluated this spray platform utilizing accepted engineering and scientific practices and found it to comply with the Regulation as promulgated by the ASPB, pursuant to Act 389 of 1975, as amended.

Analysts Signature _____
 (Attach curriculum Vitae)

***A-Air Only G- Ground Only A/G-Both Air and Ground**