

NOTICE OF TREATMENT

Alachua Pest Services
PO Box 2035
Alachua, FL 32616

Time _____ Date 2-15-25

SITE LOCATION

Lot # _____ Block # _____ Permit # _____

Subdivision _____

Address 984 SW Marynick rd
High Springs

Name of Chemical Applied Permethrin pro Used .66 %

Area Treated 3025

Gallons Used 325

Remarks _____
