

PATTERN DEPOSITION ANALYSIS

Run#/Day _____

Aerial Application Workshop

Business Name: _____

Business Address: _____ Town: _____

State: _____ Postal Code: _____ Phone: _____

Pilot Name: _____

Aircraft Reg. Nbr: _____ Make, Model _____

Nozzle (CP, Flat Fan, etc.) _____ Orifice (CP072, FF 8006, etc.) _____ Def. Ang. (Deg) _____ # Nozzles (Each size) _____

Boom Pressure Setting _____ (PSI, kPa) Target Application Rate _____ (GPA, LPA) Target Swath _____ (FT., m)

Total Number of Passes per Series _____ (Normally 3)

Test Series Number _____

Test Series Number _____

<i>Passes >>>></i>	A	B	C	D	E		A	B	C	D	E
Ground Speed (MPH)											
Spray Height (Ft., m)											
Wind Direction (Deg.)											
Wind Speed (MPH, KPH)											
Temperature (°F, °C)											
Relative Humidity (%)											

Analyst comments: