



FasTEST® Monitoring

Chain of Custody

Water Body Name: PRIVATE POND - YELLOW FLOATING HEART Water Body Size (acres): 0.14 State: WISCONSIN

Depth Average and Depth Collected (feet): 8 ft. AND 10 ft. Target Plant Species: YELLOW FLOATING HEART

Formulations Applied (Place an "X" in the boxes of analysis desired) One form for each water body and formulation

Sonar® (fluridone) <input type="checkbox"/>	A.S. <input type="checkbox"/>	PR <input type="checkbox"/>	Q <input type="checkbox"/>	SRP <input type="checkbox"/>	One <input type="checkbox"/>	Genesis <input type="checkbox"/>	Renovate® (triclopyr) <input type="checkbox"/>	3 <input type="checkbox"/>	OTF <input type="checkbox"/>	Renovate® MAX G (triclopyr & 2,4-d) <input type="checkbox"/>	Sculpin® G (2,4-d) <input type="checkbox"/>
Galleon® (penoxsulam) <input type="checkbox"/>	Nautique® (copper) <input type="checkbox"/>	Komeen® (copper) <input type="checkbox"/>	SeClear® (copper) <input type="checkbox"/>	K-Tea® (copper) <input type="checkbox"/>	Captain® (copper) <input type="checkbox"/>	Captain® XTR (copper) <input type="checkbox"/>					
Habitat® (imazapyr) <input type="checkbox"/>	Clearcast® (imazamox) <input type="checkbox"/>	Oasis® (topramezone) <input type="checkbox"/>	Stingray® (carfentrazone-ethyl & chloropropionic acid†) <input type="checkbox"/>	<u>PROCELIA COR</u> <input checked="" type="checkbox"/>							

Client Sample Site I.D. (Required field)	Date(s) Treated	Date Sample Collected (Required field)	Application Rate(s)	Treated Area (In Acres)	Sample Location - Identify sites on map (GPS coordinates preferred)	Lab Use Only - Notes
1. <u>X</u>	<u>08/02/2018</u>	<u>08/02/2018</u>	<u>7PDU</u>	<u>0.14</u>	<u>43.26564, -89.59703</u>	<u>11882</u>
2. <u>X</u>	<u>08/02/2018</u>	<u>08/03/2018</u>	<u>7PDU</u>	<u>0.14</u>	<u>43.26564, -89.5703</u>	<u>11883</u>
3. <u>X</u>	<u>08/02/2018</u>	<u>08/05/2018</u>	<u>7PDU</u>	<u>0.14</u>	<u>43.26564, -89.5703</u>	<u>11884</u>
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

FasTEST results will be reported 48 hours from receipt of samples by laboratory. Inaccurate or incomplete information on this form may delay analysis and reporting. †This laboratory is not accredited for these tests: Stingray.

Shipped by: AMANDA SMITH Date/Time: 08/05/2018

Received by: _____ Date/Time: _____



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Chain of Custody

Company Name: * DANE COUNTY / WISCONSIN DNR Contact Person: * AMANDA SMITH

Billing Address: * 5201 Fern Oak Drive Rm 208 Madison, WI 53718

Telephone: * 608-275-3283 E-mail Address: * AMANDA.SMITH@WISCONSIN.GOV

*Required fields

Project/Reference Name: YELLOW FLOATING HEART - DANE COUNTY PRIVATE POND

SePRO Aquatic Specialist Name: MICHAEL HIATT

Sampler: AMANDA SMITH

Number of samples to be analyzed: 3

Will water from treatment site be used for irrigation or potable purposes? If so, please describe: N/A

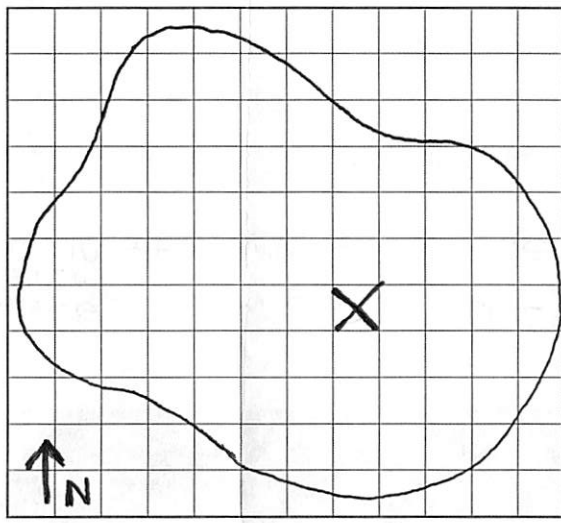
Check Payment Method: PO Number VISA MasterCard Card No. 424604001679 0182 CCV Code: 012 Expiration Date: 9/20

Check here if you would like us to keep this credit card information on file for future lab analysis orders.

(To establish a secure credit card file for future billing, please contact the SePRO Accounting Department at 317-580-8291).

Draw a map of water body or enclose a copy of a prepared map identifying the following:

- Sample locations by Sample Numbers as listed on the other side of this form. SEE FIELD NOTES
- Treatment area, if not the whole lake.
- Irrigation or potable water intake locations N/A



Field Notes:

ALL SAMPLES ARE TAKEN FROM THE SAME LOCATION AS INDICATED BY THE "X".

Direct all inquiries about your sampling and FasTEST results to your SePRO Aquatic Specialist.

Ship samples to: SePRO SRTC 16013 Watson Seed Farm Road Whitakers, NC 27891-9114 E-mail: srtclab@sepro.com Tel: (252) 437-3282