



FasTEST® Monitoring

Chain of Custody

Company Name: Dane County / Wisconsin DNR Contact Person: Shelby Adler

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

Telephone: _____ E-mail Address: _____

*Required fields

Project/Reference Name: Yellow Floating Heart - Dane County Private Pond

SePRO Aquatic Specialist Name: Michael Hiatt

Sampler: Shelby Adler

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

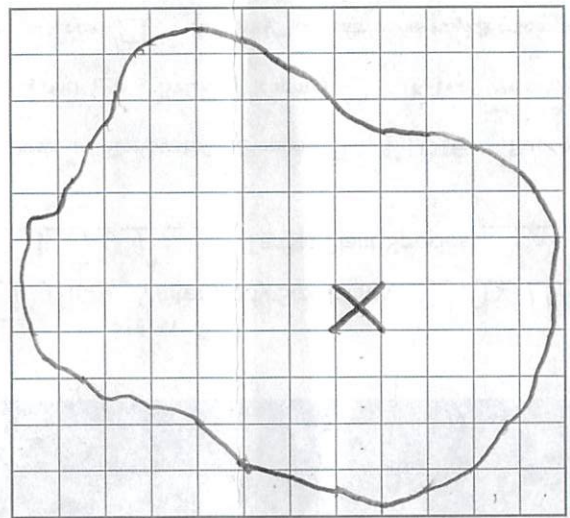
Check Payment Method: PO Number _____ VISA MasterCard Card No. 4246 0400 1679⁰¹⁸² CCV Code: 012 Expiration Date: 09/20

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*.
- 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



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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) A.S. PR Q SRP One Genesis Renovate® (triclopyr) 3 OTF Renovate® MAX G (triclopyr & 2,4-d) Sculpin® G (2,4-d)

Galleon® (penoxsulam) Nautique® (copper) Komeen® (copper) SeClear® (copper) K-Tea® (copper) Captain® (copper) Captain® XTR (copper)

Habitat® (imazapyr) Clearcast® (imazamox) Oasis® (topramezone) Stingray® (carfentrazone-ethyl & chloropropionic acid[†]) | Procella COR

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. X	7/29/2020	7/29/2020	12.03ppb	0.14	43.26564, -89.59703	23348
2. X	7/29/2020	7/30/2020	12.03ppb	0.14	43.26564, -89.59703	23349
3. X	7/29/2020	8/01/2020	12.03ppb	0.14	43.26564, -89.59703	23350
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: _____ Date/Time: _____

Received by: JES Date/Time: 8/5/20 11:00