



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: 608-692-3773 E-mail Address: shelby.adler@wisconsin.gov

*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: 1

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

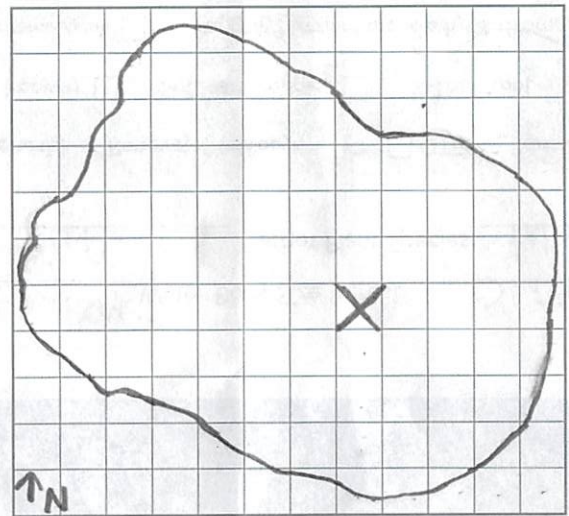
Check Payment Method: PO Number _____ VISA MasterCard Card No. 4246 0400 1679 0182 CCV Code: 012 Expiration Date: 09/20

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

26x310 0008024



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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): 8ft and 10ft 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"/>	ProcellaCOR <input checked="" type="checkbox"/>							

Client Sample Site I.D. <small>(Required field)</small>	Date(s) Treated	Date Sample Collected <small>(Required field)</small>	Application Rate(s)	Treated Area (In Acres)	Sample Location – Identify sites on map <small>(GPS coordinates preferred)</small>	Lab Use Only - Notes
1. <u>X</u>	<u>07/29/20</u>	<u>08/05/20</u>	<u>12.03 ppb</u>	<u>0.14</u>	<u>43-26564, -89.59703</u>	<u>23473</u>
2.						
3.						
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: Shelby Adler Date/Time: 08/06/2020

..... To be filled out by laboratory

Received by: JES Date/Time: 8/7/20 11:00