Part I
Treatment Site Information

Date: _____ **Site ID No.:** _____

Agency Information:

U.S. Department of Interior
Bureau of Reclamation, South-Central California Area Office
1243 N St
Fresno, CA 93721

A) Location of treatment site (state, county, township, crossroads).

B) Location of site by Global Position System. (UTM, latitude, longitude)

Latitude _____ Longitude _____
UTM _____

C) Water Body (circle one)

River Backwater Lake/Reservoir Agricultural Drain Other _____

D) Description of area where control treatment was utilized (riparian, mainstem river channel).

E) Size of treatment sites (acres, hectare) _____

F) Geographic features (if applicable) _____

G) Invasive species targeted: _____

H) Description of other riparian or aquatic plant(s) in treatment site.

I) Flow rate (if applicable) _____ (linear velocity ft/sec)

K) List any gates or control structures and time of closure and reopening, if applicable.

L) Describe sensitive area (e.g., marsh, endangered species habitat) and distance to treatment site.

M) Diagram of treatment site.

Part II
Herbicide Application

Treatment Site ID No.: _____ Is this a designated representative site? YES* NO

Date of Application: _____ Time of Application: _____

Applicator Name: (please print) _____

License No.: (indicate State or Federal) _____

Herbicide used: (Active ingredient) _____

Common name: _____

Trade name: _____

Manufacturer: _____

EPA Registration No.: _____

Formulation: (Circle type)

Liquid Pellet Granular Powder Other: _____

Concentration/Solution: (mg/l, percent, etc.) _____

Surfactant: (Trade name, formulation, and percent used) _____

Application method: (circle) Spot Broadcast Other:

Spray method: (if applicable)

Hand held/backpack High volume sprayer Other:

Size of application area: _____

Application rate: _____

Calculations for application rate: (if applicable)

*** Attach a Water Quality Sampling and Monitoring Form for <u>Representative Sites</u>. Representative Sites should be selected within and near a treatment area that is typical of the hydrologic and vegetative conditions present in the treatment area.**

Water Quality Sampling and Monitoring Form

Treatment Site ID No.: _____ Sample ID No.: _____

Date: _____ Time: _____

Name of Sampling Technician: (please print) _____

Type of Sample: (circle one)

Background Application Event Post-Event Other: _____

Site Location (UTM, latitude, longitude)

Latitude _____ Longitude _____

UTM _____

Site Description (circle below)/Name:

Backwater Lake/Reservoir Mainstem River Channel Agricultural Drain

Observations:

Appearance of Water: (Sheen, Clarity, Color, etc.) _____

Weather Conditions: (Rain, wind, fog, etc.) _____

Temperature: _____

Analysis Required: (check all that Apply)		Analysis Results		Date
_____	Copper	Laboratory		
For copper only _____	Hardness ($CaCO_3$)	Laboratory		
_____	Diquat dibromide	Laboratory		
_____	Glyphosate	Laboratory		
_____	Nonylphenol	Laboratory		
_____	Other: _____	Field or Lab		
_____	pH (circle method)	Field or Lab		
_____	Dissolved Oxygen (circle method)	Field or Lab		
_____	Turbidity (circle method)	Field or Lab		
_____	Conductivity/Salinity (circle method)	Field or Lab		
_____	Water Temperature	Field		

Comments:

_____

Signature of Sampling Technician

7-2518 (8-93)
Bureau of Reclamation

UNITED STATES
BUREAU OF RECLAMATION
DEPARTMENT OF THE INTERIOR

Chain of Custody Record

Project Manager	Project name	Batch identification

Sampled by and title (signatures)	Remarks	Initials and date sample destroyed
Laboratory		

Field identification	Date collected	Time	Lab identification	Sample type	Number of containers									Remarks	Initials and date sample destroyed

Relinquished by (signature)	Date	Time	Relinquished by (signature)	Date	Time	Relinquished by (signature)	Date	Time
Received by (signature)	Date	Time	Received by (signature)	Date	Time	Received by lab (signature)	Date	Time

Point of contact: _____

Remarks: _____

DISTRIBUTION: Original: Accompanies shipment. Pink copy: Field records. Yellow copy: Associate laboratory

Sample shipped via

☐ Priority Mail ☐ Bus ☐ Other

☐ Express Mail ☐ UPS