LAMPRICIDE ANALYSIS DATA FORM **Page of**

Office 1 MQT 2 LUD 3 CAN
Lake 1/S 2/M 3/H 4/E 5/O 6/NYO

Stream: _____No._____

Tributary/Branch: _____

Zone/Branch Code: _____

Station: _____

Mileage: _____

START DATE: (MM/DD/YY) ___/____/___

LOCATION: _____

	DESIRED:		**(Range)**	
TFM	__ __. __	(mg/L)	(__ __. __ -__ __ . __)	Hours _____
NICLOSAMIDE	__ __	(ug/L)	(__ __ - __ __)	Hours _____
pH MLC	__ __ . __	(mg/L)		Hours _____
TFM SMLC	__ __. __	(mg/L)		
TFM SMAC	__ __.__	(mg/L)		

B/A Ratio _____

SPEC # _____

Personnel / ID #

_____

_____

_____

_____

DATE (MM/DD/YY)	TIME	SPEC ABS	BLANK		ABS COR.	SLOPE	TFM mg/L	TFM SPREAD AVG	NICL µg/L	NICL AVG	S.G.	INIT	COMMENTS (codes, ISCO #, pup location)
			ACID	BASE									

1. mix problem 2. feeder problem 3. analysis equip problem 4. blank change 6. feed rate change 7. ISCO samples 8. spread 9. mlc change 10. desired change

LOCATION / STATION _____

DATE (MM/DD/YY)	TIME	SPEC ABS	BLANK		ABS COR.	SLOPE	TFM mg/L	TFM SPREAD AVG	NICL µg/L	NICL AVG	S.G.	INIT	COMMENTS (codes, ISCO #, pup location)
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