Attachment # 22

South Dakota Department of Agriculture
Division of Agricultural Services
Foss Building, 523 East Capitol
Pierre, SD 57501-3182

Sample Collection Report

The following sample was collected and receipt is hereby acknowledged pursuant to state and federal law.

Product Category:
- ☐ Feed ☐ Liquid ☐ Dry ☐ Bulk ☐ Bagged ☐ Customer Formula ☐ Investigational
- ☐ Animal Remedy
- ☐ Fertilizer ☐ Liquid ☐ Dry ☐ Bulk ☐ Container ☐ Customer Formula ☐ Investigational
- ☐ Soil Amendment ☐ Liquid ☐ Dry ☐ Bulk ☐ Container
- ☒ Pesticide ☐ Use dilution ☐ Formulation ☒ Residue ☐ Water

Sample Number:	Date:	Product/Material Sampled:
08-8-19	7-10-18	Bush

Lot or Invoice#	Date Shipped	# of Containers Sampled	Size of Containers	Amount on Hand
	7-11-18	1	Quart	—

Owner/Dealer (Name and Complete Address)

Manufacturer/Registrant (Name and Complete Address)
/

Sample Collected and Prepared In the Following Manner:

EPA Reg. # *(pesticide only)*: EPA Est. # *(pesticide only)*:

Analysis Requested *(Listed % guarantee if label not attached)*:

Feed/Animal Remedy:
- ☐ Protein ____
- ☐ Fat ____
- ☐ Fiber ____
- ☐ NPN ____
- ☐ Other (list) ____
- ☐ Ca ____
- ☐ Phos ____
- ☐ Salt ____
- ☐ VitA ____

Fertilizer/Soil Amendment:
- ☐ Nitrogen ____
- ☐ Phosphorus ____
- ☐ Potash ____
- ☐ Other (list) ____

Pesticide: (List guarantee/analysis requested)

Possible Drug Analysis: (Amprolium, Arsanilic Acid, Carbadox. Ch lortetracycline, Decoquinate, Dichlorvos. Lasalocid. Monensin. Oxytetracycline, Piperazine, Pyrantel Tartrate / Pamoate, Sulfa-methazine/methox ine/thiazole, Tetracycline Hydrochloride, Tylosin

Comments: South side of house

The undersigned acknowledges that the sample shown above as obtained from products or devices that were packaged, labeled, and released for shipment or [redacted] the supplier or carrier date provided above or that samples were taken from property or product under their c[redacted]

Signature ____ *(Owner, Operator or Agent)* Title owner *(Owner, Operator or Agent)*

Signature ____ *(Inspector/Investigator)*

Chain of Custody

Relinquished By: *(Signature)* ____ Date: ____ Time: ____

Date Shipped: ____ Carrier: *(Attach Record)* ____

Received By: *(Signature)* ____ Date: ____ Time: ____

Lab Remarks:

Lab – WHITE Office – CANARY Inspector – PINK Agent/Owner – GOLDENROD 10/02