

AMMONIA MONITORING NETWORK (AMON)

Send Completed Form with Each Sample Set to: NADP Sample Receiving 465 Henry Mall, Madison, WI 53706

1. SITE	2. OBSERVER	
Name	Print name	
2 CAMPLE START AND END	4. SITE CONDITIONS	Initials
3. SAMPLE START AND END Date Time MO DAY YR 0001-2400 ON OFF	Please check any and all conditions that apply. YES NO 1. Significant smoke or fire 2. Fertilizer use nearby 3. Farm animal activity nearby	5. Supplies (Circle if needed) Gloves Return shipping label
5. REMARKS For example: equipment malfunction, of	contamination, farming, burning	
<u> </u>	he CAL at 1-800-952-7353 or E-mail amon@slh.wisc.edu py: Return to CAL Blue Copy: Retain for Your Records	Rev. 8-202
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3. SAMPLE START AND END Date Time MO DAY YR 0001-2400 ON OFF	4. SITE CONDITIONS Please check any and all conditions that apply. Comment on any other site conditions in Block 7. 1. Significant smoke or fire 2 1 2 1 2. Fertilizer use nearby 3. Farm animal activity nearby	5. Supplies (Circle if needed) Gloves Return shipping label
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