



CENTER FOR ANALYTICAL CHEMISTRY
CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE

LABORATORY REPORTING RESULTS

Anaheim:
169 E Liberty Ave., Anaheim CA
Phone: (916) 639-9295

Sacramento:
3292 Meadowview Road, Sacramento CA
Phone: (916) 262-1434

Recipient:

CDPR Pesticide Enforcement HQ NRO County: Lassen
CRO SRO

CDFA State Organic Program
CDFA Millfeed Program
CDFA CFM Program
DCC

Laboratory Sample Number:

R25C00195-R25C00203

Violation Included? Yes No

Violative Sample Number:

Date: 10/2/2025

The information contained in this message is intended for the personal and confidential use of the designated recipient named above. The message may be an attorney-client communication or confidential by statute, and as such is privileged and confidential. If the reader of this message is not the intended recipient or any agency responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error, and that any review, dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please notify the sender or this office immediately and return the original message to us by mail.

Important: 1. Use only one analysis report form per sample. 2. Complete chain of custody record on reverse. 3. Use black or blue ink--print legibly. 4. Original will be returned to the Analysis Requester.	For Laboratory Use Only LABORATORY CONDUCTING ANALYSIS: <input type="checkbox"/> ANAHEIM <input checked="" type="checkbox"/> SACRAMENTO	LABORATORY NUMBER (Laboratory Use Only) <h1 style="margin: 0;">R25C00195</h1>
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A. Sample Analysis Requester

AGENCY NAME (Complete name) <u>Lassen CAC</u>	TELEPHONE NUMBER (Include Area Code) <u>(530) 251-8110</u>	FAX NUMBER (Include Area Code)
ADDRESS (Number and Street, City, State, ZIP Code) <u>175 Russel Ave., Susanville CA 96130</u>		E-MAIL ADDRESS (If results to be e-mailed) <u>agcommissioner@co.lassen.ca.gov</u>

B. Sample Source

PROPERTY OPERATOR / COMPLAINANT NAME <u>George Jacobsen</u>	OPERATOR IDENTIFICATION/PERMIT NUMBER <u>NA</u>	TELEPHONE NUMBER (Include Area Code) <u>NA</u>
ADDRESS (Number and Street, City, State, ZIP Code) <u>NA</u>		
SECTION, TOWNSHIP, RANGE <u>29 N 11 E Sec. 35</u>	SITE IDENTIFICATION NUMBER <u>NA</u>	
SAMPLE LOCATION (Address or Description)		COUNTY <u>Lassen</u>

C. Sample Information

SAMPLE CONSISTS OF: <u>Foliage</u>	COMMODITY/ACRES (If applicable) <u>NA</u>	SAMPLE IDENTIFICATION NUMBER <u>070230-01</u>
		<input type="checkbox"/> STRUCTURAL-RELATED
SAMPLE PRIORITY (Priority descriptions on reverse side of this form) <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input checked="" type="checkbox"/> #3	BASIS FOR SAMPLE (Check one box only) <input type="checkbox"/> HEALTH HAZARD <input type="checkbox"/> ANIMAL ILLNESS/BEE LOSS <input type="checkbox"/> PLANT SYMPTOMS <input type="checkbox"/> ENVIRONMENTAL EFFECTS	
CONTROL SAMPLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	COMPOSITE SAMPLE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
SURFACE/SWAB <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SURFACE/SWAB, INDICATE TOTAL SURFACE AREA: _____ SOLVENT USED: _____	
DISLODGEABLE <input type="checkbox"/> YES <input type="checkbox"/> NO	IF DISLODGEABLE, INDICATE PUNCH SIZE/ # OF LEAF PUNCHES: _____	

DESCRIPTION OF PROBLEM (Include DPR Tracking Number, if available)
Potential drift

SAMPLE COLLECTOR (Print name) <u>omid R. Zandvakili</u>	SIGNATURE 	DATE SAMPLED <u>07/02/2025</u>
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D1. Sample Discard Instructions DISCARD DATE, IF DIFFERENT
 Sample to be discarded 3 months after completion of analysis, unless instructed otherwise by the Requester.

D2. Sample Condition Upon Receipt (Laboratory Use Only)
 SAMPLE CONDITION ACCEPTABLE: IF UNACCEPTABLE, LIST REASON(S)
 YES NO

E. Laboratory Determination - Results relate only to the sample tested

ANALYSIS REQUESTED: <input checked="" type="checkbox"/> SPECIFIC PESTICIDE(S) (Specify below) <input type="checkbox"/> PESTICIDE SCREENS	PESTICIDE DETECTED	AMOUNT	UNIT	DET. LIMIT	EXT. CODE	DET. CODE/ ANALYST
<u>Hexazinone</u>	<u>Hexazinone</u>	<u>0.059</u>	<u>ppm</u>	<u>0.01</u>	<u>805</u>	<u>35/ [Signature]</u>
ANALYST 	DATE ANALYSIS COMPLETED <u>9/30/25</u>	REVIEWED BY 				

RESULTS FORWARDED TO NRO / Lassen County BY VIA (Check one): E-MAIL FACSIMILE

DATE 10/2/25 TIME _____ (Over)

INVESTIGATIVE SAMPLE ANALYSIS REPORT--CUSTODY RECORD

DPR-ENF-030 (Rev. 01/25)

Page 2 of 2

F. Sample Information

SAMPLE COLLECTOR (Print name) <i>Omid Zandvakili</i>	SAMPLE IDENTIFICATION NUMBER <i>0702BO-01</i>	LABORATORY NUMBER R25C00195
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G. Preservation Method During Transport

Ice
 Dry Ice
 "Blue" Ice
 Cooler
 Cool Dry Container
 None
 Other

H. Primary Sample Container Description

Paper bag
 Plastic Bag
 Glass Jar
 Plastic Jar
 Amber Jar
 Other

I. Transport Information

NAME AND LOCATION OF COMMON CARRIER (If used)	REGIONAL OFFICE CONTACTED <input type="checkbox"/> Rancho Cordova (NRO) (916) 603-7700 <input type="checkbox"/> Clovis (CRO) (559) 297-3511 <input type="checkbox"/> Anaheim (SRO) (714) 279-7690
SHIPPING INVOICE NUMBER	DESTINATION <input type="checkbox"/> CA Dept. of Food and Agriculture Sacramento Residue Laboratory 3292 Meadowview Road Sacramento, California 95832 PH: (916) 262-1434 FAX: (916) 228-6876 <input type="checkbox"/> CA Dept. of Food and Agriculture Anaheim Residue Laboratory 169 East Liberty Avenue Anaheim, California 92801 PH: (714) 680-7901 FAX: (714) 680-7919
DOT NUMBER/CLASSIFICATION (If necessary)	
DATE SAMPLE SHIPPED	TIME

I certify that the above-listed sample is properly classified, described, packaged, marked, and labeled. I additionally certify that this sample analysis is necessary in connection with matters relating to my official duties.

SAMPLE COLLECTOR (Print name) <i>Omid R. Zandvakili</i>	SIGNATURE [Redacted]	DATE <i>07/02/2025</i>
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J. Chain of Custody (Please sign)

RECEIVED FROM (Sample Collector)	DELIVERED TO	DATE	TIME (AM/PM)	FOR SHIPPING FOR STORAGE FOR ANALYSIS	STORAGE LOCATION
1. [Redacted]	2. [Redacted]	<i>7/2/25</i>	<i>12:30</i>	<input checked="" type="checkbox"/> FOR ANALYSIS	<i>locked vehicle</i>
2. [Redacted]	3. <i>Griselda Camacho</i>	<i>7/3/25</i>	<i>10:07</i>	<input checked="" type="checkbox"/> FOR STORAGE <input type="checkbox"/> FOR ANALYSIS	<i>FS-FWI, A3</i>
3. <i>A3</i>	4. <i>Wendy Huang</i>	<i>7/11/25</i>	<i>2:47</i>	<input checked="" type="checkbox"/> FOR STORAGE <input type="checkbox"/> FOR ANALYSIS	<i>Homogenized, FS-F5</i>
4. <i>FS-F5</i>	5. [Redacted]	<i>08.21.2025</i>	<i>10:15</i>	<input type="checkbox"/> FOR SHIPPING <input type="checkbox"/> FOR STORAGE <input checked="" type="checkbox"/> FOR ANALYSIS	<i>FS-F5 FS-F5</i>
5. <i>FS-F5</i>	6. <i>JR</i>	<i>8/28/25</i>	<i>8</i>	<input type="checkbox"/> FOR SHIPPING <input type="checkbox"/> FOR STORAGE <input checked="" type="checkbox"/> FOR ANALYSIS	
6. [Redacted]	7. [Redacted]			<input type="checkbox"/> FOR SHIPPING <input type="checkbox"/> FOR STORAGE <input type="checkbox"/> FOR ANALYSIS	

For Laboratory Use Only (when sample sent by common carrier): I certify that upon receipt, the package containing this sample received from the common carrier was closed and sealed and there was no sign that the package was opened or otherwise tampered with prior to its delivery to or in the laboratory receiving room.

SIGNATURE _____ DATE _____

SAMPLE PRIORITIZATION:

- Priority 1:** Samples where immediate preventative or remedial action can be taken to treat exposed persons or animals or to protect people from exposure. Analysis goal for screens is 24 hours from receipt by the Laboratory. Specific analyses will take longer. Analytical results will be telephoned/faxed/e-mailed/mailed to the requester. The original analysis report will be mailed to the requester.
- Priority 2:** Samples related to other human effects episodes identified as Reportable Investigations. Analysis goal is 30 days. Specific analyses will take longer. Analytical results will be telephoned/faxed/e-mailed/mailed to the requester. The original analysis report will be mailed to the requester.
- Priority 3:** Other evidentiary samples. Analysis goal is 90 days, however, workload generated by status samples 1 and 2 may impact completion date. Specific analyses will take longer. Analytical results will be telephoned/faxed/e-mailed/mailed to the requester. The original analysis report will be mailed to the requester.

PROPER SAMPLE SIZE AND APPROVAL FOR ANALYSIS - Refer to the Evidence Collection section of the Investigation Procedures Standards Manual for proper sample sizes. You must obtain approval from your DPR Enforcement Branch Liaison or regional office prior to submitting samples for laboratory analysis.

ABBREVIATION OF TERMS:

- | | | |
|------------------------------------|--|--------------------------------------|
| DET. LIMIT=Detection Limit | 07=GC/MS, Gas Chromatograph-Mass Spec. Single Quadrupole | EXT. CODE=Extraction Code |
| DET. CODE=Detection Code | 35=GCMS/MS, Gas Chromatograph-Tandem Mass Spec. | 805=QuEChERS Approach |
| 02=FPD, Flame Photometric Detector | 52=LCMS/MS, Liquid Chromatograph-Tandem Mass Spec. | 998=Single Analyte Extraction Method |

DIAL 9-1-1 IN CASE OF ANY EMERGENCY

Important:
 1. Use only one analysis report form per sample.
 2. Complete chain of custody record on reverse.
 3. Use black or blue ink--print legibly.
 4. Original will be returned to the Analysis Requester.

For Laboratory Use Only
 LABORATORY CONDUCTING ANALYSIS:
 ANAHEIM
 SACRAMENTO

LABORATORY NUMBER (Laboratory Use Only)
R25C00196

A. Sample Analysis Requester

AGENCY NAME (Complete name) Lassen CAC TELEPHONE NUMBER (Include Area Code) (530) 251-8110 FAX NUMBER (Include Area Code)
 ADDRESS (Number and Street, City, State, ZIP Code) 175 Russel Ave., Susanville, CA 96130 E-MAIL ADDRESS (If results to be e-mailed) agcommissioner@co.lassen.ca.gov

B. Sample Source

PROPERTY OPERATOR / COMPLAINANT NAME George Jacobsen OPERATOR IDENTIFICATION/PERMIT NUMBER NA TELEPHONE NUMBER (Include Area Code) NA
 ADDRESS (Number and Street, City, State, ZIP Code) NA

SECTION, TOWNSHIP, RANGE 29N 11E Sec. 35 SITE IDENTIFICATION NUMBER NA
 SAMPLE LOCATION (Address or Description) _____ COUNTY Lassen

C. Sample Information

SAMPLE CONSISTS OF: Soil COMMODITY/ACRES (If applicable) NA SAMPLE IDENTIFICATION NUMBER 070280-02
 STRUCTURAL-RELATED

SAMPLE PRIORITY (Priority descriptions on reverse side of this form) #1 #2 #3 BASIS FOR SAMPLE (Check one box only) HEALTH HAZARD ANIMAL ILLNESS/BEE LOSS PLANT SYMPTOMS ENVIRONMENTAL EFFECTS
 CONTROL SAMPLE YES NO COMPOSITE SAMPLE YES NO
 SURFACE/SWAB YES NO IF SURFACE/SWAB, INDICATE TOTAL SURFACE AREA: _____ SOLVENT USED: _____
 DISLodgeABLE YES NO IF DISLodgeABLE, INDICATE PUNCH SIZE/ # OF LEAF PUNCHES: _____

DESCRIPTION OF PROBLEM (Include DPR Tracking Number, if available) Potential drift
 SAMPLE COLLECTOR (Print name) Afroc Tuli SIGNATURE [Redacted] DATE SAMPLED 7/2/25

D1. Sample Discard Instructions DISCARD DATE, IF DIFFERENT _____
 Sample to be discarded 3 months after completion of analysis, unless instructed otherwise by the Requester.

D2. Sample Condition Upon Receipt (Laboratory Use Only)
 SAMPLE CONDITION ACCEPTABLE: IF UNACCEPTABLE, LIST REASON(S)
 YES NO

E. Laboratory Determination - Results relate only to the sample tested

ANALYSIS REQUESTED: <input checked="" type="checkbox"/> SPECIFIC PESTICIDE(S) (Specify below) <input type="checkbox"/> PESTICIDE SCREENS	PESTICIDE DETECTED	AMOUNT	UNIT	DET. LIMIT	EXT. CODE	DET. CODE/ ANALYST
<u>Hexazinone</u>	<u>Hexazinone</u>	<u>23.2</u>	<u>ppb</u>	<u>0.100</u>	<u>999</u>	<u>52/KP</u>
ANALYST <u>[Redacted]</u>	DATE ANALYSIS COMPLETED <u>09/29/25</u>	REVIEWED BY <u>[Redacted]</u>	DATE <u>9/29/25</u>			

RESULTS FORWARDED TO _____ BY _____ VIA (Check one): E-MAIL FACSIMILE
 DATE _____ TIME _____ (Over)

INVESTIGATIVE SAMPLE ANALYSIS REPORT--CUSTODY RECORD

DPR-ENF-030 (Rev. 01/25)

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EMON# 2025-0455

F. Sample Information

SAMPLE COLLECTOR (Print name) <i>Atac Tuli</i>	SAMPLE IDENTIFICATION NUMBER <i>0702BO-02</i>	LABORATORY NUMBER R25C00196
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G. Preservation Method During Transport

Ice
 Dry Ice
 "Blue" Ice
 Cooler
 Cool Dry Container
 None
 Other

H. Primary Sample Container Description

Paper bag
 Plastic Bag
 Glass Jar
 Plastic Jar
 Amber Jar
 Other

I. Transport Information

NAME AND LOCATION OF COMMON CARRIER (If used)	REGIONAL OFFICE CONTACTED <input checked="" type="checkbox"/> Rancho Cordova (NRO) (916) 603-7700 <input type="checkbox"/> Clovis (CRO) (559) 297-3511 <input type="checkbox"/> Anaheim (SRO) (714) 279-7690
SHIPPING INVOICE NUMBER	DESTINATION <input checked="" type="checkbox"/> CA Dept. of Food and Agriculture Sacramento Residue Laboratory 3292 Meadowview Road Sacramento, California 95832 PH: (916) 262-1434 FAX: (916) 228-6876 <input type="checkbox"/> CA Dept. of Food and Agriculture Anaheim Residue Laboratory 169 East Liberty Avenue Anaheim, California 92801 PH: (714) 680-7901 FAX: (714) 680-7919
DOT NUMBER/CLASSIFICATION (If necessary)	
DATE SAMPLE SHIPPED	TIME

I certify that the above-listed sample is properly classified, described, packaged, marked, and labeled.
 I additionally certify that this sample analysis is necessary in connection with matters relating to my official duties.

SAMPLE COLLECTOR (Print name) <i>Atac Tuli</i>	SIGNATURE [Redacted]	DATE <i>7/2/25</i>
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J. Chain of Custody (Please sign)

RECEIVED FROM (Sample Collector)	DELIVERED TO	DATE	TIME (AM/PM)	FOR SHIPPING FOR STORAGE FOR ANALYSIS	STORAGE LOCATION
1. [Redacted]	2. [Redacted]	<i>7/2/25</i>	<i>1730</i>	<input checked="" type="checkbox"/> FOR ANALYSIS	<i>locked vehicle</i>
2. [Redacted]	3. <i>Griseda Camacho</i>	<i>7/3/25</i>	<i>10:07</i>	<input type="checkbox"/> FOR SHIPPING <input type="checkbox"/> FOR STORAGE <input type="checkbox"/> FOR ANALYSIS	<i>FS-FWI, A2</i>
3. <i>FS</i>	4. <i>EMON, [Redacted]</i>	<i>8/8/25</i>	<i>10:20</i>	<input type="checkbox"/> FOR SHIPPING <input type="checkbox"/> FOR STORAGE <input type="checkbox"/> FOR ANALYSIS	<i>WF</i>
4. <i>WP</i>	5. <i>EMON, KP</i>	<i>08/22/25</i>	<i>9:30</i>	<input checked="" type="checkbox"/> FOR ANALYSIS	
5.	6.			<input type="checkbox"/> FOR SHIPPING <input type="checkbox"/> FOR STORAGE <input type="checkbox"/> FOR ANALYSIS	
6.	7.			<input type="checkbox"/> FOR SHIPPING <input type="checkbox"/> FOR STORAGE <input type="checkbox"/> FOR ANALYSIS	

For Laboratory Use Only (when sample sent by common carrier): I certify that upon receipt, the package containing this sample received from the common carrier was closed and sealed and there was no sign that the package was opened or otherwise tampered with prior to its delivery to or in the laboratory receiving room.

SIGNATURE _____ DATE _____

SAMPLE PRIORITIZATION:

- Priority 1:** Samples where immediate preventative or remedial action can be taken to treat exposed persons or animals or to protect people from exposure. Analysis goal for screens is 24 hours from receipt by the Laboratory. Specific analyses will take longer. Analytical results will be telephoned/faxed/e-mailed/mailed to the requester. The original analysis report will be mailed to the requester.
- Priority 2:** Samples related to other human effects episodes identified as Reportable Investigations. Analysis goal is 30 days. Specific analyses will take longer. Analytical results will be telephoned/faxed/e-mailed/mailed to the requester. The original analysis report will be mailed to the requester.
- Priority 3:** Other evidentiary samples. Analysis goal is 90 days, however, workload generated by status samples 1 and 2 may impact completion date. Specific analyses will take longer. Analytical results will be telephoned/faxed/e-mailed/mailed to the requester. The original analysis report will be mailed to the requester.

PROPER SAMPLE SIZE AND APPROVAL FOR ANALYSIS - Refer to the Evidence Collection section of the Investigation Procedures Standards Manual for proper sample sizes. You must obtain approval from your DPR Enforcement Branch Liaison or regional office prior to submitting samples for laboratory analysis.

ABBREVIATION OF TERMS:

- | | | |
|------------------------------------|--|--------------------------------------|
| DET. LIMIT=Detection Limit | 07=GC/MS, Gas Chromatograph-Mass Spec. Single Quadrupole | EXT. CODE=Extraction Code |
| DET. CODE=Detection Code | 35=GCMS/MS, Gas Chromatograph-Tandem Mass Spec. | 805=QuEChERS Approach |
| 02=FPD, Flame Photometric Detector | 52=LCMS/MS, Liquid Chromatograph-Tandem Mass Spec. | 998=Single Analyte Extraction Method |

DIAL 9-1-1 IN CASE OF ANY EMERGENCY

Important: 1. Use only one analysis report form per sample. 2. Complete chain of custody record on reverse. 3. Use black or blue ink--print legibly. 4. Original will be returned to the Analysis Requester.	For Laboratory Use Only LABORATORY CONDUCTING ANALYSIS: <input type="checkbox"/> ANAHEIM <input checked="" type="checkbox"/> SACRAMENTO	LABORATORY NUMBER (Laboratory Use Only) <h1 style="margin: 0;">R25C00197</h1>
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A. Sample Analysis Requester

AGENCY NAME (Complete name) <u>Lassen CAC</u>	TELEPHONE NUMBER (Include Area Code) <u>530-251-8110</u>	FAX NUMBER (Include Area Code) <u>NA</u>
ADDRESS (Number and Street, City, State, ZIP Code) <u>175 Russel Ave. Susanville CA 96130</u>		E-MAIL ADDRESS (if results to be e-mailed) <u>agcommissioner@co.lassen.ca.gov</u>

B. Sample Source

PROPERTY OPERATOR / COMPLAINANT NAME <u>George Jacobsen</u>	OPERATOR IDENTIFICATION/PERMIT NUMBER <u>NA</u>	TELEPHONE NUMBER (Include Area Code) <u>NA</u>
ADDRESS (Number and Street, City, State, ZIP Code) <u>NA</u>		

SECTION, TOWNSHIP, RANGE <u>29 N 11E Sec. 35</u>	SITE IDENTIFICATION NUMBER <u>NA</u>
SAMPLE LOCATION (Address or Description)	COUNTY <u>Lassen</u>

C. Sample Information

SAMPLE CONSISTS OF: <u>Soil</u>	COMMODITY/ACRES (if applicable) <u>NA</u>	SAMPLE IDENTIFICATION NUMBER <u>070280-03</u>
<input type="checkbox"/> STRUCTURAL-RELATED		

SAMPLE PRIORITY (Priority descriptions on reverse side of this form) <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input checked="" type="checkbox"/> #3	BASIS FOR SAMPLE (Check one box only) <input type="checkbox"/> HEALTH HAZARD <input type="checkbox"/> ANIMAL ILLNESS/BEE LOSS <input type="checkbox"/> PLANT SYMPTOMS <input checked="" type="checkbox"/> ENVIRONMENTAL EFFECTS
CONTROL SAMPLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	COMPOSITE SAMPLE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
SURFACE/SWAB <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SURFACE/SWAB, INDICATE TOTAL SURFACE AREA: _____ SOLVENT USED: _____
DISLODGEABLE <input type="checkbox"/> YES <input type="checkbox"/> NO	IF DISLODGEABLE, INDICATE PUNCH SIZE/ # OF LEAF PUNCHES: _____

DESCRIPTION OF PROBLEM (Include DPR Tracking Number, if available)

SAMPLE COLLECTOR (Print name) <u>Alec Tuli</u>	SIGNATURE 	DATE SAMPLED <u>7/2/25</u>
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D1. Sample Discard Instructions DISCARD DATE, IF DIFFERENT
 Sample to be discarded 3 months after completion of analysis, unless instructed otherwise by the Requester.

D2. Sample Condition Upon Receipt (Laboratory Use Only)

SAMPLE CONDITION ACCEPTABLE: IF UNACCEPTABLE, LIST REASON(S)
 YES NO

E. Laboratory Determination - Results relate only to the sample tested

ANALYSIS REQUESTED: <input checked="" type="checkbox"/> SPECIFIC PESTICIDE(S) (Specify below) <input type="checkbox"/> PESTICIDE SCREENS	PESTICIDE DETECTED	AMOUNT	UNIT	DET. LIMIT	EXT. CODE	DET. CODE/ ANALYST
<u>Hexazinone</u>	<u>Hexazinone</u>	<u>5.65</u>	<u>ppb</u>	<u>0-100</u>	<u>999</u>	<u>52/KP</u>

ANALYST 	DATE ANALYSIS COMPLETED <u>09/29/25</u>	REVIEWED BY <u>9/29/25</u>
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RESULTS FORWARDED TO _____ BY _____ VIA (Check one): E-MAIL FACSIMILE

INVESTIGATIVE SAMPLE ANALYSIS REPORT--CUSTODY RECORD

DPR-ENF-030 (Rev. 01/25)

Page 2 of 2

EMON# 2025-0456

F. Sample Information

SAMPLE COLLECTOR (Print name) <i>Atac Tuli</i>	SAMPLE IDENTIFICATION NUMBER <i>0702BO-03</i>	LABORATORY NUMBER R25C00197
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G. Preservation Method During Transport

Ice
 Dry Ice
 "Blue" Ice
 Cooler
 Cool Dry Container
 None
 Other _____

H. Primary Sample Container Description

Paper bag
 Plastic Bag
 Glass Jar
 Plastic Jar
 Amber Jar
 Other _____

I. Transport Information

NAME AND LOCATION OF COMMON CARRIER (If used)	REGIONAL OFFICE CONTACTED <input type="checkbox"/> Rancho Cordova (NRO) (916) 603-7700 <input type="checkbox"/> Clovis (CRO) (559) 297-3511 <input type="checkbox"/> Anaheim (SRO) (714) 279-7690
SHIPPING INVOICE NUMBER	DESTINATION <input type="checkbox"/> CA Dept. of Food and Agriculture Sacramento Residue Laboratory 3292 Meadowview Road Sacramento, California 95832 PH: (916) 262-1434 FAX: (916) 228-6876 <input type="checkbox"/> CA Dept. of Food and Agriculture Anaheim Residue Laboratory 169 East Liberty Avenue Anaheim, California 92801 PH: (714) 680-7901 FAX: (714) 680-7919
DOT NUMBER/CLASSIFICATION (If necessary)	
DATE SAMPLE SHIPPED	TIME

I certify that the above-listed sample is properly classified, described, packaged, marked, and labeled.
 I additionally certify that this sample analysis is necessary in connection with matters relating to my official duties.

SAMPLE COLLECTOR (Print name) <i>Atac Tuli</i>	SIGN [Redacted]	DATE <i>7/2/25</i>
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J. Chain of Custody (Please sign)

RECEIVED FROM (Sample Collector)	DELIVERED TO	DATE	TIME (AM/PM)	FOR SHIPPING FOR STORAGE FOR ANALYSIS	STORAGE LOCATION
1. [Redacted]	2. [Redacted]	<i>7/2/25</i>	<i>1730</i>	<input checked="" type="checkbox"/> FOR ANALYSIS	<i>Locked vehicle</i>
2. [Redacted]	3. <i>Griselda Camacho</i>	<i>7/3/25</i>	<i>10:01</i>	<input checked="" type="checkbox"/> FOR STORAGE	<i>FS-FWI, A2</i>
3. <i>FS</i>	4. <i>EMON, [Redacted]</i>	<i>8/8/25</i>	<i>10:20</i>	<input type="checkbox"/> FOR ANALYSIS	<i>WF</i>
4. <i>WF</i>	5. <i>EMON, KP</i>	<i>08/12/25</i>	<i>9:30</i>	<input checked="" type="checkbox"/> FOR ANALYSIS	
5. [Redacted]	6. [Redacted]			<input type="checkbox"/> FOR SHIPPING <input type="checkbox"/> FOR STORAGE <input type="checkbox"/> FOR ANALYSIS	
6. [Redacted]	7. [Redacted]			<input type="checkbox"/> FOR SHIPPING <input type="checkbox"/> FOR STORAGE <input type="checkbox"/> FOR ANALYSIS	

For Laboratory Use Only (when sample sent by common carrier): I certify that upon receipt, the package containing this sample received from the common carrier was closed and sealed and there was no sign that the package was opened or otherwise tampered with prior to its delivery to or in the laboratory receiving room.

SIGNATURE _____ DATE _____

SAMPLE PRIORITIZATION:

- Priority 1:** Samples where immediate preventative or remedial action can be taken to treat exposed persons or animals or to protect people from exposure. Analysis goal for screens is 24 hours from receipt by the Laboratory. Specific analyses will take longer. Analytical results will be telephoned/faxed/e-mailed/mailed to the requester. The original analysis report will be mailed to the requester.
- Priority 2:** Samples related to other human effects episodes identified as Reportable Investigations. Analysis goal is 30 days. Specific analyses will take longer. Analytical results will be telephoned/faxed/e-mailed/mailed to the requester. The original analysis report will be mailed to the requester.
- Priority 3:** Other evidentiary samples. Analysis goal is 90 days, however, workload generated by status samples 1 and 2 may impact completion date. Specific analyses will take longer. Analytical results will be telephoned/faxed/e-mailed/mailed to the requester. The original analysis report will be mailed to the requester.

PROPER SAMPLE SIZE AND APPROVAL FOR ANALYSIS - Refer to the Evidence Collection section of the Investigation Procedures Standards Manual for proper sample sizes. You must obtain approval from your DPR Enforcement Branch Liaison or regional office prior to submitting samples for laboratory analysis.

ABBREVIATION OF TERMS:

- DET. LIMIT=Detection Limit
- DET. CODE=Detection Code
- 02=FPD, Flame Photometric Detector

- 07=GC/MS, Gas Chromatograph-Mass Spec. Single Quadrupole
- 35=GCMS/MS, Gas Chromatograph-Tandem Mass Spec.
- 52=LCMS/MS, Liquid Chromatograph-Tandem Mass Spec.

- EXT. CODE=Extraction Code
- 805=QuEChERS Approach
- 998=Single Analyte Extraction Method

DIAL 9-1-1 IN CASE OF ANY EMERGENCY

Important: 1. Use only one analysis report form per sample. 2. Complete chain of custody record on reverse. 3. Use black or blue ink--print legibly. 4. Original will be returned to the Analysis Requester.	For Laboratory Use Only LABORATORY CONDUCTING ANALYSIS: <input type="checkbox"/> ANAHEIM <input checked="" type="checkbox"/> SACRAMENTO	LABORATORY NUMBER (Laboratory Use Only) <h1 style="margin:0;">R25C00198</h1>
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A. Sample Analysis Requester

AGENCY NAME (Complete name) <u>Lassen CAC</u>	TELEPHONE NUMBER (Include Area Code) <u>(530) 251-8110</u>	FAX NUMBER (Include Area Code)
ADDRESS (Number and Street, City, State, ZIP Code) <u>175 Russel Ave. Susanville CA 96130</u>		E-MAIL ADDRESS (If results to be e-mailed) <u>agcommissioner@cs.lassen.ca.gov</u>

B. Sample Source

PROPERTY OPERATOR / COMPLAINANT NAME <u>George Jacobsen</u>	OPERATOR IDENTIFICATION/PERMIT NUMBER <u>NA</u>	TELEPHONE NUMBER (Include Area Code) <u>NA</u>
ADDRESS (Number and Street, City, State, ZIP Code) <u>NA</u>		

SECTION, TOWNSHIP, RANGE <u>29N 11E Sec 35</u>	SITE IDENTIFICATION NUMBER <u>NA</u>
SAMPLE LOCATION (Address or Description)	COUNTY <u>Lassen</u>

C. Sample Information

SAMPLE CONSISTS OF: <u>Soil</u>	COMMODITY/ACRES (if applicable) <u>N/A</u>	SAMPLE IDENTIFICATION NUMBER <u>070280-04</u>
		<input checked="" type="checkbox"/> STRUCTURAL-RELATED

SAMPLE PRIORITY (Priority descriptions on reverse side of this form) <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input checked="" type="checkbox"/> #3	BASIS FOR SAMPLE (Check one box only) <input type="checkbox"/> HEALTH HAZARD <input type="checkbox"/> ANIMAL ILLNESS/BEE LOSS <input type="checkbox"/> PLANT SYMPTOMS <input checked="" type="checkbox"/> ENVIRONMENTAL EFFECTS
CONTROL SAMPLE <input type="checkbox"/> YES <input type="checkbox"/> NO COMPOSITE SAMPLE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
SURFACE/SWAB <input type="checkbox"/> YES <input type="checkbox"/> NO IF SURFACE/SWAB, INDICATE TOTAL SURFACE AREA: _____	SOLVENT USED: _____
DISLodgeABLE <input type="checkbox"/> YES <input type="checkbox"/> NO IF DISLodgeABLE, INDICATE PUNCH SIZE/ # OF LEAF PUNCHES: _____	

DESCRIPTION OF PROBLEM (Include DPR Tracking Number, if available)
Potential Drift

SAMPLE COLLECTOR (Print name) <u>Alex Tuli</u>	SIGNATURE 	DATE SAMPLED <u>7/2/25</u>
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D1. Sample Discard Instructions DISCARD DATE, IF DIFFERENT _____
 Sample to be discarded 3 months after completion of analysis, unless instructed otherwise by the Requester.

D2. Sample Condition Upon Receipt (Laboratory Use Only)
 SAMPLE CONDITION ACCEPTABLE: IF UNACCEPTABLE, LIST REASON(S)
 YES NO

E. Laboratory Determination - Results relate only to the sample tested

ANALYSIS REQUESTED: <input checked="" type="checkbox"/> SPECIFIC PESTICIDE(S) (Specify below) <input type="checkbox"/> PESTICIDE SCREENS	PESTICIDE DETECTED	AMOUNT	UNIT	DET. LIMIT	EXT. CODE	DET. CODE/ANALYST
<u>Hexazinone</u>	<u>Hexazinone</u>	<u>27.6</u>	<u>ppb</u>	<u>0.100</u>	<u>999</u>	<u>52/KP</u>
ANALYST 	DATE ANALYSIS COMPLETED <u>09/29/25</u>	REVIEWED BY <u>9/29/25</u>				

RESULTS FORWARDED TO _____ BY _____ VIA (Check one): E-MAIL FACSIMILE

DATE _____ TIME _____

INVESTIGATIVE SAMPLE ANALYSIS REPORT--CUSTODY RECORD

DPR-ENF-030 (Rev. 01/25)

Page 2 of 2

EMON# 2025-0457

F. Sample Information

SAMPLE COLLECTOR (Print name) <i>Azac Tuli</i>	SAMPLE IDENTIFICATION NUMBER <i>0702BO-04</i>	LABORATORY NUMBER R25C00198
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G. Preservation Method During Transport

Ice
 Dry Ice
 "Blue" Ice
 Cooler
 Cool Dry Container
 None
 Other _____

H. Primary Sample Container Description

Paper bag
 Plastic Bag
 Glass Jar
 Plastic Jar
 Amber Jar
 Other _____

I. Transport Information

NAME AND LOCATION OF COMMON CARRIER (If used)	REGIONAL OFFICE CONTACTED <input type="checkbox"/> Rancho Cordova (NRO) (916) 603-7700 <input type="checkbox"/> Clovis (CRO) (559) 297-3511 <input type="checkbox"/> Anaheim (SRO) (714) 279-7690
SHIPPING INVOICE NUMBER	DESTINATION <input type="checkbox"/> CA Dept. of Food and Agriculture Sacramento Residue Laboratory 3292 Meadowview Road Sacramento, California 95832 PH: (916) 262-1434 FAX: (916) 228-6876
DOT NUMBER/CLASSIFICATION (If necessary)	<input type="checkbox"/> CA Dept. of Food and Agriculture Anaheim Residue Laboratory 169 East Liberty Avenue Anaheim, California 92801 PH: (714) 680-7901 FAX: (714) 680-7919
DATE SAMPLE SHIPPED	TIME

I certify that the above-listed sample is properly classified, described, packaged, marked, and labeled.
 I additionally certify that this sample analysis is necessary in connection with matters relating to my official duties.

SAMPLE COLLECTOR (Print name) <i>Azac Tuli</i>	SIGNATURE [Redacted]	DATE <i>7/2/25</i>
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J. Chain of Custody (Please sign)

RECEIVED FROM	DELIVERED TO	DATE	TIME (AM/PM)	FOR SHIPPING FOR STORAGE FOR ANALYSIS	STORAGE LOCATION
1. [Redacted]	2. [Redacted]	<i>7/2/25</i>	<i>1730</i>	<input checked="" type="checkbox"/> FOR ANALYSIS	<i>locked Vehicle</i>
2. [Redacted]	3. <i>Griselda Camacho</i>	<i>7/5/25</i>	<i>10:07</i>	<input checked="" type="checkbox"/> FOR ANALYSIS	<i>FS-FWI, A2</i>
3. <i>FS</i>	4. <i>EMON</i> [Redacted]	<i>8/8/25</i>	<i>10:20</i>	<input type="checkbox"/> FOR ANALYSIS	<i>WF</i>
4. <i>WF</i>	5. <i>EMON, KP</i>	<i>08/22/25</i>	<i>9:30</i>	<input checked="" type="checkbox"/> FOR ANALYSIS	
5.	6.				
6.	7.				

For Laboratory Use Only (when sample sent by common carrier): I certify that upon receipt, the package containing this sample received from the common carrier was closed and sealed and there was no sign that the package was opened or otherwise tampered with prior to its delivery to or in the laboratory receiving room.

SIGNATURE _____ DATE _____

SAMPLE PRIORITIZATION:

- Priority 1:** Samples where immediate preventative or remedial action can be taken to treat exposed persons or animals or to protect people from exposure. Analysis goal for screens is 24 hours from receipt by the Laboratory. Specific analyses will take longer. Analytical results will be telephoned/faxed/e-mailed/mailed to the requester. The original analysis report will be mailed to the requester.
- Priority 2:** Samples related to other human effects episodes identified as Reportable Investigations. Analysis goal is 30 days. Specific analyses will take longer. Analytical results will be telephoned/faxed/e-mailed/mailed to the requester. The original analysis report will be mailed to the requester.
- Priority 3:** Other evidentiary samples. Analysis goal is 90 days, however, workload generated by status samples 1 and 2 may impact completion date. Specific analyses will take longer. Analytical results will be telephoned/faxed/e-mailed/mailed to the requester. The original analysis report will be mailed to the requester.

PROPER SAMPLE SIZE AND APPROVAL FOR ANALYSIS - Refer to the Evidence Collection section of the Investigation Procedures Standards Manual for proper sample sizes. You must obtain approval from your DPR Enforcement Branch Liaison or regional office prior to submitting samples for laboratory analysis.

ABBREVIATION OF TERMS:

DET. LIMIT=Detection Limit
 DET. CODE=Detection Code
 02=FPD, Flame Photometric Detector

07=GC/MS, Gas Chromatograph-Mass Spec. Single Quadrupole
 35=GCMS/MS, Gas Chromatograph-Tandem Mass Spec.
 52=LCMS/MS, Liquid Chromatograph-Tandem Mass Spec.

EXT. CODE=Extraction Code
 805=QuEChERS Approach
 998=Single Analyte Extraction Method

DIAL 9-1-1 IN CASE OF ANY EMERGENCY

Important:
 1. Use only one analysis report form per sample.
 2. Complete chain of custody record on reverse.
 3. Use black or blue ink--print legibly.
 4. Original will be returned to the Analysis Requester.

For Laboratory Use Only
 LABORATORY CONDUCTING ANALYSIS:
 ANAHEIM
 SACRAMENTO

LABORATORY NUMBER (Laboratory Use Only)

R25C00199

A. Sample Analysis Requester

AGENCY NAME (Complete name) Lassen CAC TELEPHONE NUMBER (Include Area Code) (530) 251-8110 FAX NUMBER (Include Area Code)
 ADDRESS (Number and Street, City, State, ZIP Code) 175 Russel Ave., Susanville, CA 96130 E-MAIL ADDRESS (If results to be e-mailed) agcommissioner@cs.lassen.ca.gov

B. Sample Source

PROPERTY OPERATOR / COMPLAINANT NAME Mr. George Jacobson OPERATOR IDENTIFICATION/PERMIT NUMBER NA TELEPHONE NUMBER (Include Area Code) NA
 ADDRESS (Number and Street, City, State, ZIP Code) NA

SECTION, TOWNSHIP, RANGE 29N 11E Sec. 35 SITE IDENTIFICATION NUMBER NA
 SAMPLE LOCATION (Address or Description) COUNTY Lassen

C. Sample Information

SAMPLE CONSISTS OF: Soil COMMODITY/ACRES (If applicable) NA SAMPLE IDENTIFICATION NUMBER 0702B0-05
 STRUCTURAL-RELATED

SAMPLE PRIORITY (Priority descriptions on reverse side of this form) #1 #2 #3 BASIS FOR SAMPLE (Check one box only) HEALTH HAZARD ANIMAL ILLNESS/BEE LOSS PLANT SYMPTOMS ENVIRONMENTAL EFFECTS
 CONTROL SAMPLE YES NO COMPOSITE SAMPLE YES NO
 SURFACE/SWAB YES NO IF SURFACE/SWAB, INDICATE TOTAL SURFACE AREA: _____ SOLVENT USED: _____
 DISLODGEABLE YES NO IF DISLODGEABLE, INDICATE PUNCH SIZE/ # OF LEAF PUNCHES: _____

DESCRIPTION OF PROBLEM (Include DPR Tracking Number, if available) Potential Drift.
 SAMPLE COLLECTOR (Print name) Alec Tuli SIGNATURE  DATE SAMPLED 7/2/25

D1. Sample Discard Instructions DISCARD DATE, IF DIFFERENT _____
 Sample to be discarded 3 months after completion of analysis, unless instructed otherwise by the Requester.

D2. Sample Condition Upon Receipt (Laboratory Use Only)
 SAMPLE CONDITION ACCEPTABLE: IF UNACCEPTABLE, LIST REASON(S)
 YES NO

E. Laboratory Determination - Results relate only to the sample tested

ANALYSIS REQUESTED: <input checked="" type="checkbox"/> SPECIFIC PESTICIDE(S) (Specify below) <input type="checkbox"/> PESTICIDE SCREENS	PESTICIDE DETECTED	AMOUNT	UNIT	DET. LIMIT	EXT. CODE	DET. CODE/ ANALYST
<u>Hexazinone</u>	<u>Hexazinone</u>	<u>2.72</u>	<u>ppb</u>	<u>0.100</u>	<u>999</u>	<u>52/KP</u>

ANALYST  DATE ANALYSIS COMPLETED 07/29/25 REVIEWED BY  9/29/25

RESULTS FORWARDED TO _____ BY _____ VIA (Check one): E-MAIL FACSIMILE

INVESTIGATIVE SAMPLE ANALYSIS REPORT--CUSTODY RECORD

DPR-ENF-030 (Rev. 01/25)

Page 2 of 2

EMON# 2025-0658

F. Sample Information

SAMPLE COLLECTOR (Print name) <i>Atac Tuli</i>	SAMPLE IDENTIFICATION NUMBER <i>0702BO-05</i>	LABORATORY NUMBER (R25C00199
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G. Preservation Method During Transport

Ice
 Dry Ice
 "Blue" Ice
 Cooler
 Cool Dry Container
 None
 Other _____

H. Primary Sample Container Description

Paper bag
 Plastic Bag
 Glass Jar
 Plastic Jar
 Amber Jar
 Other _____

I. Transport Information

NAME AND LOCATION OF COMMON CARRIER (If used)	REGIONAL OFFICE CONTACTED <input type="checkbox"/> Rancho Cordova (NRO) (916) 603-7700 <input type="checkbox"/> Clovis (CRO) (559) 297-3511 <input type="checkbox"/> Anaheim (SRO) (714) 279-7690
SHIPPING INVOICE NUMBER	DESTINATION <input type="checkbox"/> CA Dept. of Food and Agriculture Sacramento Residue Laboratory 3292 Meadowview Road Sacramento, California 95832 PH: (916) 262-1434 FAX: (916) 228-6876 <input type="checkbox"/> CA Dept. of Food and Agriculture Anaheim Residue Laboratory 169 East Liberty Avenue Anaheim, California 92801 PH: (714) 680-7901 FAX: (714) 680-7919
DOT NUMBER/CLASSIFICATION (If necessary)	
DATE SAMPLE SHIPPED	TIME

I certify that the above-listed sample is properly classified, described, packaged, marked, and labeled.
 I additionally certify that this sample analysis is necessary in connection with matters relating to my official duties.

SAMPLE COLLECTOR (Print name) <i>ATAC TULI</i>	SIGNATURE [Redacted]	DATE <i>7/2/25</i>
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J. Chain of Custody (Please sign)

RECEIVED FROM (Sample Collector)	DELIVERED TO	DATE	TIME (AM/PM)	FOR SHIPPING FOR STORAGE FOR ANALYSIS	STORAGE LOCATION
1. [Redacted]	2. [Redacted]	<i>7/2/25</i>	<i>1730</i>	<input checked="" type="checkbox"/> FOR ANALYSIS	<i>locked vehicle</i>
2. [Redacted]	3. <i>Griselda Camacho</i>	<i>7/3/25</i>	<i>10:07</i>	<input checked="" type="checkbox"/> FOR STORAGE	<i>FS-FWI, A2</i>
3. <i>FB</i>	4. <i>EMON [Redacted]</i>	<i>8/18/25</i>	<i>10:20</i>	<input type="checkbox"/> FOR STORAGE	<i>WF</i>
4. <i>WP</i>	5. <i>EMON, KP</i>	<i>08/22/25</i>	<i>09:30</i>	<input checked="" type="checkbox"/> FOR ANALYSIS	
5.	6.			<input type="checkbox"/> FOR SHIPPING <input type="checkbox"/> FOR STORAGE <input type="checkbox"/> FOR ANALYSIS	
6.	7.			<input type="checkbox"/> FOR SHIPPING <input type="checkbox"/> FOR STORAGE <input type="checkbox"/> FOR ANALYSIS	

For Laboratory Use Only (when sample sent by common carrier): I certify that upon receipt, the package containing this sample received from the common carrier was closed and sealed and there was no sign that the package was opened or otherwise tampered with prior to its delivery to or in the laboratory receiving room.

SIGNATURE _____ DATE _____

SAMPLE PRIORITIZATION:

- Priority 1:** Samples where immediate preventative or remedial action can be taken to treat exposed persons or animals or to protect people from exposure. Analysis goal for screens is 24 hours from receipt by the Laboratory. Specific analyses will take longer. Analytical results will be telephoned/faxed/e-mailed/mailed to the requester. The original analysis report will be mailed to the requester.
- Priority 2:** Samples related to other human effects episodes identified as Reportable Investigations. Analysis goal is 30 days. Specific analyses will take longer. Analytical results will be telephoned/faxed/e-mailed/mailed to the requester. The original analysis report will be mailed to the requester.
- Priority 3:** Other evidentiary samples. Analysis goal is 90 days, however, workload generated by status samples 1 and 2 may impact completion date. Specific analyses will take longer. Analytical results will be telephoned/faxed/e-mailed/mailed to the requester. The original analysis report will be mailed to the requester.

PROPER SAMPLE SIZE AND APPROVAL FOR ANALYSIS - Refer to the Evidence Collection section of the Investigation Procedures Standards Manual for proper sample sizes. You must obtain approval from your DPR Enforcement Branch Liaison or regional office prior to submitting samples for laboratory analysis.

ABBREVIATION OF TERMS:

- DET. LIMIT=Detection Limit
- DET. CODE=Detection Code
- 02=FPD, Flame Photometric Detector

- 07=GC/MS, Gas Chromatograph-Mass Spec. Single Quadrupole
- 35=GCMS/MS, Gas Chromatograph-Tandem Mass Spec.
- 52=LCMS/MS, Liquid Chromatograph-Tandem Mass Spec.

- EXT. CODE=Extraction Code
- 805=QuEChERS Approach
- 998=Single Analyte Extraction Method

DIAL 9-1-1 IN CASE OF ANY EMERGENCY

Important: 1. Use only one analysis report form per sample. 2. Complete chain of custody record on reverse. 3. Use black or blue ink--print legibly. 4. Original will be returned to the Analysis Requester.	For Laboratory Use Only LABORATORY CONDUCTING ANALYSIS: <input type="checkbox"/> ANAHEIM <input checked="" type="checkbox"/> SACRAMENTO	LABORATORY NUMBER (Laboratory Use Only) <h2 style="margin: 0;">R25C00200</h2>
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A. Sample Analysis Requester

AGENCY NAME (Complete name) <u>Lassen CAC</u>	TELEPHONE NUMBER (Include Area Code) <u>(530) 751-8110</u>	FAX NUMBER (Include Area Code)
ADDRESS (Number and Street, City, State, ZIP Code) <u>175 Russel Ave, Susanville CA 96130</u>		E-MAIL ADDRESS (if results to be e-mailed) <u>agcommissioner@co.lassen.ca.gov</u>

B. Sample Source

PROPERTY OPERATOR / COMPLAINANT NAME <u>George Jacobsen</u>	OPERATOR IDENTIFICATION/PERMIT NUMBER <u>NA</u>	TELEPHONE NUMBER (Include Area Code) <u>NA</u>
ADDRESS (Number and Street, City, State, ZIP Code) <u>NA</u>		
SECTION, TOWNSHIP, RANGE <u>29N 11E SEC 35</u>	SITE IDENTIFICATION NUMBER <u>NA</u>	
SAMPLE LOCATION (Address or Description)	COUNTY <u>Lassen</u>	

C. Sample Information

SAMPLE CONSISTS OF: <u>Soil</u>	COMMODITY/ACRES (if applicable) <u>NA</u>	SAMPLE IDENTIFICATION NUMBER <u>0702B0-06</u>
<input type="checkbox"/> STRUCTURAL-RELATED		
SAMPLE PRIORITY (Priority descriptions on reverse side of this form) <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input checked="" type="checkbox"/> #3		
BASIS FOR SAMPLE (Check one box only) <input type="checkbox"/> HEALTH HAZARD <input type="checkbox"/> ANIMAL ILLNESS/BEE LOSS <input type="checkbox"/> PLANT SYMPTOMS <input checked="" type="checkbox"/> ENVIRONMENTAL EFFECTS		
CONTROL SAMPLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO COMPOSITE SAMPLE <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
SURFACE/SWAB <input type="checkbox"/> YES <input type="checkbox"/> NO IF SURFACE/SWAB, INDICATE TOTAL SURFACE AREA: _____ SOLVENT USED: _____		
DISLODGEABLE <input type="checkbox"/> YES <input type="checkbox"/> NO IF DISLODGEABLE, INDICATE PUNCH SIZE/ # OF LEAF PUNCHES: _____		

DESCRIPTION OF PROBLEM (Include DPR Tracking Number, if available)
Potential drift

SAMPLE COLLECTOR (Print name) <u>Atac Tuli</u>	SIGNATURE 	DATE SAMPLED <u>7/12/25</u>
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D1. Sample Discard Instructions DISCARD DATE, IF DIFFERENT _____
 Sample to be discarded 3 months after completion of analysis, unless instructed otherwise by the Requester.

D2. Sample Condition Upon Receipt (Laboratory Use Only)

SAMPLE CONDITION ACCEPTABLE: IF UNACCEPTABLE, LIST REASON(S)
 YES NO

E. Laboratory Determination - Results relate only to the sample tested

ANALYSIS REQUESTED: <input checked="" type="checkbox"/> SPECIFIC PESTICIDE(S) (Specify below) <input type="checkbox"/> PESTICIDE SCREENS	PESTICIDE DETECTED	AMOUNT	UNIT	DET. LIMIT	EXT. CODE	DET. CODE/ ANALYST
<u>Hexazinone</u>	<u>Hexazinone</u>	<u>2.15</u>	<u>ppb</u>	<u>0.100</u>	<u>999</u>	<u>52/KP</u>
ANALYST 	DATE ANALYSIS COMPLETED <u>09/29/25</u>	REVIEWED BY <u>9/29/25</u>				

RESULTS FORWARDED TO _____ BY _____ VIA (Check one): E-MAIL FACSIMILE

DATE _____ TIME _____

INVESTIGATIVE SAMPLE ANALYSIS REPORT--CUSTODY RECORD

DPR-ENF-030 (Rev. 01/25)

Page 2 of 2

EMON# 2025-0459

F. Sample Information

SAMPLE COLLECTOR (Print name) <i>Atac Tuli</i>	SAMPLE IDENTIFICATION NUMBER <i>0702BO-06</i>	LABORATORY NUMBER R25C00200
---	--	---------------------------------------

G. Preservation Method During Transport

Ice
 Dry Ice
 "Blue" Ice
 Cooler
 Cool Dry Container
 None
 Other

H. Primary Sample Container Description

Paper bag
 Plastic Bag
 Glass Jar
 Plastic Jar
 Amber Jar
 Other

I. Transport Information

NAME AND LOCATION OF COMMON CARRIER (If used)	REGIONAL OFFICE CONTACTED <input type="checkbox"/> Rancho Cordova (NRO) (916) 603-7700 <input type="checkbox"/> Clovis (CRO) (559) 297-3511 <input type="checkbox"/> Anaheim (SRO) (714) 279-7690
SHIPPING INVOICE NUMBER	DESTINATION <input type="checkbox"/> CA Dept. of Food and Agriculture Sacramento Residue Laboratory 3292 Meadowview Road Sacramento, California 95832 PH: (916) 262-1434 FAX: (916) 228-6876
DOT NUMBER/CLASSIFICATION (If necessary)	<input type="checkbox"/> CA Dept. of Food and Agriculture Anaheim Residue Laboratory 169 East Liberty Avenue Anaheim, California 92801 PH: (714) 680-7901 FAX: (714) 680-7919
DATE SAMPLE SHIPPED	TIME

I certify that the above-listed sample is properly classified, described, packaged, marked, and labeled. I additionally certify that this sample analysis is necessary in connection with matters relating to my official duties.

SAMPLE COLLECTOR (Print name) <i>Atac Tuli</i>	SIGNATURE [Redacted]	DATE <i>7/2/25</i>
---	-------------------------	-----------------------

J. Chain of Custody (Please sign)

RECEIVED FROM (Sample Collector)	DELIVERED TO	DATE	TIME (AM/PM)	FOR SHIPPING FOR STORAGE FOR ANALYSIS	STORAGE LOCATION
1. [Redacted]	2. [Redacted]	<i>7/2/25</i>	<i>1730</i>	<input checked="" type="checkbox"/> FOR ANALYSIS	<i>locked vehicle</i>
2. [Redacted]	3. <i>Griselda Camacho</i>	<i>7/3/25</i>	<i>10:07</i>	<input checked="" type="checkbox"/> FOR STORAGE	<i>FS-PWT, A2</i>
3. <i>FS</i>	4. <i>EMON</i> [Redacted]	<i>8/18/25</i>	<i>10:20</i>	<input type="checkbox"/> FOR STORAGE	<i>WF</i>
4. <i>WF</i>	5. <i>EMON, KP</i>	<i>08/22/25</i>	<i>9:30</i>	<input checked="" type="checkbox"/> FOR ANALYSIS	
5.	6.			<input type="checkbox"/> FOR SHIPPING <input type="checkbox"/> FOR STORAGE <input type="checkbox"/> FOR ANALYSIS	
6.	7.			<input type="checkbox"/> FOR SHIPPING <input type="checkbox"/> FOR STORAGE <input type="checkbox"/> FOR ANALYSIS	

For Laboratory Use Only (when sample sent by common carrier): I certify that upon receipt, the package containing this sample received from the common carrier was closed and sealed and there was no sign that the package was opened or otherwise tampered with prior to its delivery to or in the laboratory receiving room.

SIGNATURE _____ DATE _____

SAMPLE PRIORITIZATION:

Priority 1: Samples where immediate preventative or remedial action can be taken to treat exposed persons or animals or to protect people from exposure. Analysis goal for screens is 24 hours from receipt by the Laboratory. Specific analyses will take longer. Analytical results will be telephoned/faxed/e-mailed/mailed to the requester. The original analysis report will be mailed to the requester.

Priority 2: Samples related to other human effects episodes identified as Reportable Investigations. Analysis goal is 30 days. Specific analyses will take longer. Analytical results will be telephoned/faxed/e-mailed/mailed to the requester. The original analysis report will be mailed to the requester.

Priority 3: Other evidentiary samples. Analysis goal is 90 days, however, workload generated by status samples 1 and 2 may impact completion date. Specific analyses will take longer. Analytical results will be telephoned/faxed/e-mailed/mailed to the requester. The original analysis report will be mailed to the requester.

PROPER SAMPLE SIZE AND APPROVAL FOR ANALYSIS - Refer to the Evidence Collection section of the Investigation Procedures Standards Manual for proper sample sizes. You must obtain approval from your DPR Enforcement Branch Liaison or regional office prior to submitting samples for laboratory analysis.

ABBREVIATION OF TERMS:

DET. LIMIT=Detection Limit
 DET. CODE=Detection Code
 02=FPD, Flame Photometric Detector

07=GC/MS, Gas Chromatograph-Mass Spec. Single Quadrupole
 35=GCMS/MS, Gas Chromatograph-Tandem Mass Spec.
 52=LCMS/MS, Liquid Chromatograph-Tandem Mass Spec.

EXT. CODE=Extraction Code
 805=QuEChERS Approach
 998=Single Analyte Extraction Method

DIAL 9-1-1 IN CASE OF ANY EMERGENCY

Important:
 1. Use only one analysis report form per sample.
 2. Complete chain of custody record on reverse.
 3. Use black or blue ink--print legibly.
 4. Original will be returned to the Analysis Requester.

For Laboratory Use Only
 LABORATORY CONDUCTING ANALYSIS:
 ANAHEIM
 SACRAMENTO

LABORATORY NUMBER (Laboratory Use Only)
R25C00201

A. Sample Analysis Requester

AGENCY NAME (Complete name) Lassen CAE TELEPHONE NUMBER (Include Area Code) (530) 251-8110 FAX NUMBER (Include Area Code)
 ADDRESS (Number and Street, City, State, ZIP Code) 175 Russel Ave., Susanville, CA 96130 E-MAIL ADDRESS (If results to be e-mailed) agecommissioner@co.lassen.ca.gov

B. Sample Source

PROPERTY OPERATOR / COMPLAINANT NAME George Jacobsen OPERATOR IDENTIFICATION/PERMIT NUMBER NA TELEPHONE NUMBER (Include Area Code) NA
 ADDRESS (Number and Street, City, State, ZIP Code) NA

SECTION, TOWNSHIP, RANGE 29N 11E Sec. 35 SITE IDENTIFICATION NUMBER NA
 SAMPLE LOCATION (Address or Description) COUNTY Lassen

C. Sample Information

SAMPLE CONSISTS OF: Soil COMMODITY/ACRES (If applicable) NA SAMPLE IDENTIFICATION NUMBER 0702B0-0707
 STRUCTURAL-RELATED

SAMPLE PRIORITY (Priority descriptions on reverse side of this form) #1 #2 #3 BASIS FOR SAMPLE (Check one box only)
 HEALTH HAZARD ANIMAL ILLNESS/BEE LOSS PLANT SYMPTOMS ENVIRONMENTAL EFFECTS
 CONTROL SAMPLE YES NO COMPOSITE SAMPLE YES NO
 SURFACE/SWAB YES NO IF SURFACE/SWAB, INDICATE TOTAL SURFACE AREA: SOLVENT USED:
 DISLodgeABLE YES NO IF DISLodgeABLE, INDICATE PUNCH SIZE/ # OF LEAF PUNCHES:

DESCRIPTION OF PROBLEM (Include DPR Tracking Number, if available) Potential drift
 SAMPLE COLLECTOR (Print name) Atoc Tuli SIGNATURE [Redacted] DATE SAMPLED 7/2/25

D1. Sample Discard Instructions DISCARD DATE, IF DIFFERENT
 Sample to be discarded 3 months after completion of analysis, unless instructed otherwise by the Requester.

D2. Sample Condition Upon Receipt (Laboratory Use Only)
 SAMPLE CONDITION ACCEPTABLE: IF UNACCEPTABLE, LIST REASON(S)
 YES NO

E. Laboratory Determination - Results relate only to the sample tested

ANALYSIS REQUESTED: <input checked="" type="checkbox"/> SPECIFIC PESTICIDE(S) (Specify below) <input type="checkbox"/> PESTICIDE SCREENS	PESTICIDE DETECTED	AMOUNT	UNIT	DET. LIMIT	EXT. CODE	DET. CODE/ ANALYST
<u>Hexazinone</u>	<u>Hexazinone</u>	<u>9.81</u>	<u>ppb</u>	<u>0.100</u>	<u>999</u>	<u>52/KP</u>

ANALYST [Redacted] DATE ANALYSIS COMPLETED 09/29/25 REVIEWED BY [Redacted] 9/29/25

RESULTS FORWARDED TO _____ BY _____ VIA (Check one): E-MAIL FACSIMILE

DATE _____ TIME _____ (Over)

INVESTIGATIVE SAMPLE ANALYSIS REPORT--CUSTODY RECORD

DPR-ENF-030 (Rev. 01/25)

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EMON# 2025-0460

F. Sample Information

SAMPLE COLLECTOR (Print name) <i>Atac Tubi</i>	SAMPLE IDENTIFICATION NUMBER <i>0702B0-07</i>	LABORATORY NUMBER R25C00201
---	--	---------------------------------------

G. Preservation Method During Transport

Ice
 Dry Ice
 "Blue" Ice
 Cooler
 Cool Dry Container
 None
 Other _____

H. Primary Sample Container Description

Paper bag
 Plastic Bag
 Glass Jar
 Plastic Jar
 Amber Jar
 Other _____

I. Transport Information

NAME AND LOCATION OF COMMON CARRIER (if used)	REGIONAL OFFICE CONTACTED <input type="checkbox"/> Rancho Cordova (NRO) (916) 603-7700 <input type="checkbox"/> Clovis (CRO) (559) 297-3511 <input type="checkbox"/> Anaheim (SRO) (714) 279-7690
SHIPPING INVOICE NUMBER	DESTINATION <input type="checkbox"/> CA Dept. of Food and Agriculture Sacramento Residue Laboratory 3292 Meadowview Road Sacramento, California 95832 PH: (916) 262-1434 FAX: (916) 228-6876 <input type="checkbox"/> CA Dept. of Food and Agriculture Anaheim Residue Laboratory 169 East Liberty Avenue Anaheim, California 92801 PH: (714) 680-7901 FAX: (714) 680-7919
DOT NUMBER/CLASSIFICATION (if necessary)	
DATE SAMPLE SHIPPED	TIME

I certify that the above-listed sample is properly classified, described, packaged, marked, and labeled.
 I additionally certify that this sample analysis is necessary in connection with matters relating to my official duties.

SAMPLE COLLECTOR (Print name) <i>Atac Tubi</i>	SIGNATURE [Redacted]	DATE <i>7/2/25</i>
---	-------------------------	-----------------------

J. Chain of Custody (Please sign)

RECEIVED FROM (Sample Collector)	DELIVERED TO	DATE	TIME (AM/PM)	FOR SHIPPING FOR STORAGE FOR ANALYSIS	STORAGE LOCATION
1. [Redacted]	2. [Redacted]	<i>7/2/25</i>	<i>1730</i>	<input type="checkbox"/> FOR SHIPPING <input type="checkbox"/> FOR STORAGE <input checked="" type="checkbox"/> FOR ANALYSIS	<i>locked vehicle</i>
RECEIVED FROM	DELIVERED TO	DATE	TIME (AM/PM)	FOR SHIPPING FOR STORAGE FOR ANALYSIS	STORAGE LOCATION
2. [Redacted]	3. <i>Griselida Camacho</i>	<i>7/3/25</i>	<i>10:07</i>	<input type="checkbox"/> FOR SHIPPING <input checked="" type="checkbox"/> FOR STORAGE <input type="checkbox"/> FOR ANALYSIS	<i>FS-FWI, A2</i>
RECEIVED FROM	DELIVERED TO	DATE	TIME (AM/PM)	FOR SHIPPING FOR STORAGE FOR ANALYSIS	STORAGE LOCATION
3. <i>FS</i>	4. <i>EMON</i>	<i>8/8/25</i>	<i>10:20</i>	<input type="checkbox"/> FOR SHIPPING <input type="checkbox"/> FOR STORAGE <input type="checkbox"/> FOR ANALYSIS	<i>WF</i>
RECEIVED FROM	DELIVERED TO	DATE	TIME (AM/PM)	FOR SHIPPING FOR STORAGE FOR ANALYSIS	STORAGE LOCATION
4. <i>WF</i>	5. <i>EMON, KP</i>	<i>08/2/25</i>	<i>9:30</i>	<input type="checkbox"/> FOR SHIPPING <input type="checkbox"/> FOR STORAGE <input checked="" type="checkbox"/> FOR ANALYSIS	
RECEIVED FROM	DELIVERED TO	DATE	TIME (AM/PM)	FOR SHIPPING FOR STORAGE FOR ANALYSIS	STORAGE LOCATION
5.	6.			<input type="checkbox"/> FOR SHIPPING <input type="checkbox"/> FOR STORAGE <input type="checkbox"/> FOR ANALYSIS	
RECEIVED FROM	DELIVERED TO	DATE	TIME (AM/PM)	FOR SHIPPING FOR STORAGE FOR ANALYSIS	STORAGE LOCATION
6.	7.			<input type="checkbox"/> FOR SHIPPING <input type="checkbox"/> FOR STORAGE <input type="checkbox"/> FOR ANALYSIS	

For Laboratory Use Only (when sample sent by common carrier): I certify that upon receipt, the package containing this sample received from the common carrier was closed and sealed and there was no sign that the package was opened or otherwise tampered with prior to its delivery to or in the laboratory receiving room.

SIGNATURE _____ DATE _____

SAMPLE PRIORITIZATION:

- Priority 1:** Samples where immediate preventative or remedial action can be taken to treat exposed persons or animals or to protect people from exposure. Analysis goal for screens is 24 hours from receipt by the Laboratory. Specific analyses will take longer. Analytical results will be telephoned/faxed/e-mailed/mailed to the requester. The original analysis report will be mailed to the requester.
- Priority 2:** Samples related to other human effects episodes identified as Reportable Investigations. Analysis goal is 30 days. Specific analyses will take longer. Analytical results will be telephoned/faxed/e-mailed/mailed to the requester. The original analysis report will be mailed to the requester.
- Priority 3:** Other evidentiary samples. Analysis goal is 90 days, however, workload generated by status samples 1 and 2 may impact completion date. Specific analyses will take longer. Analytical results will be telephoned/faxed/e-mailed/mailed to the requester. The original analysis report will be mailed to the requester.

PROPER SAMPLE SIZE AND APPROVAL FOR ANALYSIS - Refer to the Evidence Collection section of the Investigation Procedures Standards Manual for proper sample sizes. You must obtain approval from your DPR Enforcement Branch Liaison or regional office prior to submitting samples for laboratory analysis.

ABBREVIATION OF TERMS:

- DET. LIMIT=Detection Limit
- DET. CODE=Detection Code
- 02=FPD, Flame Photometric Detector

- 07=GC/MS, Gas Chromatograph-Mass Spec. Single Quadrupole
- 35=GCMS/MS, Gas Chromatograph-Tandem Mass Spec.
- 52=LCMS/MS, Liquid Chromatograph-Tandem Mass Spec.

- EXT. CODE=Extraction Code
- 805=QuEChERS Approach
- 998=Single Analyte Extraction Method

DIAL 9-1-1 IN CASE OF ANY EMERGENCY

Important: 1. Use only one analysis report form per sample. 2. Complete chain of custody record on reverse. 3. Use black or blue ink--print legibly. 4. Original will be returned to the Analysis Requester.	For Laboratory Use Only LABORATORY CONDUCTING ANALYSIS: <input type="checkbox"/> ANAHEIM <input checked="" type="checkbox"/> SACRAMENTO	LABORATORY NUMBER (Laboratory Use Only) <h1 style="margin: 0;">R25C00202</h1>
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A. Sample Analysis Requester

AGENCY NAME (Complete name) Lassen CAC	TELEPHONE NUMBER (Include Area Code) (530) 251-8110	FAX NUMBER (Include Area Code)
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ADDRESS (Number and Street, City, State, ZIP Code) 175 Russel Ave., Susanville CA 96130	E-MAIL ADDRESS (If results to be e-mailed) agcommissioner@
---	--

B. Sample Source

PROPERTY OPERATOR / COMPLAINANT NAME George Jacobsen	OPERATOR IDENTIFICATION/PERMIT NUMBER NA	TELEPHONE NUMBER (Include Area Code) NA
--	--	---

ADDRESS (Number and Street, City, State, ZIP Code) NA	SITE IDENTIFICATION NUMBER NA
---	---

SECTION, TOWNSHIP, RANGE 29 N 11E Sec. 35	COUNTY Lassen
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C. Sample Information

SAMPLE CONSISTS OF: Sediment	COMMODITY/ACRES (if applicable) NA	SAMPLE IDENTIFICATION NUMBER 0702B0-08
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SAMPLE PRIORITY (Priority descriptions on reverse side of this form) <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input checked="" type="checkbox"/> #3	BASIS FOR SAMPLE (Check one box only) <input type="checkbox"/> HEALTH HAZARD <input type="checkbox"/> ANIMAL ILLNESS/BEE LOSS <input type="checkbox"/> PLANT SYMPTOMS <input checked="" type="checkbox"/> ENVIRONMENTAL EFFECTS
CONTROL SAMPLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO COMPOSITE SAMPLE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SURFACE/SWAB <input type="checkbox"/> YES <input type="checkbox"/> NO IF SURFACE/SWAB, INDICATE TOTAL SURFACE AREA: _____ SOLVENT USED: _____
DISLODGEABLE <input type="checkbox"/> YES <input type="checkbox"/> NO IF DISLODGEABLE, INDICATE PUNCH SIZE/ # OF LEAF PUNCHES: _____	

DESCRIPTION OF PROBLEM (Include DPR Tracking Number, if available) Potential Drift
--

SAMPLE COLLECTOR (Print name) Kari McClanahan	SIGNATURE 	DATE SAMPLED 7/2/2025
---	---------------	---------------------------------

D1. Sample Discard Instructions
 Sample to be discarded 3 months after completion of analysis, unless instructed otherwise by the Requester.

D2. Sample Condition Upon Receipt (Laboratory Use Only)
 SAMPLE CONDITION ACCEPTABLE: IF UNACCEPTABLE, LIST REASON(S)
 YES NO

E. Laboratory Determination - Results relate only to the sample tested

ANALYSIS REQUESTED: <input checked="" type="checkbox"/> SPECIFIC PESTICIDE(S) (Specify below) <input type="checkbox"/> PESTICIDE SCREENS	PESTICIDE DETECTED	AMOUNT	UNIT	DET. LIMIT	EXT. CODE	DET. CODE/ ANALYST
Hexazinone	Hexazinone	19.4	ppb	0.100	999	52/KP
ANALYST 	DATE ANALYSIS COMPLETED 07/29/25	REVIEWED BY 				

RESULTS FORWARDED TO _____ BY _____ VIA (Check one): E-MAIL FACSIMILE

DATE _____ TIME _____ (Over)

INVESTIGATIVE SAMPLE ANALYSIS REPORT--CUSTODY RECORD

DPR-ENF-030 (Rev. 01/25)

Page 2 of 2

EMON# 2025-0461

F. Sample Information

SAMPLE COLLECTOR (Print name) <i>Kari McClanahan</i>	SAMPLE IDENTIFICATION NUMBER <i>0702B0-08</i>	LABORATORY NUMBER R25C00202
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G. Preservation Method During Transport

Ice
 Dry Ice
 "Blue" Ice
 Cooler
 Cool Dry Container
 None
 Other _____

H. Primary Sample Container Description

Paper bag
 Plastic Bag
 Glass Jar
 Plastic Jar
 Amber Jar
 Other _____

I. Transport Information

NAME AND LOCATION OF COMMON CARRIER (If used)		REGIONAL OFFICE CONTACTED	
SHIPPING INVOICE NUMBER		DESTINATION	
DOT NUMBER/CLASSIFICATION (If necessary)		<input type="checkbox"/> Rancho Cordova (NRO) (916) 603-7700 <input type="checkbox"/> Clovis (CRO) (559) 297-3511 <input type="checkbox"/> Anaheim (SRO) (714) 279-7690	
DATE SAMPLE SHIPPED	TIME	<input type="checkbox"/> CA Dept. of Food and Agriculture Sacramento Residue Laboratory 3292 Meadowview Road Sacramento, California 95832 PH: (916) 262-1434 FAX: (916) 228-6876	<input type="checkbox"/> CA Dept. of Food and Agriculture Anaheim Residue Laboratory 169 East Liberty Avenue Anaheim, California 92801 PH: (714) 680-7901 FAX: (714) 680-7919

I certify that the above-listed sample is properly classified, described, packaged, marked, and labeled.
I additionally certify that this sample analysis is necessary in connection with matters relating to my official duties.

SAMPLE COLLECTOR (Print name) <i>Kari McClanahan</i>	SIGNATURE [Redacted]	DATE <i>7/2/2025</i>
---	-------------------------	-------------------------

J. Chain of Custody (Please sign)

RECEIVED FROM (Sample Collector)	DELIVERED TO	DATE	TIME (AM/PM)	FOR SHIPPING FOR STORAGE FOR ANALYSIS	STORAGE LOCATION
1. [Redacted]	2. [Redacted]	<i>7/2/25</i>	<i>1730</i>	<input checked="" type="checkbox"/> FOR ANALYSIS	<i>locked vehicle</i>
2. [Redacted]	3. <i>Griselda Camacho</i>	<i>7/3/25</i>	<i>10:07</i>	<input checked="" type="checkbox"/> FOR STORAGE <input checked="" type="checkbox"/> FOR ANALYSIS	<i>FS-FWI, A2</i>
3. <i>FS</i>	4. <i>EMON</i> [Redacted]	<i>8/8/25</i>	<i>10:20</i>	<input type="checkbox"/> FOR SHIPPING <input type="checkbox"/> FOR STORAGE <input type="checkbox"/> FOR ANALYSIS	<i>WF</i>
4. <i>WP</i>	5. <i>EMON, KP</i>	<i>08/22/25</i>	<i>9:30</i>	<input type="checkbox"/> FOR SHIPPING <input type="checkbox"/> FOR STORAGE <input checked="" type="checkbox"/> FOR ANALYSIS	
5.	6.			<input type="checkbox"/> FOR SHIPPING <input type="checkbox"/> FOR STORAGE <input type="checkbox"/> FOR ANALYSIS	
6.	7.			<input type="checkbox"/> FOR SHIPPING <input type="checkbox"/> FOR STORAGE <input type="checkbox"/> FOR ANALYSIS	

For Laboratory Use Only (when sample sent by common carrier): I certify that upon receipt, the package containing this sample received from the common carrier was closed and sealed and there was no sign that the package was opened or otherwise tampered with prior to its delivery to or in the laboratory receiving room.

SIGNATURE _____ DATE _____

SAMPLE PRIORITIZATION:

Priority 1: Samples where immediate preventative or remedial action can be taken to treat exposed persons or animals or to protect people from exposure. Analysis goal for screens is 24 hours from receipt by the Laboratory. Specific analyses will take longer. Analytical results will be telephoned/faxed/e-mailed/mailed to the requester. The original analysis report will be mailed to the requester.

Priority 2: Samples related to other human effects episodes identified as Reportable Investigations. Analysis goal is 30 days. Specific analyses will take longer. Analytical results will be telephoned/faxed/e-mailed/mailed to the requester. The original analysis report will be mailed to the requester.

Priority 3: Other evidentiary samples. Analysis goal is 90 days, however, workload generated by status samples 1 and 2 may impact completion date. Specific analyses will take longer. Analytical results will be telephoned/faxed/e-mailed/mailed to the requester. The original analysis report will be mailed to the requester.

PROPER SAMPLE SIZE AND APPROVAL FOR ANALYSIS - Refer to the Evidence Collection section of the Investigation Procedures Standards Manual for proper sample sizes. You must obtain approval from your DPR Enforcement Branch Liaison or regional office prior to submitting samples for laboratory analysis.

ABBREVIATION OF TERMS:

DET. LIMIT=Detection Limit
DET. CODE=Detection Code
02=FPD, Flame Photometric Detector

07=GC/MS, Gas Chromatograph-Mass Spec. Single Quadrupole
35=GCMS/MS, Gas Chromatograph-Tandem Mass Spec.
52=LCMS/MS, Liquid Chromatograph-Tandem Mass Spec.

EXT. CODE=Extraction Code
805=QuEChERS Approach
998=Single Analyte Extraction Method

DIAL 9-1-1 IN CASE OF ANY EMERGENCY

Important: 1. Use only one analysis report form per sample. 2. Complete chain of custody record on reverse. 3. Use black or blue ink--print legibly. 4. Original will be returned to the Analysis Requester.	For Laboratory Use Only LABORATORY CONDUCTING ANALYSIS: <input type="checkbox"/> ANAHEIM <input checked="" type="checkbox"/> SACRAMENTO	LABORATORY NUMBER (Laboratory Use Only) <h1 style="margin:0;">R25C00203</h1>
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A. Sample Analysis Requester

AGENCY NAME (Complete name) <u>Lassen CAC</u>	TELEPHONE NUMBER (Include Area Code) <u>(530)251-8118</u>	FAX NUMBER (Include Area Code)
ADDRESS (Number and Street, City, State, ZIP Code) <u>175 Russel Ave Susanville CA 96130</u>		E-MAIL ADDRESS (If results to be e-mailed) <u>agcommissioner@co.lassen.ca.gov</u>

B. Sample Source

PROPERTY OPERATOR / COMPLAINANT NAME <u>George Jacobsen</u>	OPERATOR IDENTIFICATION/PERMIT NUMBER <u>NA</u>	TELEPHONE NUMBER (Include Area Code) <u>NA</u>
ADDRESS (Number and Street, City, State, ZIP Code) <u>NA</u>		

SECTION, TOWNSHIP, RANGE <u>29 N 11E Sec. 35</u>	SITE IDENTIFICATION NUMBER <u>NA</u>
SAMPLE LOCATION (Address or Description) 	COUNTY <u>Lassen</u>

C. Sample Information

SAMPLE CONSISTS OF: <u>Water</u>	COMMODITY/ACRES (If applicable) <u>NA</u>	SAMPLE IDENTIFICATION NUMBER <u>0702B0-09</u>
		<input type="checkbox"/> STRUCTURAL-RELATED

SAMPLE PRIORITY (Priority descriptions on reverse side of this form) <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input checked="" type="checkbox"/> #3	BASIS FOR SAMPLE (Check one box only) <input type="checkbox"/> HEALTH HAZARD <input type="checkbox"/> ANIMAL ILLNESS/BEE LOSS <input type="checkbox"/> PLANT SYMPTOMS <input checked="" type="checkbox"/> ENVIRONMENTAL EFFECTS
CONTROL SAMPLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	COMPOSITE SAMPLE <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO <u>FAP</u>
SURFACE/SWAB <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SURFACE/SWAB, INDICATE TOTAL SURFACE AREA: _____ SOLVENT USED: _____
DISLODGEABLE <input type="checkbox"/> YES <input type="checkbox"/> NO	IF DISLODGEABLE, INDICATE PUNCH SIZE/ # OF LEAF PUNCHES: _____

DESCRIPTION OF PROBLEM (Include DPR Tracking Number, if available)
Potential Drift

SAMPLE COLLECTOR (Print name) <u>Kari McClanahan</u>	SIGNATURE 	DATE SAMPLED <u>07/02/25</u>
---	---------------	---------------------------------

D1. Sample Discard Instructions DISCARD DATE, IF DIFFERENT _____
 Sample to be discarded 3 months after completion of analysis, unless instructed otherwise by the Requester.

D2. Sample Condition Upon Receipt (Laboratory Use Only)
 SAMPLE CONDITION ACCEPTABLE: IF UNACCEPTABLE, LIST REASON(S)
 YES NO

E. Laboratory Determination - Results relate only to the sample tested

ANALYSIS REQUESTED: <input checked="" type="checkbox"/> SPECIFIC PESTICIDE(S) (Specify below) <input type="checkbox"/> PESTICIDE SCREENS	PESTICIDE DETECTED	AMOUNT	UNIT	DET. LIMIT	EXT. CODE	DET. CODE/ ANALYST
<u>Hexazinone</u>	<u>Hexazinone</u>	<u>1.60</u>	<u>ppb</u>	<u>0.0100</u>	<u>999</u>	<u>52/KP</u>

ANALYST 	DATE ANALYSIS COMPLETED <u>07/29/25</u>	REVIEWED BY
-------------	--	-----------------

RESULTS FORWARDED TO _____ BY _____ VIA (Check one): E-MAIL FACSIMILE

INVESTIGATIVE SAMPLE ANALYSIS REPORT--CUSTODY RECORD

DPR-ENF-030 (Rev. 01/25)

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EMON# 2025-0462

F. Sample Information

SAMPLE COLLECTOR (Print name) <i>Kari McClanahan</i>	SAMPLE IDENTIFICATION NUMBER <i>0702B0-09</i>	LABORATORY NUMBER (i) R25C00203
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G. Preservation Method During Transport

Ice
 Dry Ice
 "Blue" Ice
 Cooler
 Cool Dry Container
 None
 Other _____

H. Primary Sample Container Description

Paper bag
 Plastic Bag
 Glass Jar
 Plastic Jar
 Amber Jar
 Other _____

I. Transport Information

NAME AND LOCATION OF COMMON CARRIER (If used)		REGIONAL OFFICE CONTACTED	
SHIPPING INVOICE NUMBER		<input type="checkbox"/> Rancho Cordova (NRO) (916) 603-7700 <input type="checkbox"/> Clovis (CRO) (559) 297-3511 <input type="checkbox"/> Anaheim (SRO) (714) 279-7690	
DOT NUMBER/CLASSIFICATION (If necessary)		DESTINATION	
DATE SAMPLE SHIPPED		<input type="checkbox"/> CA Dept. of Food and Agriculture Sacramento Residue Laboratory 3292 Meadowview Road Sacramento, California 95832 PH: (916) 262-1434 FAX: (916) 228-6876	<input type="checkbox"/> CA Dept. of Food and Agriculture Anaheim Residue Laboratory 169 East Liberty Avenue Anaheim, California 92801 PH: (714) 680-7901 FAX: (714) 680-7919

I certify that the above-listed sample is properly classified, described, packaged, marked, and labeled. I additionally certify that this sample analysis is necessary in connection with matters relating to my official duties.

SAMPLE COLLECTOR (Print name) <i>Kari McC</i>	SIGNATURE	DATE
--	-----------	------

J. Chain of Custody (Please sign)

RECEIVED FROM (Sample Collector)	DELIVERED TO	DATE	TIME (AM/PM)	FOR SHIPPING	FOR STORAGE	FOR ANALYSIS	STORAGE LOCATION
1. <i>Kari McClanahan</i>	2. [Redacted]	<i>7/2/25</i>	<i>1730</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Locked Vehicle</i>
2. [Redacted]	3. <i>Grizelda Camacho</i>	<i>7/3/25</i>	<i>10:01</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>FS - RWI, L3</i>
3. <i>FS</i>	4. <i>EMON</i> [Redacted]	<i>8/18/25</i>	<i>10:20</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>WR</i>
4. <i>WR</i>	5. <i>EMON, KP</i>	<i>08/16/25</i>	<i>9:30</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5.	6.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	7.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

For Laboratory Use Only (when sample sent by common carrier): I certify that upon receipt, the package containing this sample received from the common carrier was closed and sealed and there was no sign that the package was opened or otherwise tampered with prior to its delivery to or in the laboratory receiving room.

SIGNATURE _____ DATE _____

SAMPLE PRIORITIZATION:

- Priority 1:** Samples where immediate preventative or remedial action can be taken to treat exposed persons or animals or to protect people from exposure. Analysis goal for screens is 24 hours from receipt by the Laboratory. Specific analyses will take longer. Analytical results will be telephoned/faxed/e-mailed/mailed to the requester. The original analysis report will be mailed to the requester.
- Priority 2:** Samples related to other human effects episodes identified as Reportable Investigations. Analysis goal is 30 days. Specific analyses will take longer. Analytical results will be telephoned/faxed/e-mailed/mailed to the requester. The original analysis report will be mailed to the requester.
- Priority 3:** Other evidentiary samples. Analysis goal is 90 days, however, workload generated by status samples 1 and 2 may impact completion date. Specific analyses will take longer. Analytical results will be telephoned/faxed/e-mailed/mailed to the requester. The original analysis report will be mailed to the requester.

PROPER SAMPLE SIZE AND APPROVAL FOR ANALYSIS - Refer to the Evidence Collection section of the Investigation Procedures Standards Manual for proper sample sizes. You must obtain approval from your DPR Enforcement Branch Liaison or regional office prior to submitting samples for laboratory analysis.

ABBREVIATION OF TERMS:

- | | | |
|------------------------------------|--|--------------------------------------|
| DET. LIMIT=Detection Limit | 07=GC/MS, Gas Chromatograph-Mass Spec. Single Quadrupole | EXT. CODE=Extraction Code |
| DET. CODE=Detection Code | 35=GCMS/MS, Gas Chromatograph-Tandem Mass Spec. | 805=QuEChERS Approach |
| 02=FPD, Flame Photometric Detector | 52=LCMS/MS, Liquid Chromatograph-Tandem Mass Spec. | 998=Single Analyte Extraction Method |

DIAL 9-1-1 IN CASE OF ANY EMERGENCY