PURPOSE: Thank you for submitting a sample for identification. This form provides critical information for TACF to record, map, and analyze American chestnut across their native range. We appreciate your interest and participation!

## **SAMPLE INSTRUCTIONS:**

- Collect 6-12" of twig and mature leaves growing in full sun.
- Press sample flat between sheets of cardboard.
- Use a single paper towel between the sample and cardboard to cushion and absorb moisture.
- Mail pressed sample and this form in a large envelope.
- Do not wrap in plastic, as samples will mold in the mail.
- Do not ship overnight. This is not necessary as we cannot ID your sample right away.

**RESULT:** An analysis of the macro and microscopic characteristics of the leaf and twig sample will be completed by a TACF identification expert. Results will be sent to the submitter in 4-8 weeks.



**Owner of Property** 

Use TreeSnap to document tree location <a href="TreeSnap.org">TreeSnap.org</a>

# TREE LOCATOR FORM

Location	AMERICAN CHESTNUT FOUNDATION*
Street Address:	
City/Town:	
County:	
Latitude (N)	Longitude (W)
Preferred format = decimal degrees (DD.D	DDDD , -DD.DDDD)
TreeSnap ID (optional):	
Location information is cr	ucial The closer you can get us to a tree

Location information is crucial. The closer you can get us to a tree with your directions, the better. Lat/Long measurements are best.

- You may obtain location information from Google Maps maps.google.com Right click location and lat/long appears at top in decimal degrees
- If you can't obtain Lat/Long measurements, then please attach a map and/or directions to the tree from the nearest road.

Size:	Diameter (in. @ 4.5' from ground)	Height (feet)
# of Trees:	Isolated Tree? Clump of (number)	Trees
Area wit	th many sprouts/trees	
Nuts (B	urs): None Few	Many Unknown
Flowers	(Catkins): Present Abs	ent Unknown

Partial Shade

Full

Shade

Visible

Swollen Canker

Blight:	Not Visible	Visible Sunken Canker

Full Sun

Name:				
Address:				
		State:	Zip:	
Phone:	Email:			

**Tree Information** 

Surroundings:

Form	Submitted	Ву

Address:

Name:	

-14		
City:	 State:	Z.ip:

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

# WHERE TO SEND SAMPLES

## **NEW ENGLAND REGION**



Connecticut



Massachusetts / Rhode Island



Maine

Vermont / New Hampshire

## **Kendra Collins**

Director of Regional Programs, New England Science Coordinator

University of Vermont

George D. Aiken Forestry Sciences Laboratory

**USFS Northern Research Station** 

705 Spear Street

South Burlington, VT 05403

#### NORTH CENTRAL REGION



Indiana



New York



Ohio

Pennsylvania / New Jersey

#### Lake Graboski

**North Central Regional Science Coordinator** 

Pennsylvania State University 108 Modular Research A University Park, PA 16802

## MID-ATLANTIC REGION



Kentucky



Maryland



Virginia

-

West Virginia

## Samples from KY, VA, WV:

Cassie Stark
Mid-Atlantic Regional Science Coordinator

Virginia Department of Forestry Central Office 900 Natural Resources Drive, Suite 800 Charlottesville, VA 22903

### Samples from MD:

Gary P. Carver Volunteer ID Specialist

3501 Big Wood Road Ijamsville, MD 21754-9412

## SOUTHERN REGION



Alabama



Carolinas



Georgia

Tennessee

## Samples from AL, NC, SC, TN:

## Jamie Van Clief Southern Regional Science Coordinator

50 N. Merrimon Avenue, Suite 115 Asheville, NC 28804

## Samples from GA:

## Marty Cipollini Volunteer ID Specialist

Berry College, Dept. of Biology 2277 Martha Berry Highway Mount Berry, GA 30149

All other U.S. Samples: Lauren Kerwien, Laboratory Manager

Meadowview Research Farms 29010 Hawthorne Drive Meadowview, VA 24361

Revised: 5/21/24

Visit the following link for more information: tacf.org/identification

