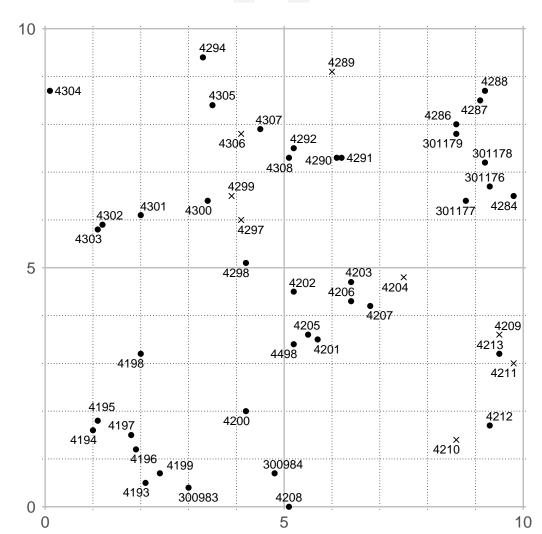
Sin. Quadrat 15-1

Checking: _____ Checked date: _____ Recording: ____ Measurement date: _____

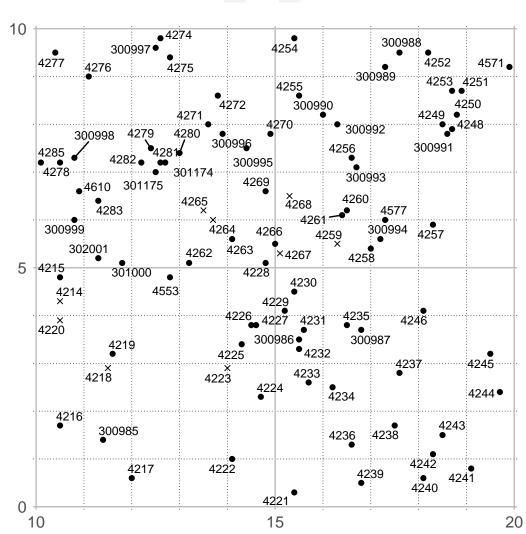
Alive × Dead



Sin. Quadrat 15–2

Checking: _____ Checked date: _____ Recording: ____ Measurement date: _____

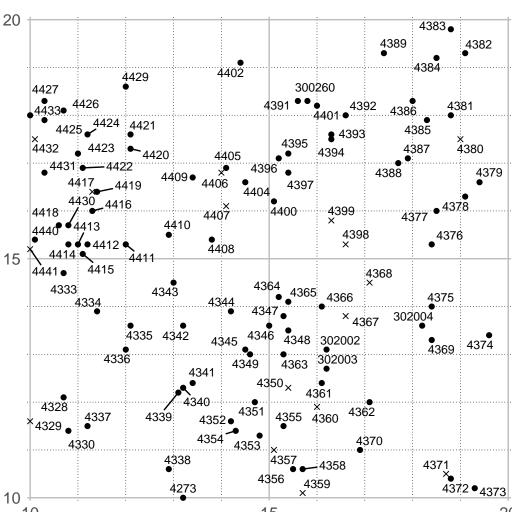
Alive × Dead



Sin. Quadrat 15-3

Checking: _____ Checked date: _____ Recording: ____ Measuring: ____ Measurement date: ____

Alive × Dead



10 15 20

Sin. Quadrat 15-4

Checking: _____ Checked date: _____ Recording: ____ Measurement date: _____

Alive × Dead

