DEP Laboratory Sample Submission Sheet

LAB USE ONLY
Date Received:

Bureau of Abandoned Mine Reclamation
Cambria Office
286 Industrial Park Road
Ebensburg, PA 15931-4119

Telephone: 814-472-1800

Program: 0015

Funding Link: 038

Reason: 01

Collector ID: 7488

Date Collected: (MM-DD-YY)

SAC: 0757

Routine Monitoring Form

Project (Name/Number)**:KCRBWMN (Kiski Conemaugh River Basin Watershed Monitoring Network)**

Seq. # (001-999)	Time: (HH:MM)	Monitoring Point ID Alias:	Point Description: *	Field Measurements: pH	D.O. (mg/l)	Cond. (umho/cm)	Flow (cfs)	Flow E/M	Lab Number
001		SCR1	Stony Above Shade @ 601 N Bridge						
002		SCR2	Stony Below Shade						
003		SCR3	Stony @ Border Dam						
004		SC2	Stony @ Seanor Dam						

Weather Conditions: Air Temperature -

Comments: Water Temperature @ 001 -

002 -

003 -

004 -

Collector Name (Please Print): _____ Signature: _____

* For non-established monitoring points, include latitude/longitude. Indicate datum and method in comments.