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:**					**Lab Number**
				pH	D.O. (mg/l)	Cond. (umho/cm)	Flow (cfs)	Flow E/M	
425		KBLVI1	Mine #3 Discharge						
426		KBLVI2	Treatment Discharge						

Weather Conditions: Air Temperature -

Comments:

Water Temperature @ 425 -

426 –

Collector Name (Please Print): _____ Signature: _____

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