

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:

0	0	1	5
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Funding Link:

0	3	8
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Reason:

0	1
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Collector ID:

7	4	8	8
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Date Collected: (MM-DD-YY)

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SAC:

0	7	5	7
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Routine Monitoring Form

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

Seq. # <small>(001-999)</small>	Time: <small>(HH:MM)</small>	Monitoring Point ID Alias:	Point Description: *	Field Measurements:					Lab Number	
				pH	D.O. <small>(mg/l)</small>	Cond. <small>(umho/cm)</small>	Flow			
							(cfs)	E/M		
4 4 2		KBLYT4	Treatment System 2B VFR							
4 3 3		KBLYT1	Treatment System 2A Influent							
4 3 4		KBLYT2	Treatment System 2A VFR							
4 3 5		KBLYT3	Treatment System 2A & 2B Effluent							

Weather Conditions:

Comments:

Collector Name (Please Print): _____

Signature: _____

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