

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
---	---	---	---

Funding Link:

0	3	8
---	---	---

Reason:

0	1
---	---

Collector ID:

7	4	8	8
---	---	---	---

Date Collected: (MM-DD-YY)

--	--	--	--	--	--

SAC:

0	7	5	7
---	---	---	---

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 3 6		KBLPH1	Penn Hills TS Mine Source						
4 3 7		KBLPH2	Penn Hills TS Effluent						
4 3 8		KBLPH3	Penn Hills TS VFH Effluent						
4 3 9		KBLPH4	Penn Hills TS VFR Effluent						
4 4 0		KBLPH5	Penn Hills TS VFR Effluent						
4 4 1		KBLPH6	Penn Hills TS Effluent						
4 5 2		KBLRICS	Richards TS Mine Source						
4 5 3		KBLRIC2A	Richards TS System 2A Effluent						
4 5 4		KBLRICE	Richards TS Effluent						

Weather Conditions:

Comments:

Collector Name (Please Print): _____

Signature: _____

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

