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
449		KBLYTC1	Treatment System 2C Influent						
450		KBLYTC2	Treatment System 2C VFR						
451		KBLYTC3	Treatment System 2C Effluent						

Weather Conditions:

Comments:

Collector Name (Please Print): _____ Signature: _____

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