

# 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):** Oven Run/Oven Run Watershed Project

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		
0 3 7		ORARAW	OR Site A Raw Discharge							
0 3 8		ORAPOND1OUT	OR Site A Outflow Pond 1							
0 3 9		ORASAPOUT	OR Site A Outflow Sap 1							
0 4 0		ORAPOND2OUT	OR Site A Outflow Pond 2							
0 4 1		ORAWWOUT	OR Site A Outflow Rock Waterway							
0 4 2		ORAOVENUP	OR Upstream of OR Site A							
0 4 3		ORAOVENDOWN	OR Downstream of OR Site A							

Weather Conditions:

Comments:

Collector Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_

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

