

SCI proficiency

## Central Laboratory Submittal Form

last revised Jan 25, 2018

Customer: NE-DIST

Requester: Jeremy M. Parrish

Field Report Prepared By:

Project ID: SCIREF

Collected By:

Sampling Agency:

|                                                                         |                                                                          |                                                                           |                                                                         |                                                                            |                                          |                                              |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------|----------------------------------------------|
| Location<br><i>Orange Creek 50m abv Hwy 21</i>                          |                                                                          | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date <i>3/15/21</i> Time <i>1100</i> | Eastern<br>Central                                                         | Composite end<br>Date _____ Time _____   | Bottle<br>Group(s)<br>(See pg 2)<br><i>A</i> |
| Field ID                                                                |                                                                          | Matrix (type, e.g., Salt, Fresh, etc)<br><i>Fresh</i>                     | Diss. Oxygen<br><i>7.70</i>                                             | <input checked="" type="checkbox"/> mg/L<br><input type="checkbox"/> % sat | Total Res. Chlorine<br>(mg/L)            |                                              |
| WIN/STORET #<br><i>20020404</i>                                         |                                                                          | Temp<br>(C) <i>19.6</i>                                                   | pH<br><i>6.57</i>                                                       | Sample<br>Depth <i>0.3</i>                                                 | Sp. Conductance<br>(umho/cm) <i>95.5</i> |                                              |
| Latitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Salinity<br>(ppt) <i>0.04</i>                                             | Comments<br><i>10.15</i>                                                |                                                                            |                                          |                                              |
| Location                                                                |                                                                          | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab            | Collection (comp begin or grab)<br>Date _____ Time _____                | Eastern<br>Central                                                         | Composite end<br>Date _____ Time _____   | Bottle<br>Group(s)                           |
| Field ID                                                                |                                                                          | Matrix (type, e.g., Salt, Fresh, etc)                                     | Diss. Oxygen                                                            | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat            | Total Res. Chlorine<br>(mg/L)            |                                              |
| WIN/STORET #                                                            |                                                                          | Temp<br>(C)                                                               | pH                                                                      | Sample<br>Depth                                                            | Sp. Conductance<br>(umho/cm)             |                                              |
| Latitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Salinity<br>(ppt)                                                         | Comments                                                                |                                                                            |                                          |                                              |
| Location                                                                |                                                                          | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab            | Collection (comp begin or grab)<br>Date _____ Time _____                | Eastern<br>Central                                                         | Composite end<br>Date _____ Time _____   | Bottle<br>Group(s)                           |
| Field ID                                                                |                                                                          | Matrix (type, e.g., Salt, Fresh, etc)                                     | Diss. Oxygen                                                            | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat            | Total Res. Chlorine<br>(mg/L)            |                                              |
| WIN/STORET #                                                            |                                                                          | Temp<br>(C)                                                               | pH                                                                      | Sample<br>Depth                                                            | Sp. Conductance<br>(umho/cm)             |                                              |
| Latitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Salinity<br>(ppt)                                                         | Comments                                                                |                                                                            |                                          |                                              |
| Location                                                                |                                                                          | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab            | Collection (comp begin or grab)<br>Date _____ Time _____                | Eastern<br>Central                                                         | Composite end<br>Date _____ Time _____   | Bottle<br>Group(s)                           |
| Field ID                                                                |                                                                          | Matrix (type, e.g., Salt, Fresh, etc)                                     | Diss. Oxygen                                                            | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat            | Total Res. Chlorine<br>(mg/L)            |                                              |
| WIN/STORET #                                                            |                                                                          | Temp<br>(C)                                                               | pH                                                                      | Sample<br>Depth                                                            | Sp. Conductance<br>(umho/cm)             |                                              |
| Latitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Salinity<br>(ppt)                                                         | Comments                                                                |                                                                            |                                          |                                              |

|                                |                                  |                                 |                                        |              |           |
|--------------------------------|----------------------------------|---------------------------------|----------------------------------------|--------------|-----------|
| Relinquished By:<br><i>JPM</i> | Date/Time<br><i>3/15/21 1600</i> | Shipping Method<br><i>Fedex</i> | Number of Coolers Shipped:<br><i>1</i> | Received By: | Date/Time |
|--------------------------------|----------------------------------|---------------------------------|----------------------------------------|--------------|-----------|

Group: A      Bottle Type: PJ-2L      # of Bottles: 2      Preservative: Formalin      Enter Number of Bottles Sent to Lab 3

MI-FW-QLDC