

within two weeks
of ice off

** DO NOT PHOTOCOPY **

May-443469

Billing and Reporting

Account Number SH020	Field Number (Bottle Label ID) May-443469
DNR User ID filbej	Report To Name Jennifer Filbert

Date and Time of Sample Collection

Date (mm/dd/yyyy) 05/19/2016	Time (24-hr clock) 1100
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Sample Type

Sample Type: SU Surface Water

Who collected the sample

Collected By Name Roger Smith	Telephone 847 946 9178	Email Rsmith6565@gmail.com
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Where the sample was collected

Station ID (STORET #) 443469	Sample Address or Location Description Mid Lake - Deep Hole	
County 44-Oneida	Waterbody ID (WBIC) 1542600	Point / Outfall (or SWIMS Fieldwork Seq No) 126353601

Sample Details

Sample Description/ Device Description

If Field QC Sample (select one):

Duplicate Blank

Grant or Project Number
CLMN-443469

Depth of Sample: NA F M In Cm

Or Top and Bottom of Sample Interval:

0-6 F M In Cm

Analyses Requested

Do not sample for chl until after May 31st.

Chlorophyll A (if Field
Filtered, give ml
_____ filtered)

250 ml Nutrients Bottle (Acidify w/ Sulfuric Acid)

Tot.- Phosphorus

Please enclose this form in the mailer along with the sample and send to the State Lab of Hygiene.

For lab use: Sample Temp _____ C Iced