



Lakes Monitoring Program

Sample Data / Chain of Custody Sheet

Please label each bottle with the appropriate information including Organization, Lake Name, Date/Time, & Preservation.

General Information

Lake Name: _____ Sample Site ID #: _____ MN Lake ID #: _____ - _____

County _____ **PROJECT CODE:** _____

Sampled By: _____ phone: (_____) _____

Sampling Details

Date: _____

Time 2 Liter Sample Collected: _____

Time Secchi Disk Reading Taken: _____

Secchi Disk Reading: _____ feet

Field Sampling Comments, Suggestions, Observations:

Weather Conditions – Please check the applicable boxes

Wind Speed	Wind Direction	Weather
<input type="checkbox"/> None <input type="checkbox"/> Mild 0-10mph <input type="checkbox"/> Moderate 11-20mph <input type="checkbox"/> High 21-30mph <input type="checkbox"/> Strong 30pmh+	<input type="checkbox"/> North <input type="checkbox"/> Northeast <input type="checkbox"/> East <input type="checkbox"/> Southeast <input type="checkbox"/> South <input type="checkbox"/> Southwest <input type="checkbox"/> West <input type="checkbox"/> Northwest	<div style="text-align: center;"> </div>
		<input type="checkbox"/> Sunny <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow
		Surface water Temp: _____ Air Temp: _____ Recent rain date: _____ Precipitation (inches): _____

Additional Tests: ***** *ADDITIONAL TESTS COST EXTRA AND REQUIRE ADDITIONAL BOTTLES. Please contact the lab to set up these tests ahead of time: 218-846-1465.*

- | | | | | | |
|-----------------------------------|--|--|---|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Chloride | <input type="checkbox"/> Total Suspended Solids | <input type="checkbox"/> Total Nitrogen (TKN+NO ₃) | <input type="checkbox"/> Ortho-Phosphorus | <input type="checkbox"/> Alkalinity | <input type="checkbox"/> Color |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> Total Kieldahl Nitrogen | <input type="checkbox"/> Nitrate +Nitrite Nitrogen | <input type="checkbox"/> Fecal Coliform | <input type="checkbox"/> E. coli | <input type="checkbox"/> Other _____ |

Chain of Custody

Relinquished by (signature in ink): _____ Date / Time (AM/PM) _____

Received by Lab (signature in ink): _____ Date / Time _____

Laboratory use only

Lab Code #: _____ Condition of samples upon receipt: Good Other: _____

Temperature Blank _____ °C Rcvd same day of collection



Observation Data Physical Condition \ Recreational Suitability

Observations

Please fill in this information for your primary lake site where you collected your water sample. This information will be posted on our website and is used to determine user perceptions and how they relate to recreational water quality. Choose all that apply.

1. Color of Water:

- Green
- Sediment
- Clear
- Tea Stained
- Other

2. Wave Height _____ inches

3. Physical Condition:

- Crystal Clear
- Some Algae
- Definite Algae
- High Algae
- Severe Algae

4. Recreational Suitability:

- Beautiful
- Minor Problems
- Slightly Impaired
- No Swimming
- No Aesthetics Possible

5. Lake Uses Observed

- Scuba/Snorkeling
- Swimming
- Skiing
- Fishing
- Boating

6. Erosion Problems

- Shoreline
- Construction
- Agriculture
- Forest
- Public Access
- Private Access

If you took a Secchi disk reading at an additional lake site, please submit your data to the Minnesota Pollution Control Agency Citizens Lake Monitoring Program. To obtain data sheets, visit: <http://www.pca.state.mn.us/water/clmp.html> or call 1-800-657-3864.

Additional field comments:

Please check to see if you have completed the sampling form correctly. Place the form into the large zip lock bag and enclose it in the cooler during shipment to the lab. *Thank you.*

If you have questions, please contact Moriya Rufer at lakes.rmbel@eot.com, 218-847-1465 or write a note in the comments box above.