

Billing and Reporting

Account Number WQ014	Field Number (Bottle Label ID) July
DNR User ID filbej	Report To Name Jennifer Filbert

Date and Time of Sample Collection

Date (mm/dd/yyyy)	Time (24-hr clock)
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Sample Type

Sample Type: SU Surface Water

Who collected the sample

Collected By Name	Telephone	Email
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Where the sample was collected

Station ID (STORET #) 10039138	Sample Address or Location Description Crescent/Pickerel Lake - Deep Hole	
County 49-Polk	Waterbody ID (WBIC) 2458900	Point / Outfall (or SWIMS Fieldwork Seq No) 129430168

Sample Details

Sample Description/ Device Description

Sample Description/ Device Description	If Field QC Sample (select one): <input type="radio"/> Duplicate <input type="radio"/> Blank <input type="radio"/> _____	Depth of Sample: _____ <input checked="" type="radio"/> F <input type="radio"/> M <input type="radio"/> In <input type="radio"/> Cm
	Grant or Project Number CLMN-10039138	Or Top and Bottom of Sample Interval: _____ <input checked="" type="radio"/> F <input type="radio"/> M <input type="radio"/> In <input type="radio"/> Cm

Analyses Requested

Do not sample for chl until after May 31st.

<input checked="" type="checkbox"/> Chlorophyll A (if Field Filtered, give ml _____ filtered)

250 ml Nutrients Bottle (Acidify w/ Sulfuric Acid) <input checked="" type="checkbox"/> 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

Billing and Reporting

Account Number WQ014	Field Number (Bottle Label ID) Aug
DNR User ID filbej	Report To Name Jennifer Filbert

Date and Time of Sample Collection

Date (mm/dd/yyyy)	Time (24-hr clock)
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Sample Type

Sample Type: SU Surface Water

Who collected the sample

Collected By Name	Telephone	Email
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Where the sample was collected

Station ID (STORET #) 10039138	Sample Address or Location Description Crescent/Pickerel Lake - Deep Hole	
County 49-Polk	Waterbody ID (WBIC) 2458900	Point / Outfall (or SWIMS Fieldwork Seq No) 129430169

Sample Details

Sample Description/ Device Description

Sample Description/ Device Description	If Field QC Sample (select one): <input type="radio"/> Duplicate <input type="radio"/> Blank <input type="radio"/> _____	Depth of Sample: _____ <input checked="" type="radio"/> F <input type="radio"/> M <input type="radio"/> In <input type="radio"/> Cm
	Grant or Project Number CLMN-10039138	Or Top and Bottom of Sample Interval: _____ <input checked="" type="radio"/> F <input type="radio"/> M <input type="radio"/> In <input type="radio"/> 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

Billing and Reporting

Account Number WQ014	Field Number (Bottle Label ID) Sept
DNR User ID filbej	Report To Name Jennifer Filbert

Date and Time of Sample Collection

Date (mm/dd/yyyy)	Time (24-hr clock)
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Sample Type

Sample Type: SU Surface Water

Who collected the sample

Collected By Name	Telephone	Email
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Where the sample was collected

Station ID (STORET #) 10039138	Sample Address or Location Description Crescent/Pickerel Lake - Deep Hole	
County 49-Polk	Waterbody ID (WBIC) 2458900	Point / Outfall (or SWIMS Fieldwork Seq No) 129430167

Sample Details

Sample Description/ Device Description

Sample Description/ Device Description	If Field QC Sample (select one): <input type="radio"/> Duplicate <input type="radio"/> Blank <input type="radio"/> _____	Depth of Sample: _____ <input checked="" type="radio"/> F <input type="radio"/> M <input type="radio"/> In <input type="radio"/> Cm
	Grant or Project Number CLMN-10039138	Or Top and Bottom of Sample Interval: _____ <input checked="" type="radio"/> F <input type="radio"/> M <input type="radio"/> In <input type="radio"/> 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

Billing and Reporting

Account Number WQ014	Field Number (Bottle Label ID) July
DNR User ID filbej	Report To Name Jennifer Filbert

Date and Time of Sample Collection

Date (mm/dd/yyyy)	Time (24-hr clock)
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Sample Type

Sample Type: SU Surface Water

Who collected the sample

Collected By Name	Telephone	Email
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Where the sample was collected

Station ID (STORET #) 493142	Sample Address or Location Description Largon Lake - Deep Hole	
County 49-Polk	Waterbody ID (WBIC) 2668100	Point / Outfall (or SWIMS Fieldwork Seq No) 129430177

Sample Details

Sample Description/ Device Description

Sample Description/ Device Description	If Field QC Sample (select one): <input type="radio"/> Duplicate <input type="radio"/> Blank <input type="radio"/> _____	Depth of Sample: _____ <input checked="" type="radio"/> F <input type="radio"/> M <input type="radio"/> In <input type="radio"/> Cm
	Grant or Project Number CLMN-493142	Or Top and Bottom of Sample Interval: _____ <input checked="" type="radio"/> F <input type="radio"/> M <input type="radio"/> In <input type="radio"/> 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

** DO NOT PHOTOCOPY **

Aug

Billing and Reporting

Account Number WQ014	Field Number (Bottle Label ID) Aug
DNR User ID filbej	Report To Name Jennifer Filbert

Date and Time of Sample Collection

Date (mm/dd/yyyy)	Time (24-hr clock)
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Sample Type

Sample Type: SU Surface Water

Who collected the sample

Collected By Name	Telephone	Email
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Where the sample was collected

Station ID (STORET #) 493142	Sample Address or Location Description Largon Lake - Deep Hole	
County 49-Polk	Waterbody ID (WBIC) 2668100	Point / Outfall (or SWIMS Fieldwork Seq No) 129430178

Sample Details

Sample Description/ Device Description

Sample Description/ Device Description	If Field QC Sample (select one): <input type="radio"/> Duplicate <input type="radio"/> Blank <input type="radio"/> _____	Depth of Sample: _____ <input checked="" type="radio"/> F <input type="radio"/> M <input type="radio"/> In <input type="radio"/> Cm
	Grant or Project Number CLMN-493142	Or Top and Bottom of Sample Interval: _____ <input checked="" type="radio"/> F <input type="radio"/> M <input type="radio"/> In <input type="radio"/> 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

Billing and Reporting

Account Number WQ014	Field Number (Bottle Label ID) Sept
DNR User ID filbej	Report To Name Jennifer Filbert

Date and Time of Sample Collection

Date (mm/dd/yyyy)	Time (24-hr clock)
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Sample Type

Sample Type: SU Surface Water

Who collected the sample

Collected By Name	Telephone	Email
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Where the sample was collected

Station ID (STORET #) 493142	Sample Address or Location Description Largon Lake - Deep Hole	
County 49-Polk	Waterbody ID (WBIC) 2668100	Point / Outfall (or SWIMS Fieldwork Seq No) 129430176

Sample Details

Sample Description/ Device Description

Sample Description/ Device Description	If Field QC Sample (select one): <input type="radio"/> Duplicate <input type="radio"/> Blank <input type="radio"/> _____	Depth of Sample: _____ <input checked="" type="radio"/> F <input type="radio"/> M <input type="radio"/> In <input type="radio"/> Cm
	Grant or Project Number CLMN-493142	Or Top and Bottom of Sample Interval: _____ <input checked="" type="radio"/> F <input type="radio"/> M <input type="radio"/> In <input type="radio"/> Cm

Analyses Requested

Do not sample for chl until after May 31st.

<input checked="" type="checkbox"/> 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.

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