OWQ- WATERSHED ASSESSMENT & PLANNING BRANCH
IDEM/OWQ/WAPB/WM
VIRTUAL FILE CABINET INDEX FORM

*Program: Water Monitoring

*Document Type: Report

*Document Date: 12/31/2018

*Security: Public

*Project Name: 2018 Corvallis

*Project Type: Watershed

*Report Type: Chain of Custody

HUC Code: No Selection

Site #:

Route Name:

Document Control #

Analysis Set #

County: No Selection

Cross Reference ID:

Comments: Algae Diatom

Redaction Reference ID:

IDEM - Diatoms

Indiana Department of Environmental Management

OWQ Chain of Custody Form

Project: 2018 Corvallis
Water Chemistry R3W1, Sep 17, 2018

OWQ Analysis Set: 18WQW030

I Certify that the sample(s) listed below was/were collected by me, or in my presence. Date: 9/19/2018

Signature: [signature] Section: PMS

	Lab Assigned Number	IDEM Control Number	Sample Type	ID	1000 ml P, N.M.	1000 ml G, N.M.	40 ml VIAL	120 ml G (Bact)	~~500 ml P, N.M.~~ Substrate	250 ml P, N.M.	Date and Time Collected: Date	Time
Rocks too deep	TAF 9/19/18	~~AB34337~~		~~1~~								
Dry	TAF 9/19/18	~~AB34347~~		~~4~~								
		AB34350		5					Rocks	1	9/19	11:30
	MR 9/20/18	~~AB34356~~		~~9~~								
	MR 9/20/18	~~AB34338~~		~~12~~								
		AB34339	M	16					Sticks	1	9/18	08:10
		AB34340		17					Rocks	1	9/19	08:10
	MR 9/20/18	~~AB34341~~		~~20~~								
Not representative	TAF 9/18/18	~~AB34342~~		~~21~~								
Algae Choked	TAF 9/17/18	~~AB34343~~		~~28~~								
	MR 9/20/18	~~AB34344~~		~~31~~								
No Substrate	TAF 9/17/18	~~AB34345~~		~~32~~								
		AB34346		33					Sticks	1	9/18	11:00
No substrate	TAF 9/17/18	~~AB34348~~		~~44~~								
	MR 9/20/18	~~AB34349~~		~~47~~								
	MR 9/20/18	~~AB34351~~		~~52~~								
		AB34352		53					Rocks	1	9/18	15:00
		AB34353		60					Rocks	1	9/17	17:00
		AB34358	D	60					Rocks	1	9/17	17:00
		AB34354		64					Rocks	1	9/17	13:50
		AB34355		65					Rocks	1	9/19	12:50
TAF 9/17/18		~~AB34357~~	D	~~99~~								

P = Plastic G = Glass N.M. = Narrow Mouth Bact = Bacteriological Only | Should samples be iced? Y N

Carriers

I certify that I have received the above sample(s).

	Signature	Date	Time	Seals Intact		Comments
Relinquished By:	[signature]	9/20	10:40	Y	N	
Received By:	[signature]					
Relinquished By:				Y	N	
Received By:						
Relinquished By:				Y	N	
Received By:						

Lab Custodian

I certify that I have received the above sample(s), which has/have been recorded in the official record book. The same sample(s) will be in the custody of competent laboratory personnel at all times, or locked in a secured area.

Signature: _____ Date: _____ Time: _____

Lab: _____ Address: _____

Diatom

Indiana Department of Environmental Management
OWQ Chain of Custody Form

Project: 2018 Corvallis
Water Chemistry R3W2, Sep 24, 2018

OWQ Analysis Set: 18WQW031

I Certify that the sample(s) listed below was/were collected by me, or in my presence. Date: 9/26/2018

Signature: T. Tribble Section: PMS

Lab Assigned Number	IDEM Control Number	Sample Type	ID	1000 ml P, N.M.	1000 ml G, N.M.	40 ml VIAL	120 ml G (Bact)	Jar for Substrate	250 ml P, N.M.	Date and Time Collected: Date	Time
	AB34362		2					Rocks	1	9/25	16:30
No Substrate TAF 9/26/18	~~AB34368~~		~~8~~								
	AB34377		6					Rocks	1	9/24	13:20
	AB34382		7					Rocks	1	9/25	11:30
TAF 9/26/18	~~AB34360~~		~~15~~								
	AB34361		19					Rocks	1	9/26	14:00
	AB34363		23					Rocks	1	9/25	12:50
TAF 9/26/18	~~AB34365~~	~~M~~	~~25~~								
	AB34366		27					Rocks	1	9/25	08:20
TAF 9/26/18	~~AB34367~~		~~29~~								
	~~AB34369~~		~~34~~								
	AB34370		35					Rocks	1	9/26	12:00
	AB34371		38					Rocks	1	9/24	11:40
	AB34372		39					Rocks	1	9/25	10:00
TAF 9/26/18	~~AB34373~~		~~41~~								
	~~AB34375~~		~~58~~								
	~~AB34376~~		~~59~~								
	~~AB34378~~		~~61~~								
	AB34379		62					Rocks	1	9/26	10:30
	AB34380		66					Sticks	1	9/24	15:10
	AB34387	D	66					Sticks	1	9/24	15:10
TAF 9/26/18	~~AB34364~~	~~B~~	~~98~~								

P = Plastic	G = Glass	N.M. = Narrow Mouth	Bact = Bacteriological Only	Should samples be iced?	Y	N

Carriers

I certify that I have received the above sample(s).

Signature	Date	Time	Seals Intact		Comments
Relinquished By: T. Tribble	9/27	12:02	Y	N	
Received By:					
Relinquished By:			Y	N	
Received By:					
Relinquished By:			Y	N	
Received By:					

Lab Custodian

I certify that I have received the above sample(s), which has/have been recorded in the official record book. The same sample(s) will be in the custody of competent laboratory personnel at all times, or locked in a secured area.

Signature: _____ Date: _____ Time: _____

Lab: _____ Address: _____

IDEM - Diatoms

Indiana Department of Environmental Management
OWQ Chain of Custody Form

Project: *2018 Corvallis Water Chemistry R3W3B, Oct 1, 2018*

OWQ Analysis Set: *18WQW037*

I Certify that the sample(s) listed below was/were collected by me, or in my presence. Date: 10/3/2018

Signature: T. Tinkle Section: PAS

Lab Assigned Number	IDEM Control Number	Sample Type	ID	1000 ml P, N.M.	1000 ml G, N.M.	40 ml VIAL	120 ml G (Bact)	~~500 ml P, N.M.~~ Substrate	250 ml P, N.M.	Date and Time Collected	
										Date	Time
No Substrate	~~AB34356~~		~~9~~								
↓	AB34367		29								
	~~AB34369~~		~~34~~								
	AB34373	M	41					Sticks	1	10/1	15:40
No Substrate	~~AB34375~~		~~58~~								
	AB34376		59					Sticks	1	10/2	11:30
	AB35067	D	59					Sticks	1	10/2	11:30
No Substrate	~~AB34378~~		~~61~~								
	~~AB35068~~	~~B~~	~~99~~								

P = Plastic	G = Glass	N.M. = Narrow Mouth	Bact = Bacteriological Only	Should samples be iced?	Y	N

Carriers

I certify that I have received the above sample(s).

Signature	Date	Time	Seals Intact		Comments
Relinquished By: T. Tinkle	10/3/18	11:20	Y	N	
Received By:					
Relinquished By:			Y	N	
Received By:					
Relinquished By:			Y	N	
Received By:					

Lab Custodian

I certify that I have received the above sample(s), which has/have been recorded in the official record book. The same sample(s) will be in the custody of competent laboratory personnel at all times, or locked in a secured area.

Signature:_____ Date:_____ Time:_____

Lab:_____ Address:_____

OWQ Diatoms

Indiana Department of Environmental Management
OWQ Chain of Custody Form

Project: 2018 Corvallis
Water Chemistry R3W3A, Oct 1, 2018

OWQ Analysis Set: 18WQW033

I Certify that the sample(s) listed below was/were collected by me, or in my presence. Date: 10/3/18

Signature: Michelle Ruan Section: PMS

Lab Assigned Number	IDEM Control Number	Sample Type	ID	1000 ml P, N.M.	1000 ml G, N.M.	40 ml VIAL	120 ml G (Bact)	~~500 ml P, N.M.~~ Substrate	250 ml P, N.M.	Date and Time Collected: Date	Time
	AB34383		8					Rocks	1	10/1/18	13:00
	AB34338		12					Rocks	1	10/2/18	13:00
	AB34386	D	12					Rocks	1	10/2/18	13:00
	AB34360		18					Sticks	1	10/1/18	10:40
MR 10/3/18 no substrate	~~AB34341~~		~~29~~								
	AB34365	~~M~~	25					Rocks	1	10/3/18	09:00
	AB34344		31					Rocks	1	10/2/18	16:50
	AB34340		47					Rocks	1	10/2/18	10:30
MR 10/3/18 no substrate	~~AB34351~~		~~52~~								
MR 10/3/18 no substrate	~~AB34381~~		~~68~~								
MR 10/3/18	~~AB34385~~	~~B~~	~~99~~								

P = Plastic G = Glass N.M. = Narrow Mouth Bact = Bacteriological Only | Should samples be iced? Y / N

Carriers

I certify that I have received the above sample(s).

Signature	Date	Time	Seals Intact		Comments
Relinquished By: Michelle Ruan	10/3/18	16:10	Y	N	
Received By:		~~2:00 P.~~ KG			
Relinquished By:			Y	N	
Received By:					
Relinquished By:			Y	N	
Received By:					

Lab Custodian

I certify that I have received the above sample(s), which has/have been recorded in the official record book. The same sample(s) will be in the custody of competent laboratory personnel at all times, or locked in a secured area.

Signature: Date: Time:

Lab: Address: