

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

***Program:** Water Monitoring

***Document Type:** Report

***Document Date:** 12/31/2019

***Security:** Public

***Project Name:** 2019 Reference Sites

***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: Chlorophyll, Algal Biomass

Redaction Reference ID: _____



Indiana Department of Environmental
Management
OWQ Chain of Custody Form

Project: 2019 Reference Sites
Water Chem R3 - Indy, Sep 16, 2019

OWQ Analysis Set: 19SPW055

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

Date: 9.18.19

Signature: Kayla Werbansky

Section: Targeted Monitoring
Substrate # of filters

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.	250 ml G, N.M.	Date and Time Collected	
										Date	Time
	AB40347		97					ROCKS	10	9.16.19	1300
	AB40349		98					ROCKS	10	9.17.19	0910
	AB40351		99					ROCKS	10	9.17.19	1030
	AB40350		101					ROCKS	10	9.17.19	1350
	AB40355		102								
	AB40354		103					ROCKS	10	9.17.19	1530
	AB40353		104					ROCKS	10	9.18.19	0920
	AB40352		105					STICKS	10	9.18.19	1210
	AB40358	M	106					ROCKS	10	9.18.19	1400
	AB40359		107								
	AB40362		108								
	AB40361		110								
	AB40360		111								
	AB40363	D	112								
	AB40364	B	113								
	AB40346		130					ROCKS	10	9.16.19	1130
	AB40348		131					ROCKS	10	9.16.19	1550
	AB40356	D	132								
	AB40357	B	133								
									10		

dry

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: <u>Kayla Werbansky</u>	9.19.19	1010	Y	N	
Received By: <u>[Signature]</u>					
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: Kassia Groszewski

Date: 9/19/19

Time: 10:10

Lab: OWQ

Address: _____

chl-a



Indiana Department of Environmental
Management
OWQ Chain of Custody Form

Project: 2019 Reference Sites
Water Chem R3 - Bloomington, Sep
23, 2019

OWQ Analysis Set: 19SPW054

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

Date: 9.25.19

Signature: Michelle Ruan Michelle Ruan

Section: Probabilistic Monitoring Section

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. # of filters	Date and Time Collected	
										Date	Time
	AB40341		112					ROCKS	10	9.23.19	1520
	AB40342		113								
	AB40340		114					ROCKS	10	9.23.19	1130
	AB40332		116								
	AB40330		117								
	AB40331		118								
	AB40333		119					ROCKS	10	9.25.19	1550
	AB40334		120								
	AB40343		122					ROCKS	10	9.24.19	1400
	AB40339		124					ROCKS	10	9.25.19	0850
	AB40337		125					ROCKS	10	9.25.19	1350
	AB40335		126					ROCKS	10	9.25.19	1020
	AB40338	M	129					ROCKS	10	9.24.19	0900
	AB40329		132								
	AB40336		133								
	AB40344	D	134								
	AB40345	B	135								

dry

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: <u>Michelle Ruan</u>	<u>9/26/19</u>	<u>10:50</u>	Y	N	
Received By: <u>[Signature]</u>					
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: [Signature] Kassia Groszewski

Date: 9/26/19

Time: 10:50

Lab: OWQ

Address: _____



**Indiana Department of Environmental
Management
OWQ Chain of Custody Form**

Project: 2019 Reference Sites
Water Chem R3 - Indy and Blown,
Sep 30, 2019

OWQ Analysis Set: 19SPW056

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

Date: 10/3/19

Signature: Todd E. Davis

Todd E. Davis

Section: PROBABILISTIC

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. FILTERS	Date and Time Collected	
										Date	Time
	AB40359	M	107					ROCKS	10	9/30/19	09:50
	AB40362		108					ROCKS	10	9/30/19	11:20
	AB40361		110					ROCKS	10	9/30/19	15:06
	AB40360		111					ROCKS	10	10/2/19	09:20
	AB40363	D	112					ROCKS	10	9/30/19	15:00
	AB40364	B	113								
	AB40332		116					ROCKS	10	10/3/19	08:40
	AB40330		117					ROCKS	10	10/3/19	10:20
	AB40331		118					STICKS	10	10/2/19	15:10
	AB40334		120					ROCKS	10	10/3/19	13:40
	AB40329		132					ROCKS	10	10/2/19	11:40
	AB40336		133					ROCKS	10	10/3/19	15:30

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

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

Signature	Date	Time	Seals Intact		Comments
Relinquished By: <u>Michelle Ruan</u> Michelle Ruan	<u>10/3/19</u>	<u>8:00 PM</u>	Y	N	
Received By: <u>Kasia Groszewski</u>	<u>10/4/19</u>	<u>7:30 A</u>			
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: [Signature]

Date: 10/4/19

Time: 7:30

Lab: _____

Address: _____