

## Watershed Watch Chain of Custody Record

Historic Site #	Site #	Stream Name		Date sample taken		
<b>Basin</b>						
Sampling Location and County (correct or add location info if necessary)				Time sample taken	CST	
Name of "Supervising Sampler" collecting sample:				Associate ID Number		
If name not correct, Please enter proper name in comments box						
Telephone(s):				Lab Notes		
Flow Rate	48 Hr Rainfall	Turbidity	Water Chemistry			
<input type="checkbox"/> 0 - Dry <input type="checkbox"/> 1 - Ponded <input type="checkbox"/> 2 - Low <input type="checkbox"/> 3 - Normal <input type="checkbox"/> 4 - Bank Full <input type="checkbox"/> 5 - Flood!	<input type="checkbox"/> Zero <input type="checkbox"/> .1" <input type="checkbox"/> .5" <input type="checkbox"/> 1.0" <input type="checkbox"/> 1.5" <input type="checkbox"/> > 1.5 "	<input type="checkbox"/> 0 - Clear <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 - Turbid	Oxygen ppm	pH SU		
			Conductivity	Temp		Record date that conductivity meter was calibrated.
General Comments, Questions, Concerns or Suggestions						
When transporting samples to the lab, it is necessary to have each person that controls the sample to sign and record date and time as to when they receive it AND when they relinquish it.						
Relinquished By:	Time/Date	Received By:	Time/Date			
<p><b><u>This form must accompany your sample to the lab. The first signature in the "relinquished by" column must match the supervising sampler's name!</u></b></p> <p><b>NOTICE TO LAB:</b> Mail a copy of this form to: Joann Palmer, KY Water Watch, 200 Fair Oaks Lane, 4<sup>th</sup> Floor, Frankfort, KY 40601.</p> <p>Please correct errors on the pre-printed part of this record. If you have questions or difficulties, please contact us at 1-800-928-0045.</p>						