



Environmental Laboratories, Inc.

22796 County Hwy 6
Detroit Lakes, MN 56501
Phone/fax: 218-846-1465
Email: lakes@rmbel.info



Lake Name & Site #: _____

Lake ID #: _____

County: _____

Organization: _____

Sample Data / Chain of Custody Record

The Lakes Program includes total phosphorus and chlorophyll a analysis. Additional tests cost \$11 to \$40 and may require extra bottles. If you want information on additional tests contact the lab PRIOR to sampling: 218-846-1465.

Sample results will be posted on our Lake Monitoring Program website www.rmbel.com monthly. At the end of the season these results are sent to the MPCA's statewide database (EQuIS).

Sampler Information

Primary Sampler (Print)		Phone Number	Email Address
First Name	Last Name		
Additional Sampler (Print)		Phone Number	Email Address
First Name	Last Name		

Sample Details

Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Physical Condition Circle One Clear Low Algae Medium Algae High Algae Severe Algae	Recreational Suitability Circle One Very Good Good Fair Poor Very Poor
Secchi Disk Depth (feet)	<input type="checkbox"/> Mark if secchi hit bottom & record bottom depth		
Sample Collection Type			
<input type="checkbox"/> 2 Meter Integrated Sample (LKSURF2M) <input type="checkbox"/> 1 Meter Integrated Sample (LKSURF1M) <input type="checkbox"/> Grab (bottle filled directly at water surface)			

Chain of Custody

Relinquished By: (signature)	_____ (Initials) In the event that samples are received by the lab at a temperature greater than 6°C, I hereby authorize RMB Environmental Laboratories to process the samples as received.
Date	Time
	-OR- _____ (Initials) In the event that samples are received by the lab at a temperature greater than 6°C, please contact client at phone # _____ before processing samples.

Laboratory Use Only

Received By Lab: (signature)	<input type="checkbox"/> Meets proper sample storage and transportation guidelines	<input type="checkbox"/> EDD done
Date	Time	
	<input type="checkbox"/> Does NOT meet proper sample storage and transportation guidelines. Explain: _____	
	<input type="checkbox"/> Received on ice	<input type="checkbox"/> Received at room temp
	<input type="checkbox"/> Samples received same day as collection	Temperature blank _____ (°C) LTG _____