

APPENDIX E

Algae Submission Form/ Chain of Custody

Algae Sample Submission Form (Reproduce as needed for each sample)

Send this form with samples to: Watershed Planning, Monitoring, and Assessment Section
 Kansas Department of Health and Environment
 1000 SW Jackson Ave., Suite 420 (Curtis State Office Building)
 Topeka, Kansas 66612-1367

NOTE: Use cubetainers with no preservatives for algae (leave some airspace in cubetainer).
 If multiple sites are sampled for algae, submit more than one cubetainer.
 If submitting aquatic plants, use a ziplock bag with only a tiny amount of water in the bag.
 Ship them ASAP using only a small amount of ice (too cold can damage some species).

	Check which type(s) of problem are being investigated:
	<input type="checkbox"/> Blue-Green Bloom
	<input type="checkbox"/> Taste/Odor Incident
	<input type="checkbox"/> Aesthetic Complaint
	<input type="checkbox"/> Livestock/Pet Kill
<hr/> Lake/Waterbody Name Include LM Number and Suffix Example: Central Park Lake LM0609	<input type="checkbox"/> Other (briefly describe in space to left)
	Check type of waterbody samples collected from:
	<input type="checkbox"/> Lake/Pond
	<input type="checkbox"/> Stream/River
<hr/> Collector, Date, Time	<input type="checkbox"/> Other (briefly describe in space to left)

If this is a taste/odor incident, please provide any additional data related to the treatment plant, weather, etc.

Also check the boxes appropriate to the qualities of the "taste" and "odor" of the finished or raw water.
 ("raw" or "finished" can be put in the appropriate field)

Odor: <input type="checkbox"/> Earthy/Musty	Taste: <input type="checkbox"/> Sour/Acidic
<input type="checkbox"/> Chlorinous	<input type="checkbox"/> Salty
<input type="checkbox"/> Grassy/Woody	<input type="checkbox"/> Bitter
<input type="checkbox"/> Marshy/Septic	<input type="checkbox"/> Sweet
<input type="checkbox"/> Fragrant/Flowery	<input type="checkbox"/> Mouthfeel _____
<input type="checkbox"/> Fishy/Aquarium	
<input type="checkbox"/> Medicinal	
<input type="checkbox"/> Hydrocarbon/Chemical	

"Mouthfeel" covers a number of characteristics of sensation, such as "powdery," "metallic," "burning," etc. Please indicate the type of mouthfeel to the right.

If this is not a taste/odor incident (i.e., fishkill, bloom, etc.), please indicate any other data or information related to the incident (including field conditions, other chemical data, current and preceding weather, etc.). If chemical data are sent to KHEL, please copy Pattie Haines-Lieber, BEFS, on these.

On the back of this form, please include a sketch map of the site.

Edited 3/2019

_____ Location	
_____ GPS Coordinates	_____ GPS Unit Type
_____ PHL	

Sketch map of site

Chain of Custody:

Date _____ Relinquished By _____ Received By _____

Date _____ Relinquished By _____ Received By _____

Date _____ Relinquished By _____ Received By _____

Date _____ Relinquished By _____ Received By _____

Additional Reports Routed To:

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

Example of Algae Submission/Chain of Custody form - back

Kansas Environmental Chain of Custody Form
 Department of Health and Environment
 www.kansas.gov/health

Client:	Location Name:	Notes:	
Profile:	Collector:		
Location Code:	Event Desc:		
Additional Report Recipients To: _____ To: _____ Address: _____ Address: _____		Known Hazards Flammable _____ Radiological _____ Poison _____ Other _____	

#	Sample ID, Description	Matrix	Collection		Sample Comments	Analyses	Total number of containers	Field Test Results				
			Date	Time								
1												
2												
3												
4												
5												
6												
7												
8												

Transfers	Released By	Date/Time	Received By	Date/Time	Sample Condition		Receipt Temperature:	
					Received on Ice	Samples Intact		
1					Y	N	Y	N
2					Y	N	Y	N
3					Y	N	Y	N

Example of Laboratory Submission/Chain of Custody form - front

Environmental Chain of Custody Form KEY

****Client:** Please pick one of the following – BER Remedial Section, BER Storage Tanks Section, BER Assessment & Restoration Section, BER Surface Mining Section, BOW-Geology, BOW-Industrial Programs, BOW-Livestock Management, BOW-Technical Services, BOW-Watershed Management Section, BOW-Watershed Planning, NW District Office, NE District Office, NC District Office, SW District Office, SE District Office, SC District Office, BWIM-Hazardous Waste Programs, BWIM-Solid Waste Programs

****Profile:** Please pick one of the following, which corresponds to client chosen above – State Cooperative Program, USDA Program, Voluntary Cleanup Program, EUC Program, Site Assessment Program, State Water Plan Program, Brownfields Program, Special Projects, Public Water Supply Unit, Monitoring Unit, LUST Unit, Remedial Unit, Federal Facilities, Spill Response Program, Dry Cleaning Program, Superfund Program, General ARS, NRD Program, Abandoned Mine Land Program, Active Mining Program, General Programs, Underground Brine Injection, Pre-treatment Programs, Livestock Special Projects, Livestock Ground Water Projects, Waste Effluent, Waste Influent, Chlorinated PWS, Distribution Systems, Point of Entry, Test Source, Supply Source, Private, Sanitary Program, Effluent Monitoring, Non-point pollution Monitoring, Pollution Investigations, Stream Chemistry, Stream Probabilistic, Lakes Monitoring WRAPS, TMDL, Biology Monitoring

****Location Code:** Please include project code (e.g. C5-123-1234) as desired on final Report of Analysis. There is a 20-character limit.

****Location Name:** Please include location name desired on final Report of Analysis.

****Collector:** Please include collector name desired on final Report of Analysis.

Event Desc: Leave blank.

Additional Report Recipients: Please include names and email addresses of additional report recipients desired.

****Sample ID:** Please include unique sample identifier for each sample.

****Matrix:** Please pick one of the following for each sample – DW-Drinking Water; W-Water; WW-Waste Water; SO-Soil; SL-Solid; or SD-Sediment

****Actual Collection Date/Time:** Please include actual collection date and time (military format) for each sample.

****Analytes:** Please pick from the following analyses available in the KHEL Environmental Test Catalog – AF Alp/Bet, AF Gamma, PWS Met, S 8080Pest, S 8260 VOC, S Bromide, S Gamma, S ICP Met, S Mercury, S Nitrate, S RCRA Met, S RCRAoHg, S TCLP Met, S TKN, W 608Pest, W 8260 VOC, W Alph/Bet, W BOD, W Bromide, W COD, W Conduct, W DO, W Gamma, W Hardness, W ICP Met, W Mercury, W Mineral, W Nitrate, W Nutrient, W RCRA Met, W RCRAoHg, W Ra226, W Ra228, W Strontium, W TCLP Met, W TDS, W TKN, W TOC, W TSS, W Tritium, W Turbid, W Uranium

**** REQUIRED data for sample submission; all other fields are optional.**