



2607 Commerce Boulevard
Birmingham, AL 35210
205-951-3400
1-800-23WATER
Fax 205-951-0808
www.EMCbham.com

STORM WATER FIELD SAMPLING DOCUMENTATION

(Please attach a copy of this sheet to Chain of Custody)

Facility Name: _____ Permit # (if known): _____

Facility Location: _____

Previous qualifying rainfall PRIOR to sample collection:

Date(s): _____ Time Ended: _____ Total Rain Depth: _____

Greater than 72 hours since the END of the last qualifying storm:

(>0.1") Yes No

Documentation for storm event sampled:

Date Began: _____ Time Began: _____ Total Depth: _____

Does this event quality (i.e., greater than 0.1" total depth)?

Yes No

Outfall documentation: DSN _____ - _____

(Enter appropriate outfall DSN, i.e. 001, 002)

Time flow began at outfall: _____ Time sample was taken: _____

pH Meter calibrated: (*)Yes No pH _____ Time: _____

*Buffers used _____

Samples properly collected in the sample containers provided by the lab?

Yes No

Sample containers properly packed in ice in the cooler?

Yes No NA

Chain of Custody Record completed?

Yes No

Field observations (if any):

Person collecting samples:

(Print Name)

(Signature)