

***APPENDIX E:
CHAIN OF CUSTODY FORMS***

Harris County
HCPHES
 Public Health & Environmental Services
 Environmental Public Health Division

SAMPLING RECORD: Clean Rivers Program Sites

ID NO.: 952 PERMIT NO.: HSC01 OUTFALL: 000 DATE: _____ TIME: _____ AM/PM
 NAME: Houston Ship Channel KEY MAP: 495N MS47(Y/N): _____
 LATITUDE: 29° 7494 LONGITUDE: 95° 2882
 SITE: HSC, Turning Basin -01 KEYS: _____
 SITE DIRECTIONS: HSC at center of Turning Basin.

TESTS AND MEASUREMENTS

<input type="checkbox"/> TEMPERATURE °C	<input type="checkbox"/> SALINITY (ppt)
<input type="checkbox"/> pH (standard units)	<input type="checkbox"/> SPECIFIC CONDUCTIVITY (us/cm)
<input type="checkbox"/> DISSOLVED OXYGEN (mg/l)	<input type="checkbox"/> SECCHI DISK TRANSPARENCY (meters)

FIELD OBSERVATIONS

<input type="checkbox"/> SURFACE CONDITIONS: 1-clear 2-scum 3-foam 4-debris 5-sheen	<input type="checkbox"/> PRESENT WEATHER: 1-clear 2-partly cloudy 3-cloudy 4-rain 5-other
<input type="checkbox"/> TURBIDITY: 1-low 2-medium 3-high	<input type="checkbox"/> DAYS SINCE LAST SIGNIFICANT RAINFALL (Runoff)
<input type="checkbox"/> WATER SURFACE: 1-calm 2-ripples 3-waves	<input type="checkbox"/> WIND INTENSITY: 1-calm 2-slight 3-moderate 4-strong
<input type="checkbox"/> WATER COLOR: 1-brownish 2-reddish 3-greenish 4-blackish 5-clear 6-other	<input type="checkbox"/> TIDE STAGE: 1-low 2-falling 3-slack 4-rising 5-high
<input type="checkbox"/> WATER ODOR: 1-sewage 2-chemical 3-rotten egg 4-musky 5-fishy 6-none 7-other	<input type="checkbox"/> <u>total depth</u>

SAMPLES

GRAB DIRECT REPORT: YES NO
 SPLIT INDIRECT

Amt. Col.	Container	Preservative	Analysis Requested	Comments
	<u>1 x 4L-P</u>		<u>chlorophyll a (Quarterly only)</u>	
	<u>1x1/2gal-P</u>	<u>Ice</u>	<u>COND TSS</u>	
	<u>1x100ml-P</u>	<u>Ice Direct</u>	<u>ENT</u>	
	<u>1x250ml-P</u>	<u>Ice H2SO4</u>	<u>TKN (Quarterly only)</u>	
	<u>1x250ml-P</u>	<u>Ice H2SO4</u>	<u>NH3 NOX TPO4</u>	

REMARKS

All samples are taken at a depth of 1 foot using a peristaltic pump.

NOTIFICATION

CONTACT PERSON: _____ PHONE: (000) 000-0000 DATE: _____
 TIME: _____ AM/PM
 PERSON CONTACTED/TITLE: _____ AFFILIATION: _____
 RESPONSE: _____

CUSTODY

INSPECTED/SAMPLED BY: _____ RECEIVED IN LABORATORY BY: _____
 DATE: _____ TIME: _____ AM/PM RUN NUMBER: _____

City of Houston
 Department of Health and Human Services
 Bureau of Water Resources Protection
 7411 Park Place, Suite 109
 832.393.5470 FAX 713.640.4388
**FIELD FORM &
 CHAIN OF CUSTODY FORM**



Date of Sample _____ Sampler _____

Run Number _____ Station ID _____ Time Sampled _____ (24 hr.)

Stream Name & Intersecting Street _____

Field Meter #: _____

FIELD OBSERVATIONS

Number of days since significant rainfall _____

Aqueous Matrix

Flow _____	Tidal Stage _____	Color _____	Odor _____	Water Surface _____	Current Weather _____
Severity					
1 - no flow	1 - low	1 - brownish	1 - sewage	1 - calm	1 - clear
2 - low	2 - falling	2 - reddish	2 - oily/chemical	2 - ripples	2 - partly cloudy
3 - normal	3 - slack	3 - greenish	3 - rotten egg	3 - waves	3 - cloudy
4 - flood	4 - rising	4 - blackish	4 - musky	4 - whitecaps	4 - rain
5 - high	5 - high	5 - clear	5 - fishy		5 - other
6 - dry		6 - other*	6 - none		
			7 - other*		

Wind Intensity _____

1 - calm
 2 - slight
 3 - moderate
 4 - strong

Flow Method _____

1 - flow-gauge station
 2 - electronic
 3 - mechanical
 4 - weir or flume
 5 - Doppler

Flow _____ cfs

Sample Depth _____ ft

Secchi Depth _____ cm

Total Depth _____ ft

***Other Observations:** _____

INSTRUMENT READINGS

Temp _____ **Conductivity** _____ **DO** _____ **pH** _____ **Salinity** _____

(1.0 to 38.0 °C) (0.03 to 60 mS/cm) (0.5 to 15.0 mg/L) (5.0 to 10.0) (.009 to 45.0 PSS)

REQUEST FOR ANALYSIS (Circle what is requested)

- | | | | | | |
|-----------------|--------|--------------------|---------------------|------------|----------------------------|
| 1--pH | 3--TSS | 5-- N-NO3 | 7-- Cl ⁻ | 9-- N-NH3 | 11--E. coli / Enterococcus |
| 2--Conductivity | 4--TDS | 6-- F ⁻ | 8-- SO4 | 10-- T-PO4 | |

Number of Containers: ___ 100 mL sterilized bottle ___ 1 L plastic ___ 1 L plastic w/2 mL H₂SO₄
 Samples Received on Ice: Yes / No

Samples delivered by: _____ Date: _____
 (signature only)

Microbiology
 Sample No. _____ Received by: _____ Date: _____
 (signature only)

Chemistry
 Sample No. _____ Received by: _____ Date: _____
 (signature only)



WATER QUALITY LABORATORY
 San Jacinto River Authority - Lake Conroe Division
LAKE CONROE MONITORING
FIELD SHEET & CHAIN OF CUSTODY

Effective Date: 09/06/2011

Document ID: 150

Version: 1.05

Date of Sampling: _____ Days Since Last Significant Rainfall : _____ Samples Collected By: _____

Sample Run Collected Monthly

Note: Field measurements of sample depth, water temperature, specific conductance, pH, & DO profile data are stored on a Hydrolab Surveyor, then downloaded and saved as an electronic text file. A hardcopy is printed and attached to this field sheet for a permanent record.

Sample No.	Station Name	Watershed ID	TCEQ ID	Time	Total Depth (ft)	release in CFS	Secchi Depth (m)	Water Color	Water Odor	Present Weather	Wind Intensity	Water Surface
1	Walker County	23	11344									
2	T. James Creek	25	16645									
3	Weir Creek	3	16644									
4	Caney Creek	6	16643									
5	Tim Cude Creek	26	16642									
6	Lost Lake Creek	33	16640									
7	Lewis Creek	4	16641									
8	W.C. Clark Creek	27	16639									
9	Atkin Creek	5	16638									
10	Intake Lake Conroe	24	11342									
	SPLIT SAMPLE											
Comments:								1-brownish	1-sewage	1-clear	1-calm	1-calm
								2-reddish	2-oily/chemical	2-p. cloudy	2-slight	2-ripple
								3-greenish	3-rotten egg	3-cloudy	3-mod.	3-wave
								4-blackish	4-musty	4-rain	4-strong	4-whitecap
								5-clear	5-fishy	5-other		
								6-other	6-none			
									7-other			

Analysis Required:
 Bottles used:

WQP*, T-phos, Ammonia, Total Coliform, E. coli
 1-100ml sterilized bottle for Bacti analysis, 1-500ml plastic bottle for WQP analysis, 1-500 mL plastic bottle acidified with H₂SO₄ for NH₃ analysis, 1-250ml amber bottle for T-phos. & TOC analysis.
 pH, Cond., TSS, Alk, Hard, NO₂-N, NO₃-N, F, Cl, Br, SO₄

Matrix: Water

* WQP analysis includes:

Temperature of Samples when Received at Lab: _____

Biological Samples Relinquished By : _____ Date: _____ Time: _____

Chemical Samples Relinquished By : _____ Date: _____ Time: _____

Biological Samples Received By : _____ Date: _____ Time: _____

Chemical Samples Received By : _____ Date: _____ Time: _____



CITY OF HOUSTON
WATER QUALITY LABORATORY
LAKE HOUSTON WATERSHED SITE MONITORING
FIELD SHEET & CHAIN OF CUSTODY

Effective Date: 09/06/2011

Document ID: 150

Version: 1.05

Date of Sampling: _____ Air Temperature : _____ Days Since Last Significant Rainfall : _____ Samples Collected By: _____

Sample Run Collected Bi-Monthly

Note: All samples taken at a one foot depth by plastic bucket unless specifically designated in 'Sample Depth' column below.

Sample No.	Station Name	TCEQ ID	Time	Sample Depth (ft)	Total Depth (ft)	Water Temp °C	Sp. Cond. µs/cm	pH	DO mg/L	Secchi Depth (m)	Flow Severity	Obs. Turb.	Water Color	Water Odor	Present Weather	Wind Intensity	Water Surface	CL Residual	Flow CFS	
1	LUCE BAYOU HUFFMAN / CLEVELAND	11187																		
2	EAST FORK SAN JACINTO RIVER @ FM 1485 (gage 8070200)	11235																		
3	PEACH CREEK @ FM 2090	11337																		
4	CANEY CREEK @ FM 1485	11334																		
5	EAST FORK SAN JACINTO @ FM 105 (gage 8070000)	11238																		
6	PEACH CREEK @ FM 105	16625																		
7	CANEY CREEK @ FM 105	14241																		
8	WEST FORK SAN JACINTO @ FM 105 (gage 8067650)	11251																		
9	STEWART CREEK @ LOOP 336, CONROE	16626																		
10	CRYSTAL CREEK @ HWY 242	16635																		
11	WEST FORK SAN JACINTO @ FM 242	11243																		
12	SPRING CREEK @ I-45 (gage 8068500)	11313																		
13	CYPRESS CREEK @ I-45 (gage 8069000)	11328																		
	SPLIT SAMPLE ONE																			
	SPLIT SAMPLE TWO																			

Comments:	1-no flow	1-low	1-brownish	1-sewage	1-clear	1-calm	1-calm
	2-low	2-medium	2-reddish	2-oily/chemical	2-p. cloudy	2-slight	2-ripple
	3-normal	3-high	3-greenish	3-rotten egg	3-cloudy	3-mod.	3-wave
	4-flood		4-blackish	4-musty	4-rain	4-strong	4-whitecap
	5-high		5-clear	5-fishy	5-other		
	6-dry		6-other	6-none			
				7-other			

Analysis Required: VOC, WQP*, T-phos, Ammonia, Total Coliform, E. coli
Bottles used: 1-100ml sterilized bottle for Bacti analysis, 1-500ml plastic bottle for WQP analysis, 2-40ml VOA bottles with 1:1 HCl, 1-500 mL plastic bottle acidified with H₂SO₄ for NH₃ analysis, 1-250ml amber bottle for T-phos. & TOC analysis.
 * WQP analysis includes: pH, Cond., TSS, Alk, Hard, NO₂-N, NO₃-N, F, Cl, Br, SO₄
 Matrix: Water
 Temperature of Samples when Received at Lab: _____

Biol. Samples Relinquished By : _____ Date: _____ Time : _____
 Biol. Samples Received By : _____ Date: _____ Time : _____

Chem. Samples Relinquished By : _____ Date: _____ Time : _____
 Chem. Samples Received By : _____ Date: _____ Time : _____

Request for Laboratory Services / Chain of Custody



Hygeia Laboratories Inc.
 3626 Westchase Drive
 Houston, TX 77042
 (713) 343-4483 Fax: (713) 977-1963
 www.hygeialabsinc.com

Send Report To _____

Company Name _____

Address _____

City, State, Zip _____

Phone () _____ Fax () _____

Purchase Order No. _____

Bill To _____
 (If different from Send Report To)

Project No./ID _____

Address _____

Project Desc. _____

City, State, Zip _____

No. Samples Submitted: 2

Phone () _____ Fax () _____

Turnaround Time(s) (Business Days) 7-10 days 3-5 days 48 hrs 24 hrs 8 hrs 3 hrs

Report Results By: Fax () _____ Cell/Pager () _____
 Mail Phone () _____ E-mail _____

Comments/Additional Instructions:

Collected By: In _____ Date: _____

Hygeia Sample ID	Sample ID	Sample Matrix	Analysis Type	Location Description	Total vol. or area	Notes

¹Z=Zefon ALG=Allergenco-D BR=Burkhard M5=Micro 5 CYD=Cycl dex-D IP=Impaction Plate CP=Contact Plate T=Tape S=Swab BL=Bulk D=Dust Water (record potability and additives in *Notes* section): CW=Chlorinated Water NCW=Non-Chlorinated Water
²ST=Spore trap D=Direct IPF=Fungal ID-IP QF1/QF3=Quantitative fungal 1 or 3 media IPB=Bacterial ID-IP QB1/QB3=Quantitative bacterial 1 or 3 media
 Hygeia holds accreditations for fungal and bacterial analyses. Contact the laboratory for fields of testing and other types of analysis not listed.
 Please notify the laboratory of Saturday deliveries by 1:00 PM Friday to ensure staff availability.

Lab Use Only Sample Integrity: _____ accept _____ reject Hygeia Reference No. _____
Comments: _____ Invoice No. : _____

Relinquished By (Signature)	Time	Date	Received By (Signature)	Time	Date