

Sample-Lab	<Place OWMID Label here>			<Place OWMID Label here>			<Place OWMID Label here>					
Sample Type	<input type="checkbox"/> FQC_BLANK (Blank) <input type="checkbox"/> FQC_BLANKRINS (Equipment Blank) <input type="checkbox"/> FQC_REP (Field Duplicate) <input type="checkbox"/> FS_IVP (Integrated Vertical Profile) <input type="checkbox"/> FS_ROUTINE (Routine Sample) <input type="checkbox"/> Other:			<input type="checkbox"/> FQC_BLANK (Blank) <input type="checkbox"/> FQC_BLANKRINS (Equipment Blank) <input type="checkbox"/> FQC_REP (Field Duplicate) <input type="checkbox"/> FS_IVP (Integrated Vertical Profile) <input type="checkbox"/> FS_ROUTINE (Routine Sample) <input type="checkbox"/> Other:			<input type="checkbox"/> FQC_BLANK (Blank) <input type="checkbox"/> FQC_BLANKRINS (Equipment Blank) <input type="checkbox"/> FQC_REP (Field Duplicate) <input type="checkbox"/> FS_IVP (Integrated Vertical Profile) <input type="checkbox"/> FS_ROUTINE (Routine Sample) <input type="checkbox"/> Other:					
OWMID Parent												
Medium	<input type="checkbox"/> Water <input type="checkbox"/> Sediment <input type="checkbox"/> Other			<input type="checkbox"/> Water <input type="checkbox"/> Sediment <input type="checkbox"/> Other			<input type="checkbox"/> Water <input type="checkbox"/> Sediment <input type="checkbox"/> Other					
Medium (Subdivision)	<input type="checkbox"/> SW (Surface Water) <input type="checkbox"/> MunSewEff (Muni. Sewage Effluent) <input type="checkbox"/> StmW (Stormwater) <input type="checkbox"/> Unknown			<input type="checkbox"/> SW (Surface Water) <input type="checkbox"/> MunSewEff (Muni. Sewage Effluent) <input type="checkbox"/> StmW (Stormwater) <input type="checkbox"/> Unknown			<input type="checkbox"/> SW (Surface Water) <input type="checkbox"/> MunSewEff (Muni. Sewage Effluent) <input type="checkbox"/> StmW (Stormwater) <input type="checkbox"/> Unknown					
Relative Depth	<input type="checkbox"/> Surface <input type="checkbox"/> Mid-Water <input type="checkbox"/> Near Bottom			<input type="checkbox"/> Surface <input type="checkbox"/> Mid-Water <input type="checkbox"/> Near Bottom			<input type="checkbox"/> Surface <input type="checkbox"/> Mid-Water <input type="checkbox"/> Near Bottom					
Start/End Depth	/			/			/					
Start Date/Time	<input type="checkbox"/> EDT <input type="checkbox"/> EST			<input type="checkbox"/> EDT <input type="checkbox"/> EST			<input type="checkbox"/> EDT <input type="checkbox"/> EST					
End Date/Time	<input type="checkbox"/> EDT <input type="checkbox"/> EST			<input type="checkbox"/> EDT <input type="checkbox"/> EST			<input type="checkbox"/> EDT <input type="checkbox"/> EST					
Gear Type	<input type="checkbox"/> Water Bottle <input type="checkbox"/> Tygon Tube <input type="checkbox"/> Sampling Pole <input type="checkbox"/> Auto Sampler <input type="checkbox"/> Van Dorn <input type="checkbox"/> Other <input type="checkbox"/> Basket <input type="checkbox"/> N/A			<input type="checkbox"/> Water Bottle <input type="checkbox"/> Tygon Tube <input type="checkbox"/> Sampling Pole <input type="checkbox"/> Auto Sampler <input type="checkbox"/> Van Dorn <input type="checkbox"/> Other <input type="checkbox"/> Basket <input type="checkbox"/> N/A			<input type="checkbox"/> Water Bottle <input type="checkbox"/> Tygon Tube <input type="checkbox"/> Sampling Pole <input type="checkbox"/> Auto Sampler <input type="checkbox"/> Van Dorn <input type="checkbox"/> Other <input type="checkbox"/> Basket <input type="checkbox"/> N/A					
Gear Serial #												
Composite (Type)	<input type="checkbox"/> No			<input type="checkbox"/> No			<input type="checkbox"/> No					
	<input type="checkbox"/> Yes	<input type="checkbox"/> Flow	<input type="checkbox"/> Time	<input type="checkbox"/> Depth	<input type="checkbox"/> Yes	<input type="checkbox"/> Flow	<input type="checkbox"/> Time	<input type="checkbox"/> Depth	<input type="checkbox"/> Yes	<input type="checkbox"/> Flow	<input type="checkbox"/> Time	<input type="checkbox"/> Depth
Field Lat/Long	/			/			/					
Field Lat/Long Method	<input type="checkbox"/> GETAC F110 Tablet <input type="checkbox"/> Other:			<input type="checkbox"/> GETAC F110 Tablet <input type="checkbox"/> Other:			<input type="checkbox"/> GETAC F110 Tablet <input type="checkbox"/> Other:					
Sample Notes												
Bottle Group	Planned	Collected	Preserved In Field	Filtered In Field	Planned	Collected	Preserved In Field	Filtered In Field	Planned	Collected	Preserved In Field	Filtered In Field
Bacteria (B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N
Nutrient (N)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N
Nutrient (N2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N
Metals (M)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> HNO <sub>3</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> HNO <sub>3</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> HNO <sub>3</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N
Chloride (CL)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
OrgCarb (OC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> H <sub>3</sub> PO <sub>4</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> H <sub>3</sub> PO <sub>4</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> H <sub>3</sub> PO <sub>4</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N
Nutrient (N3)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
Solids (S)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
Chl a (I)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
Color/Turb (R)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N