Enter year to update dates in table below.
A sample submission plan must be submitted annually.

Completed by lab for new clients.
Existing clients use established program and project number

- Program number is 3 digits (XXX)
- Project number is 5 digits, beginning with Program Number (XXX-XX)

Sample Submission Plan

Calendar Year:	2019				
Program Name:		Program Number:		Project Leader Name:	
Project Name:		Project Number:		Project Leader Phone:	
				Sample delivery method:	

Project-specific QA/QC Required?	
Faster than 30 day TAT required?	
Chain of Custody required?	
Rain Event Sampling Program?	

A list of available tests and parameters can be found here.

Please send completed Sampling Plan to: agr.vael@vermont.gov

Week Beginning (Monday)	12/31/18	01/07/19	01/14/19	01/21/19	01/28/19	02/04/19	02/11/19	02/18/19	02/25/19	03/04/19	03/11/19	03/18/19	03/25/19	04/01/19	04/08/19	04/15/19	04/22/19	04/29/19	05/06/19	05/13/19	05/20/19	05/27/19	06/03/19	06/10/19	06/17/19	06/24/19	07/01/19	07/08/19	07/15/19	07/22/19	07/29/19	08/05/19	08/12/19	08/19/19	08/26/19	09/02/19	09/09/19	09/16/19	09/23/19	09/30/19	10/07/19	10/14/19	10/21/19	10/28/19	11/04/19	11/11/19	11/18/19	11/25/19	12/02/19	12/09/19	12/16/19	12/23/19
Test	Dec	Jan	Jan	Jan	Jan	Feb	Feb	Feb	Feb	Mar	Mar	Mar	Mar	Apr	Apr	Apr	Apr	Apr	May	May	May	May	Jun	Jun	Jun	Jun	Jul	Jul	Jul	Jul	Jul	Aug	Aug	Aug	Aug	Sep	Sep	Sep	Sep	Sep	Oct	Oct	Oct	Oct	Nov	Nov	Nov	Nov	Dec	Dec	Dec	Dec

Air Toxics Metals
Alkalinity
Ash
BOD
Chloride by Lachat
Chlorophyll-a
COD
Coliform, E. coli MPN

Select a test using the drop-down window.

Fill in the number of samples to be **submitted** each week.