

**Blackstone River Coalition
Watershed-wide Volunteer Water Quality Monitoring Program**

PHYSICAL AND CHEMICAL SURVEY

Site Information

1. **Waterbody Name:** _____ **Site Name:** _____
2. **Sampling Location Details (if applicable):** _____

3. **Volunteer Names:** _____

4. **Date:** _____
5. **Start Time:** _____ **End Time:** _____

Physical Information

- | | | |
|---|--|---|
| <p>1. Weather in the past 48 hours:</p> <p><input type="checkbox"/> Storm (heavy rain)
<input type="checkbox"/> Rain (steady rain)
<input type="checkbox"/> Showers (intermittent rain)
<input type="checkbox"/> Overcast
<input type="checkbox"/> Clear/Sunny
<input type="checkbox"/> Other _____</p> <p>2. Current Weather</p> <p><input type="checkbox"/> Storm (heavy rain)
<input type="checkbox"/> Rain (steady rain)
<input type="checkbox"/> Showers (intermittent rain)
<input type="checkbox"/> Overcast
<input type="checkbox"/> Clear/Sunny
<input type="checkbox"/> Other _____</p> <p>3. Air Temperature
Initial _____C

Ending _____C</p> <p>4. Water Temperature
Initial _____C

Ending _____C</p> | <p>5. Water Appearance</p> <p><input type="checkbox"/> Clear
<input type="checkbox"/> Milky
<input type="checkbox"/> Foamy
<input type="checkbox"/> Oily Sheen
<input type="checkbox"/> Dark Brown
<input type="checkbox"/> Greenish
<input type="checkbox"/> Orange
<input type="checkbox"/> Tea Color
<input type="checkbox"/> Other _____</p> <p>6. Presence of Trash</p> <p><input type="checkbox"/> None
<input type="checkbox"/> Light
<input type="checkbox"/> Heavy
Please describe i.e. litter, rubbish _____</p> <p>7. Erosion</p> <p><input type="checkbox"/> Undercut bank
<input type="checkbox"/> Slumping
<input type="checkbox"/> Erosional gullies in bank
<input type="checkbox"/> Bridge or building undermining
<input type="checkbox"/> No erosion
Please note any changes from last month _____

_____</p> | <p>8. Water Odor</p> <p><input type="checkbox"/> None
<input type="checkbox"/> Sewage
<input type="checkbox"/> Fishy
<input type="checkbox"/> Chlorine
<input type="checkbox"/> Rotten Eggs
<input type="checkbox"/> Other _____</p> <p>9. Nuisance Aquatic Vegetation</p> <p><input type="checkbox"/> None
<input type="checkbox"/> Light
<input type="checkbox"/> Medium
<input type="checkbox"/> Heavy
Comments _____</p> <p>10. Turbidity</p> <p><input type="checkbox"/> Clear
<input type="checkbox"/> Slight
<input type="checkbox"/> Medium
<input type="checkbox"/> Heavy</p> <p>Or enter results from turbidimeter here:
_____ NTU</p> |
|---|--|---|

Did you double check this datasheet in the field? _____
Did you have another volunteer check your work? _____

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Site: _____
Date: _____

Stream Flow Measurements

1. If your site has a stream gage, enter the reading here: _____ ft.
2. Any observations/changes to the stream gage?: _____

3. If your site does not have a stream gage, please record the water depth: _____ inches.

Chemical Information

- | | |
|---|---|
| <p>1. DO
_____ mg/L</p> <p>2. Oxygen Saturation
_____ %</p> | <p>3. Nitrates
_____ mg/L</p> <p>4. Orthophosphates
_____ mg/L</p> <p>5. Conductivity
_____ μS/cm</p> <p>6. Comments _____

_____</p> |
|---|---|

Did you double check this datasheet in the field? _____
Did you have another volunteer check your work? _____