

South Carolina Adopt-a-Stream: Tidal Saltwater Assessment

SITE INFORMATION	Group Name: _____ Event Date: _____ (MMDDYYYY) Group ID: _____ Site ID: _____ Time Sample Collected: _____ (HHMM am/pm) Waterbody Name: _____ Time Spent Sampling: _____ (Min) Monitor(s): _____ Total Time Spent Traveling (optional): _____ (Min) Number of Participants: _____ Furthest Distance Traveled (optional): _____ (Miles) (in addition to you)	
WEATHER	Present conditions (check all that apply) <input type="checkbox"/> Heavy Rain <input type="checkbox"/> Steady Rain <input type="checkbox"/> Intermittent Rain <input type="checkbox"/> Overcast <input type="checkbox"/> Clear/Sunny <input type="checkbox"/> Partly Cloudy	Amount of rain, if known? Amount in Inches: _____ In Last Hours/Days: _____ <i>*Go to cocorahs.org for rainfall data</i>
OBSERVATIONS	Tide is: <input type="checkbox"/> flow tide (incoming) <input type="checkbox"/> ebb tide (outgoing)	
OBSERVATIONS	Water Conditions <input type="checkbox"/> Calm <input type="checkbox"/> Ripples <input type="checkbox"/> Waves	
OBSERVATIONS	Water Surface: <input type="checkbox"/> Algae <input type="checkbox"/> Oil <input type="checkbox"/> Foam <input type="checkbox"/> Other	
OBSERVATIONS	Water Color: <input type="checkbox"/> No color <input type="checkbox"/> Brown/ Muddy <input type="checkbox"/> Green <input type="checkbox"/> Milky White <input type="checkbox"/> Tannic <input type="checkbox"/> Other: _____	
OBSERVATIONS	Water Odor: <input type="checkbox"/> Gas <input type="checkbox"/> Chlorine <input type="checkbox"/> Sewage/Manure <input type="checkbox"/> Fishy <input type="checkbox"/> Other: _____	
OBSERVATIONS	Water Clarity: <input type="checkbox"/> Transparent <input type="checkbox"/> Somewhat Turbid <input type="checkbox"/> Turbid	
HAZARDS, RISKS, BARRIERS	Hazards <input type="checkbox"/> Steep Bank <input type="checkbox"/> Trash <input type="checkbox"/> Fast Current <input type="checkbox"/> Other <input type="checkbox"/> None	Security <input type="checkbox"/> Drug Use <input type="checkbox"/> Vagrancy <input type="checkbox"/> Animals <input type="checkbox"/> Other <input type="checkbox"/> None
HAZARDS, RISKS, BARRIERS	Sources of Bacteria (signs of fecal matter) <input type="checkbox"/> Dog <input type="checkbox"/> Goose <input type="checkbox"/> Livestock <input type="checkbox"/> Human <input type="checkbox"/> Other <input type="checkbox"/> None	Barriers to Fish Movement <input type="checkbox"/> Incised Culvert <i>(pipe caving in or filled)</i> <input type="checkbox"/> Perched Culvert <i>(pipe set too high above water line)</i> <input type="checkbox"/> Low Flow <input type="checkbox"/> Dam <input type="checkbox"/> Other <input type="checkbox"/> None
OUTFALLS	Presence of Outfalls <input type="checkbox"/> Pipe <input type="checkbox"/> Other <input type="checkbox"/> None Presence of Outfall Flow after 3 Days of Dry Weather? <input type="checkbox"/> Yes <input type="checkbox"/> No	Condition of Outfalls <input type="checkbox"/> Eroded/Undercut <input type="checkbox"/> Trash/Debris <input type="checkbox"/> Damaged <input type="checkbox"/> Clogged <input type="checkbox"/> Vegetation <input type="checkbox"/> Other <input type="checkbox"/> Clear

Marsh Condition/Appearance

Photo(s):

Please take 2 pictures to document observations and changes that may impact water quality. Take 1 picture to document water height. Images can be uploaded online. Refer to Handbook for more info.

Marsh Condition/Appearance:

- Marsh Grass Green Marsh Grass Brown Marsh Surface Mostly Muddy
 Unseasonable Change in Color

- Is the marsh area?** Increasing Decreasing Same as last event
 Presence of Phragmites

Comments:

Located within 100 feet of Waterway:

(check all that apply)

- Industrial Commercial Agriculture Dock
 Residential development Groin Jetty

Comments:

Observed Impacts on Marsh:

- Trash Dumping Dredging Erosion Large vegetative debris Algae

Comments:

Biological Survey:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Snails | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Oysters | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Blue Crabs | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Fiddler Crabs | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Fish | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Barnacles | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Submerged aquatic vegetation | <input type="checkbox"/> Other: _____ |

Comments:

Surface Water Height:

- Photo Staff Gauge Use Gauge Reading: _____

Additional Comments/Observations:

(Include significant changes since last monitoring event)

- Chemicals: Are any chemicals expired?** Yes No List any expired: _____

Core Tests	Test 1	Test 2	Units
	Air Temp		
Water Temp			°C
pH (+/- 0.25)			Standard unit
Dissovled Oxygen (+/- 0.6)			mg/L or ppm
Salinity		(Deionized water)	o/00
Transparency	<input type="checkbox"/> Trans. Tube ____ cm <input type="checkbox"/> Greater than 120 cm <input type="checkbox"/> Turbidity ____ NTU		<input type="checkbox"/> Secchi Disk ____ m Disappearance depth Average ____ m Reappearance depth <input type="checkbox"/> Hit bottom before disappearing
Other Test			