

South Carolina Adopt-a-Stream: Phys/Chem,Bact,Macro Form

SITE INFORMATION	Group Name: _____ Event Date: _____ (MMDDYYYY) Group ID: G-_____ Site ID: S-_____ Time Sample Collected: _____ (HHMM am/pm) Stream Name: _____ Time Spent Sampling: _____ (Min) Monitor(s): _____ Total Time Spent Traveling (optional): _____ (Min) Number of Participants: _____ Furthest Distance Traveled (optional): _____ (Miles)						
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"/> Partly Cloudy <input type="checkbox"/> Clear/Sunny	Amount of rain, if known? Amount in Inches : _____ In Last Hours/Days: _____ *Refer to <i>wunderground.com</i> for rainfall data					
OBSERVATIONS	Flow/Water Level: <input type="checkbox"/> Dry <input type="checkbox"/> Stagnant/Still <input type="checkbox"/> Low <input type="checkbox"/> Normal <input type="checkbox"/> High <input type="checkbox"/> Flow (over banks) <small>(check all that apply)</small>						
	Water Clarity: <input type="checkbox"/> Clear/Transparent <input type="checkbox"/> Cloudy/Somewhat Turbid <input type="checkbox"/> Opaque/Turbid						
	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: _____						
	Water Surface: <input type="checkbox"/> Clear <input type="checkbox"/> Oily Sheen: does it break when disturbed? Yes/No (circle one) <input type="checkbox"/> Algae <input type="checkbox"/> Foam <input type="radio"/> Greater than 3" high <input type="radio"/> It is white						
	Water Odor: <input type="checkbox"/> Natural/None <input type="checkbox"/> Gasoline <input type="checkbox"/> Sewage <input type="checkbox"/> Rotten Egg <input type="checkbox"/> Fishy <input type="checkbox"/> Chlorine <input type="checkbox"/> Other: _____						
	Photos: Please take images to document your observations and changes in water quality conditions. Photo point directions can be found in the manuals. Images can be submitted online with your other data.						
	Trash: <input type="checkbox"/> None <input type="checkbox"/> Yes, I did a cleanup <input type="checkbox"/> This site needs an organized cleanup						
OTHER	<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; vertical-align: top;"> Hazards <input type="checkbox"/> Steep Bank <input type="checkbox"/> Trash <input type="checkbox"/> Fast Current <input type="checkbox"/> Other <input type="checkbox"/> None </td> <td style="width: 25%; vertical-align: top;"> Security <input type="checkbox"/> Drug Use <input type="checkbox"/> Vagrancy <input type="checkbox"/> Animals <input type="checkbox"/> Other <input type="checkbox"/> None </td> <td style="width: 25%; vertical-align: top;"> Sources of Bacteria <small>(signs of fecal matter)</small> <input type="checkbox"/> Dog <input type="checkbox"/> Human <input type="checkbox"/> Goose <input type="checkbox"/> Livestock <input type="checkbox"/> Other <input type="checkbox"/> None </td> <td style="width: 25%; vertical-align: top;"> Barriers to Fish Movement <input type="checkbox"/> Incised Culvert <input type="checkbox"/> Dam <input type="checkbox"/> Narrow Culvert <input type="checkbox"/> Other <input type="checkbox"/> Channelization <input type="checkbox"/> None </td> </tr> </table>		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	Sources of Bacteria <small>(signs of fecal matter)</small> <input type="checkbox"/> Dog <input type="checkbox"/> Human <input type="checkbox"/> Goose <input type="checkbox"/> Livestock <input type="checkbox"/> Other <input type="checkbox"/> None	Barriers to Fish Movement <input type="checkbox"/> Incised Culvert <input type="checkbox"/> Dam <input type="checkbox"/> Narrow Culvert <input type="checkbox"/> Other <input type="checkbox"/> Channelization <input type="checkbox"/> None	
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OUTFALLS	Presence of Outfalls <input type="checkbox"/> Culvert <input type="checkbox"/> Other <input type="checkbox"/> Drain <input type="checkbox"/> None <input type="checkbox"/> Pipe <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;"> Diameter _____ in. </div>	Condition of Outfalls <input type="checkbox"/> Eroded or undercut <input type="checkbox"/> Trash/Debris Present <input type="checkbox"/> Cracked or damaged <input type="checkbox"/> Clogged <input type="checkbox"/> Clear <input type="checkbox"/> Invasive vegetation, leaves, debris	Presence of Flow after 3 Days of Dry Weather? <input type="checkbox"/> Yes <input type="checkbox"/> No	STREAM WIDTH	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"> "Bank Full" Width <small>(width from the top of one bank to the other)</small> <div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto; text-align: center; line-height: 30px;">ft.</div> </td> <td style="width: 50%; text-align: center;"> Active Channel Width <small>(width of the water in the stream)</small> <div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto; text-align: center; line-height: 30px;">ft.</div> </td> </tr> </table>	"Bank Full" Width <small>(width from the top of one bank to the other)</small> <div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto; text-align: center; line-height: 30px;">ft.</div>	Active Channel Width <small>(width of the water in the stream)</small> <div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto; text-align: center; line-height: 30px;">ft.</div>
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CHEMICAL	Conductivity Meter Calibration (within 24hrs of sampling)									
	Date _____ Time _____ Standard Value _____ Initial Meter Reading _____ Meter Adjusted to _____									
	Reagents: Are any reagents expired? <input type="checkbox"/> Yes <input type="checkbox"/> No List any expired: _____									
	Core Tests		Test 1	Test 2	Units	Other Tests		Test 1	Test 2	Units
	Air Temp				°C					
	Water Temp				°C					
pH (+/-0.25)				Standard unit						
Dissolved Oxygen (+/-0.6)				mg/L or ppm						
Conductivity				uS/cm						
BACTERIAL	3M Petrifilm Method: <i>Escherichia coli</i>									
	Run three (3) plates/tests for each site, plus one (1) blank plate. Process within 6-24hrs, incubate at 35°C ±1° and read at 24 ± 1 hr									
	Plate	Colonies	Find AVG of Number of Colonies					cfu/100mL		
	Blank		(total # colonies/total # of plates (do not include blank)							
	1		(/) x 100 =							
	2		Sample Holding Time (HH): _____							
3		Date START(MMDDYYYY): _____			Date END (MMDDYYYY): _____					
Total # Colonies		Time START (HHMM): _____			Time END (HHMM): _____					
		MIN Temp (°C): _____			MAX Temp (°C): _____					
COMMENTS	<i>Any changes since you last sampled at this site? If yes, please describe.</i>									

**Please submit all data promptly to the SC Adopt-a-Stream
www.scadoptastream.org**

