

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 Condition: <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"/> Red/Orange <input type="checkbox"/> Gray <input type="checkbox"/> Milky/White <input type="checkbox"/> Black <input type="checkbox"/> Other: _____																													
OBSERVATIONS	Water Odor: <input type="checkbox"/> Gas <input type="checkbox"/> Chlorine <input type="checkbox"/> Rotten Eggs <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	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:25%;">Hazards</th> <th style="width:25%;">Security</th> <th style="width:25%;">Sources of Bacteria <small>(signs of fecal matter)</small></th> <th style="width:25%;">Barriers to Fish Movement</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Steep Bank</td> <td><input type="checkbox"/> Drug Use</td> <td><input type="checkbox"/> Dog</td> <td><input type="checkbox"/> Incised Culvert <i>(pipe caving in or filled)</i></td> </tr> <tr> <td><input type="checkbox"/> Trash</td> <td><input type="checkbox"/> Vagrancy</td> <td><input type="checkbox"/> Goose</td> <td><input type="checkbox"/> Perched Culvert <i>(pipe set too high above water line)</i></td> </tr> <tr> <td><input type="checkbox"/> Fast Current</td> <td><input type="checkbox"/> Animals</td> <td><input type="checkbox"/> Livestock</td> <td><input type="checkbox"/> Low Flow</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/> Human</td> <td><input type="checkbox"/> Dam</td> </tr> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> None</td> </tr> </tbody> </table>		Hazards	Security	Sources of Bacteria <small>(signs of fecal matter)</small>	Barriers to Fish Movement	<input type="checkbox"/> Steep Bank	<input type="checkbox"/> Drug Use	<input type="checkbox"/> Dog	<input type="checkbox"/> Incised Culvert <i>(pipe caving in or filled)</i>	<input type="checkbox"/> Trash	<input type="checkbox"/> Vagrancy	<input type="checkbox"/> Goose	<input type="checkbox"/> Perched Culvert <i>(pipe set too high above water line)</i>	<input type="checkbox"/> Fast Current	<input type="checkbox"/> Animals	<input type="checkbox"/> Livestock	<input type="checkbox"/> Low Flow	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Human	<input type="checkbox"/> Dam	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> Other	<input type="checkbox"/> Other			<input type="checkbox"/> None	<input type="checkbox"/> None
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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 <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;"> _____ in. Diameter </div>	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	CHANNEL DIMENSIONS																											
			"Bank Full" Width _____ ft. <small>(width from top of a bank to other)</small> Active Channel Width _____ ft. <small>(width of the water in the creek)</small> Depth to Water _____ ft.																											

Wetland 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.

Wetland Condition/Appearance:

- Marsh Grass Green Marsh Grass Brown Marsh Surface Mostly Muddy
 Unseasonable Change in Color Other: _____
 Presence of Phragmites

Is the area? Increasing Decreasing Same as last event

Comments:

Located within 100 feet of Waterway:

(check all that apply)

- Industrial Commercial Agriculture Dock
 Residential development Groin Jetty

Comments:

Impaired Habitat Indicators:

- 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			°C
Water Temp			°C
pH (+/- 0.25)			Standard unit
Dissolved 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 Average ____ m <input type="checkbox"/> Hit bottom before disappearing	Disappearance depth Reappearance depth

Other Test