

Adopt-A-Lake: Bacterial Form

To be conducted every month

SITE INFORMATION	Group Name: _____		Event Date: _____ (MMDDYYYY)	
	Group ID: G-_____ Site ID: S-_____		Time Sample Collected: _____ (HHMM am/pm)	
WEATHER	Stream Name: _____		Time Spent Sampling: _____ (Min)	
	Monitor(s): _____		Total Time Spent Traveling (optional): _____ (Min)	
	Number of Participants: _____		Furthest Distance Traveled (optional): _____ (Miles)	
	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	Water Conditions (check all that apply) <input type="checkbox"/> Calm/smooth <input type="checkbox"/> Ripples <input type="checkbox"/> Waves <input type="checkbox"/> White Caps			
	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"/> Flood (over banks) <small>(Select 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			
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	
	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): _____	
COMMENTS	MIN Temp (°C): _____ MAX Temp (°C): _____			
	Any changes since you last sampled at this site? If yes, please describe. 			

Please submit data to our online database at www.GeorgiaAdoptAStream.org