

# Adopt-A-Lake: Chemical 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)	
	Stream Name: _____		Time Spent Sampling: _____ (Min)	
	Monitor(s): _____		Total Time Spent Traveling (optional): _____ (Min)	
	Number of Participants: _____		Furthest Distance Traveled (optional): _____ (Miles)	
WEATHER	<b>Present conditions (check all that apply)</b> <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			<b>Amount of rain, if known?</b> Amount in Inches : _____ In Last Hours/Days: _____
	<b>Water Conditions (check all that apply)</b> <input type="checkbox"/> Calm/smooth <input type="checkbox"/> Ripples <input type="checkbox"/> Waves <input type="checkbox"/> White Caps			*Refer to <i>wunderground.com</i> for rainfall data
OBSERVATIONS	<b>Flow/Water Level:</b> <small>(Select all that apply)</small> <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)			
	<b>Water Clarity:</b> <input type="checkbox"/> Clear/Transparent <input type="checkbox"/> Cloudy/Somewhat Turbid <input type="checkbox"/> Opaque/Turbid			
	<b>Water Color:</b> <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: _____			
	<b>Water Surface:</b> <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			
	<b>Water Odor:</b> <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: _____			
	<b>Photos:</b> 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.			
	<b>Trash:</b> <input type="checkbox"/> None <input type="checkbox"/> Yes, I did a cleanup <input type="checkbox"/> This site needs an organized cleanup			
CHEMICAL	<b>Conductivity Meter Calibration (within 24hrs of sampling)</b>			
	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: _____			
	<b>Core Tests</b>	<b>Test 1</b>	<b>Test 2</b>	<b>Units</b>
	Air Temp			°C
	Water Temp			°C
	Secchi Depth(+/- 10)			cm
	Chlorophyll a			
~amount water filtered			mL	
COMMENTS	<b>Any changes since you last sampled at this site? If yes, please describe.</b>           			

Please submit data to our online database at [www.GeorgiaAdoptAStream.org](http://www.GeorgiaAdoptAStream.org)