

GEORGIA ADOPT-A-STREAM: Chemical/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)	
	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)			Amount of rain, if known?
	<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 in Inches : _____ In Last Hours/Days: _____ <i>*Refer to wunderground.com for rainfall data</i>
OBSERVATIONS	Flow/Water Level: (check all that apply) <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)			
	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. Send photo to AAS@gaepd.org.			
	Trash: <input type="checkbox"/> None <input type="checkbox"/> Yes, I did a cleanup <input type="checkbox"/> This site needs an organized cleanup			
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		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: Escherichia coli			
	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): _____		
		MIN Temp (°C): _____ MAX Temp (°C): _____		
COMMENTS	Any changes since you last sampled at this site? If yes, please describe.			

Please submit data to our online database at AdoptAStream.Georgia.gov