

GEORGIA ADOPT-A-STREAM: 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	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: (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 pure white Other: _____																																													
	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 photos 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: _____																																													
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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