

# Chapter **3**

## **BACTERIAL FORMS**

- Bacterial Data Form
- UGA Adopt-A-Stream Lab Submission Form

# GEORGIA ADOPT-A-STREAM: Bacterial Form

To be conducted every month

<b>SITE INFORMATION</b>	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)																												
<b>WEATHER</b>	<p><b>Present conditions (check all that apply)</b></p> <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																													
	<p><b>Amount of rain, if known?</b></p> Amount in Inches : _____ In Last Hours/Days: _____ <i>*Refer to <a href="http://wunderground.com">wunderground.com</a> for rainfall data</i>																													
<b>OBSERVATIONS</b>	<p><b>Flow/Water Level:</b> (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"/> Flood (over banks)</p> <p><b>Water Clarity:</b>    <input type="checkbox"/> Clear/Transparent    <input type="checkbox"/> Cloudy/Somewhat Turbid    <input type="checkbox"/> Opaque/Turbid</p> <p><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: _____</p> <p><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</p> <p><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: _____</p> <p><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.</p> <p><b>Trash:</b>    <input type="checkbox"/> None    <input type="checkbox"/> Yes, I did a cleanup    <input type="checkbox"/> This site needs an organized cleanup</p>																													
<b>BACTERIAL</b>	<p><b>3M Petrifilm Method: <i>Escherichia coli</i></b>            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</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Plate</th> <th style="width: 15%;">Colonies</th> <th style="width: 55%;">Find AVG of Number of Colonies</th> <th style="width: 15%;">cfu/100mL</th> </tr> </thead> <tbody> <tr> <td>Blank</td> <td></td> <td>(total # colonies/total # of plates (do not include blank)</td> <td></td> </tr> <tr> <td>1</td> <td></td> <td>(       /       ) x 100 =</td> <td></td> </tr> <tr> <td>2</td> <td></td> <td colspan="2">Sample Holding Time (HH): _____</td> </tr> <tr> <td>3</td> <td></td> <td colspan="2">Date START(MMDDYYYY): _____      Date END (MMDDYYYY): _____</td> </tr> <tr> <td>Total # Colonies</td> <td></td> <td colspan="2">Time START (HHMM): _____      Time END (HHMM): _____</td> </tr> <tr> <td></td> <td></td> <td colspan="2">MIN Temp ( °C): _____      MAX Temp ( °C): _____</td> </tr> </tbody> </table>		Plate	Colonies	Find AVG of Number of Colonies	cfu/100mL	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): _____	
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<b>COMMENTS</b>	<p><b>Any changes since you last sampled at this site? If yes, please describe.</b></p>																													

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



**The University of Georgia**  
**College of Agricultural and Environmental Sciences**  
**Cooperative Extension**

AGRICULTURAL AND ENVIRONMENTAL SERVICES LABORATORIES  
 2300-2400 College Station Road, Athens, GA 30602-9150  
 706-542-7690

LAB #:  
 Received by:  
 Date and Time:

**UGA ADOPT-A-STREAM LAB SUBMISSION FORM**

Samples accepted Monday – Thursday

You must call the lab to schedule advanced testing prior to shipping your sample.

<b>AAS Group Name:</b> _____		<b>Group ID Number:</b> _____	
<b>ADVANCED LAB TEST PACKAGE \$50</b>		<b>OTHER LAB TESTS</b>	
pH	(1 liter for all four parameters)	Fecal Coliform \$30 (contact UGA lab for 125 ml sterile bottle)	
Total Alkalinity		<i>Escherichia coli</i> \$30 (contact UGA lab for 125 ml sterile bottle)	
Specific Conductance		Total Kjeldahl Nitrogen \$20 (250 ml)	(Or 500 ml for both)
Turbidity		Total Phosphorus \$22 (250 ml)	
Nitrate-Nitrogen	125 ml w/ sulfuric acid for both Nitrate and Ammonia	Total Suspended Solids \$15 (1 liter or 500 ml for clean water)	
Ammonia-Nitrogen		Chlorophyll A \$50 or \$40 if submitted as frozen filters (1 liter)	
Total Reactive Phosphorus (125 ml glass bottle)		Metal Scan – Ca, Mg, Na, K, Zn, Fe, Mn, Cu, B, Mo, Al, Cd, Cr \$15 (125 ml)	

AAS Site ID #	Field Data (MUST be provided)				Test Requested (See above)	
	pH	Water Temp	Date/Time Collected	Collected By	Advanced Lab Test Package	Other Lab Tests

Relinquished by: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 Received by: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 Relinquished by: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 Received by: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Send samples, forms, and payment to:  
**Feed and Environmental Water Lab**  
**2300 College Station Road**  
**Athens, GA 30602 - 9105**

**Note:** Make check payable to the “Feed and Environmental Lab”  
 \*\*Prices may change without notice, please confirm prices with the lab prior to submitting samples.

