

# GEORGIA ADOPT-A-STREAM: Chemical 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>	<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: _____ *Refer to wunderground.com for rainfall data																																																
<b>OBSERVATIONS</b>	<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) <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 pure white   Other: _____ <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																																																	
<b>CHEMICAL</b>	<b>Conductivity Meter Calibration (within 24hrs of sampling)</b> Date _____ Time _____ Standard Value _____ Initial Meter Reading _____ Meter Adjusted to _____ <b>Reagents: Are any reagents expired?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No   List any expired: _____																																																	
		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Core Tests</th> <th style="width: 10%;">Test 1</th> <th style="width: 10%;">Test 2</th> <th style="width: 10%;">Units</th> <th style="width: 25%;">Other Tests</th> <th style="width: 10%;">Test 1</th> <th style="width: 10%;">Test 2</th> <th style="width: 10%;">Units</th> </tr> </thead> <tbody> <tr> <td>Air Temp</td> <td></td> <td></td> <td>°C</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Water Temp</td> <td></td> <td></td> <td>°C</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>pH (+/-0.25)</td> <td></td> <td></td> <td>Standard unit</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Dissolved Oxygen (+/-0.6)</td> <td></td> <td></td> <td>mg/L or ppm</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Conductivity</td> <td></td> <td></td> <td>uS/cm</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Core Tests	Test 1	Test 2	Units	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				
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<b>COMMENTS</b>	Any changes since you last sampled at this site? If yes, please describe.																																																	

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