

Saco River Basin Water Quality Monitoring Program

FIELD & CHEMICAL DATA SHEET

PART I – SITE AND FIELD SAMPLER IDENTIFICATION			
Site Code Number		Site Code Location	
Sample Collection Date	Sample Collection Time	<u>Begin</u> a.m.	<u>Finish</u> a.m.
Field Samplers Names			
PART II – WEATHER CONDITIONS			
Sky (check two) <input type="checkbox"/> Clear <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Mostly Cloudy <input type="checkbox"/> Fog <input type="checkbox"/> Hazy		Wind (check one) <input type="checkbox"/> Calm <input type="checkbox"/> Light <input type="checkbox"/> Breezy <input type="checkbox"/> Gusty	
Precipitation (check one and circle one if necessary) <input type="checkbox"/> None <input type="checkbox"/> Past 12 hours - Light Heavy <input type="checkbox"/> Past 24 hours - Light Heavy <input type="checkbox"/> Past 48 hours - Light Heavy <input type="checkbox"/> Past 72 hours - Light Heavy		Air Temperature (check one) <input type="checkbox"/> Less than 4 °C (< 40 °F) COLD <input type="checkbox"/> 4 °C – 15.5 °C (40 °F – 60 °F) COOL <input type="checkbox"/> 16 °C – 27 °C (61 °F – 80 °F) WARM <input type="checkbox"/> Greater than 27 °C (> 80 °F) HOT	
PART III – SITE OBSERVATIONS			
Water Appearance (check the best choice) <input type="checkbox"/> Clear <input type="checkbox"/> Milky <input type="checkbox"/> Muddy <input type="checkbox"/> Foamy		Bottom Appearance (check the best choice) <input type="checkbox"/> Silt <input type="checkbox"/> Sand <input type="checkbox"/> Gravel	
<input type="checkbox"/> Oily <input type="checkbox"/> Light/Dark Brown <input type="checkbox"/> Greenish <input type="checkbox"/> Other		<input type="checkbox"/> Rocky <input type="checkbox"/> Vegetation <input type="checkbox"/> Cannot See Bottom	
Water Odor (check the best choice) <input type="checkbox"/> None <input type="checkbox"/> Fishy <input type="checkbox"/> Chlorine		Water Flow (check the best choice) <input type="checkbox"/> Sewage <input type="checkbox"/> Rotten Eggs <input type="checkbox"/> Other	
<input type="checkbox"/> Not flowing <input type="checkbox"/> Slow		<input type="checkbox"/> Fast <input type="checkbox"/> Rapid	
Wildlife Observations (i.e., birds, fish, insects) If none, indicate so.			
Floatable Observations (i.e., debris, foam, leaves) If none, indicate so.			
Surrounding Area Observations (i.e., recent development, road maintenance) If none, indicate so.			

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PART IV – EQUIPMENT INFORMATION AND CALIBRATION			
pH Meter Used 0 _____	Has this meter been calibrated today?	<i>Yes or No (circle one)</i>	
	What time was the last calibration completed?	<i>a.m. (indicate time)</i>	
	Who performed that calibration?	<i>(initials)</i>	
	What was the slope value? (± 3 mV of -58)	<i>(indicate slope value)</i>	
DO Meter Used 0 _____	Has this meter been calibrated today?	<i>Yes or No (circle one)</i>	
	What time was the last calibration completed?	<i>a.m. (indicate time)</i>	
	Who performed that calibration?	<i>(initials)</i>	
Turbidimeter Used 0 _____	Has this meter been calibrated within past 3 months?	<i>Yes or No (circle one)</i>	
	What date was the last calibration completed?	<i>(indicate date)</i>	
	Who performed that calibration?	<i>(initials)</i>	
IMPORTANT – CALIBRATIONS MUST BE COMPLETED ON THE MORNING OF TESTING. IMPROPERLY CALIBRATED EQUIPMENT MAY RESULT IN UNRELIABLE TESTING RESULTS.			
PART V – FIELD MEASUREMENTS			
Parameter	pH	Turbidity	Thermometer Reading
Reading #1	units	NTU	_____ ° C
Reading #2	units	NTU	
Average of Readings	units	NTU	
Depth of Readings	inches	inches	
Parameter	Dissolved Oxygen		Temperature (DO)
Reading #1	mg/l	% sat	° C
Reading #2	mg/l	% sat	° C
Average of Readings	mg/l	% sat	° C
Depth of Readings	inches	inches	inches
<i>Note: Do not fill in the shaded boxes. The Average of Readings will be computed by staff.</i>			
<i>Escherichia coli</i> Sample (<input type="checkbox"/> check if no sample collected)	Total Kjeldahl Nitrogen Sample (<input type="checkbox"/> check if no sample collected)	Total Phosphorus/Orthophosphate Sample (<input type="checkbox"/> check if no sample collected)	
Time Collected: a.m.	Time Collected: a.m.	Time Collected: a.m.	
Depth of Sample: inches	Depth of Sample: inches	Depth of Sample: inches	
PART VI – ADDITIONAL COMMENTS/INFORMATION			
If you encounter any meter issues/problems, be very specific on what happened and any actions you took.			

Check here if Standard Operating Procedures Followed: **Volunteer**
 For Office Use Only: **Program Coordinator** **Quality Control**