



2022 Field Data Sheet
Saco River Corridor Commission

*SRCC Team
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PART I – SITE AND FIELD SAMPLER IDENTIFICATION

Site Code	Date
Stream Name	Start Time
Field Samplers	

PART II – WEATHER CONDITIONS

Check all that apply

<p align="center">Sky</p> <input type="checkbox"/> Clear <input type="checkbox"/> Drizzle <input type="checkbox"/> Sunny <input type="checkbox"/> Steady Rain <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Downpour <input type="checkbox"/> Mostly Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> No Precipitation <input type="checkbox"/> Hazy <input type="checkbox"/> Other _____	<p align="center">Air Temperature</p> <input type="checkbox"/> Cold: Less than 4 °C (< 40 °F) <input type="checkbox"/> Cool: 4 – 15.5 °C (40 – 60 °F) <input type="checkbox"/> Warm: 16 – 27 °C (61 – 80 °F) <input type="checkbox"/> Hot: Greater than 27 °C (> 80 °F)
<p align="center">Wind</p> <input type="checkbox"/> Calm <input type="checkbox"/> Breezy <input type="checkbox"/> Light <input type="checkbox"/> Gusty	<p align="center">Precipitation – Last 24 hours</p> <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> Heavy

PART III – SITE OBSERVATIONS

Check all that apply

<p align="center">Water Appearance</p> <input type="checkbox"/> Clear <input type="checkbox"/> Oily <input type="checkbox"/> Milky <input type="checkbox"/> Light/Dark Brown <input type="checkbox"/> Muddy <input type="checkbox"/> Greenish <input type="checkbox"/> Foamy <input type="checkbox"/> Other _____	<p align="center">Bottom Appearance</p> <input type="checkbox"/> Silt <input type="checkbox"/> Rocky <input type="checkbox"/> Sand <input type="checkbox"/> Vegetation <input type="checkbox"/> Gravel <input type="checkbox"/> Cannot see bottom <input type="checkbox"/> Culvert <input type="checkbox"/> Other _____
<p align="center">Water Odor</p> <input type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Fishy <input type="checkbox"/> Rotten eggs <input type="checkbox"/> Chlorine <input type="checkbox"/> Other _____	<p align="center">Water Flow</p> <input type="checkbox"/> Not flowing <input type="checkbox"/> Fast <input type="checkbox"/> Slow <input type="checkbox"/> Rapid <input type="checkbox"/> Average Flow

Site Observations (foam, road construction, etc.)

Wildlife Observations

Submersed Aquatic OR Terrestrial Plants

None Suspect Variable Milfoil *If yes, please take a photo*

Suspect Japanese Knotweed *If yes, please take a photo*

Other (please describe) _____

Notes

PART IV – EQUIPMENT INFORMATION AND CALIBRATION

Meter Number	1 2 3 4 5
Are both probes calibrated?	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <i>LDO Probe</i> <input type="checkbox"/> OK </div> <div style="text-align: center;"> <i>Conductivity Probe</i> <input type="checkbox"/> OK </div> </div> <p align="center">If you see this symbol instead, the probe is not calibrated</p>

PART V – FIELD MEASUREMENTS

<i>Multi Meter Probes</i>	<i>LDO Probe</i>			<i>Conduct. Probe</i>
Parameter	Dissolved Oxygen		Temperature	Conductivity
Reading # 1	mg/l	%	° C	µs/cm
Reading # 2	mg/l	%	° C	µs/cm
<i>SRCC office only</i> Average				
Parameter	<i>Turbidity Meter</i> Turbidity	<i>Blue Thermometer</i> Temperature	<i>SRCC office only</i> pH	
Reading # 1	NTU	° C		
Reading # 2	NTU			
<i>SRCC office only</i> Average				
<input type="checkbox"/> <i>LDO and Conduct. probe</i> Sampled from well-mixed water		<input type="checkbox"/> <i>Turbidity and pH sample</i> Sampled from well-mixed water		

PART VI – WATER SAMPLE(S)

Water samples collected	Water sample info
<input type="checkbox"/> pH <i>Collected every sampling</i>	Time on bottle(s)
<i>Additional water samples</i> <input type="checkbox"/> Lab Bottle <i>Collected monthly</i> <input type="checkbox"/> Lab Bottle Dup <i>Collected as directed</i> <input type="checkbox"/> Bacteria <i>Collected as directed</i> <input type="checkbox"/> Bacteria Dup <i>Collected as directed</i>	
	Initials on bottle(s) <input type="checkbox"/> Water sample taken from well-mixed water <input type="checkbox"/> No sample

PART VII – VERIFICATION

<input type="checkbox"/> <i>Check to verify that the RIVERS Protocol was followed to the best of your ability without issue</i>	
Sampler Initials	End Time
<i>Notes (issues, equipment problems, etc.)</i>	

For Office Use Only: In Office Quality Control

Program Coordinator:

WQM Director: