

**Blackstone River Coalition  
Watershed-wide Volunteer Water Quality Monitoring Program**

**PHYSICAL AND CHEMICAL SURVEY**

**Site Information**

1. Site Number: \_\_\_\_\_ Site Name: \_\_\_\_\_
2. Site Location: \_\_\_\_\_  
\_\_\_\_\_
3. Lat: \_\_\_\_\_ Long: \_\_\_\_\_
4. Volunteer Names: \_\_\_\_\_  
\_\_\_\_\_
5. Date: \_\_\_\_\_
6. Start Time: \_\_\_\_\_ End Time \_\_\_\_\_

**Physical Information**

- |   |   |   |
|---|---|---|
| <p><b>1. Weather in the past 48 hours:</b></p> <p><input type="checkbox"/> Storm (heavy rain)<br/><input type="checkbox"/> Rain (steady rain)<br/><input type="checkbox"/> Showers (intermittent rain)<br/><input type="checkbox"/> Overcast<br/><input type="checkbox"/> Clear/Sunny<br/><input type="checkbox"/> Other _____</p> <p><b>2. Current Weather</b></p> <p><input type="checkbox"/> Storm (heavy rain)<br/><input type="checkbox"/> Rain (steady rain)<br/><input type="checkbox"/> Showers (intermittent rain)<br/><input type="checkbox"/> Overcast<br/><input type="checkbox"/> Clear/Sunny<br/><input type="checkbox"/> Other _____</p> <p><b>3. Air Temperature</b><br/>Initial _____ F _____ C<br/><br/>Ending _____ F _____ C</p> <p><b>4. Water Temperature</b><br/>Initial _____ F _____ C<br/><br/>Ending _____ F _____ C</p> | <p><b>5. Water Appearance</b></p> <p><input type="checkbox"/> Clear<br/><input type="checkbox"/> Milky<br/><input type="checkbox"/> Foamy<br/><input type="checkbox"/> Oily Sheen<br/><input type="checkbox"/> Dark Brown<br/><input type="checkbox"/> Greenish<br/><input type="checkbox"/> Orange<br/><input type="checkbox"/> Other _____</p> <p><b>6. Presence of Trash</b></p> <p><input type="checkbox"/> None<br/><input type="checkbox"/> Light<br/><input type="checkbox"/> Heavy<br/>Please describe i.e. litter, rubbish _____</p> <p><b>7. Erosion</b></p> <p><input type="checkbox"/> Undercut bank<br/><input type="checkbox"/> Slumping<br/><input type="checkbox"/> Erosional gullies in bank<br/><input type="checkbox"/> Bridge or building undermining<br/>Please note any changes from last month _____<br/>_____<br/>_____</p> | <p><b>8. Water Odor</b></p> <p><input type="checkbox"/> None<br/><input type="checkbox"/> Sewage<br/><input type="checkbox"/> Fishy<br/><input type="checkbox"/> Chlorine<br/><input type="checkbox"/> Rotten Eggs<br/><input type="checkbox"/> Other _____</p> <p><b>9. Nuisance Aquatic Vegetation</b></p> <p><input type="checkbox"/> None<br/><input type="checkbox"/> Light<br/><input type="checkbox"/> Medium<br/><input type="checkbox"/> Heavy<br/>Comments _____</p> <p><b>10. Turbidity</b></p> <p><input type="checkbox"/> Clear<br/><input type="checkbox"/> Slight<br/><input type="checkbox"/> Medium<br/><input type="checkbox"/> Heavy<br/><br/>Or enter results from turbidimeter here:<br/>_____ NTU</p> |
|---|---|---|

Did you double check this datasheet in the field? \_\_\_\_\_  
Did you have another volunteer check your work? \_\_\_\_\_

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Site: \_\_\_\_\_  
Date: \_\_\_\_\_

**Stream Flow Measurements**

1. If your site has a stream gage, enter the depth here: \_\_\_\_\_ ft.
2. Any observations/changes to the stream gage?: \_\_\_\_\_  
\_\_\_\_\_
3. If your site does not have a stream gage, please record the water depth: \_\_\_\_\_.

**Chemical Information**

1. DO  
\_\_\_\_\_ mg/L

2. Oxygen Saturation  
\_\_\_\_\_ %

Method Used:

- Chart  
 Other \_\_\_\_\_

3. Nitrates  
\_\_\_\_\_ mg/L

4. Orthophosphates  
\_\_\_\_\_ mg/L

5. Conductivity  
\_\_\_\_\_  $\mu$ S/cm

6. Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you double check this datasheet in the field? \_\_\_\_\_  
Did you have another volunteer check your work? \_\_\_\_\_