

Massachusetts Department of Environmental Protection/Division of Watershed Management

Project Lead (initial) _____.

Pipes and Closed Conduits (2020)

Station Sheet ____ of ____.

| | | | | | | | | | | | | | | | | | |
|---|-----------------------------------|---------------------|---|------------|---|-------------|---------|--|---------|--------------------------------|---------------|----------------|-------|--------------|-----------|-------|-----------------------------------|
| General Information | | | | | | | | | | | | | | | | | |
| Project | | | | | Weather for last 3 days: <i>see attached (http://www.erh.noaa.gov/box/dailystns.shtml)</i> | | | | | | | | | | | | |
| Pipe discharges to: | | | | | Current survey weather: | | | | | | | | | | | | |
| Town | | | | | Crew Lead: | | | | | | | | | | | | |
| Site Name | | | | | Other Crew: | | | | | | | | | | | | |
| Site Information <i>(Determine left or right bank by looking downstream.)</i> | | | | | | | | | | | | | | | | | |
| Date: | | | | | Time (24 hr): | | | | | Photos (# and subject) | | | | | | | |
| | | | | | AM ____ PM ____ | | | | | | | | | | | | |
| Sampling Location <i>(describe where and how sampled, including how accessed; include sketch on reverse):</i> | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| "Field" Lat/Long <i>(GPS unit/lat-long in decimal degrees/accuracy):</i> _____ / _____ / _____. | | | | | | | | | | | | | | | | | |
| Source Water: <input type="checkbox"/> stormwater <input type="checkbox"/> WWTP outfall <input type="checkbox"/> sewer (illicit) <input type="checkbox"/> CSO <input type="checkbox"/> unknown <input type="checkbox"/> other: | | | | | | | | | | | | | | | | | |
| Type: <input type="checkbox"/> plastic <input type="checkbox"/> concrete <input type="checkbox"/> metal <input type="checkbox"/> clay/brick <input type="checkbox"/> other: | | | | | | | | | | | | | | | | | |
| Pipe Size (ID): <input type="checkbox"/> 4" <input type="checkbox"/> 6" <input type="checkbox"/> 12" <input type="checkbox"/> 18" <input type="checkbox"/> 24" <input type="checkbox"/> 30" <input type="checkbox"/> 36" <input type="checkbox"/> 42" <input type="checkbox"/> 48" <input type="checkbox"/> other: | | | | | | | | | | | | | | | | | |
| Est. pipe slope (in feet per 100'): <input type="checkbox"/> .5' <input type="checkbox"/> 1' <input type="checkbox"/> 3' <input type="checkbox"/> 5' <input type="checkbox"/> 10' <input type="checkbox"/> 20' <input type="checkbox"/> 30' <input type="checkbox"/> other: | | | | | | | | | | | | | | | | | |
| Pipe flow condition: <input type="checkbox"/> Flowing <input type="checkbox"/> No Water <input type="checkbox"/> Stagnant (Pooled) <input type="checkbox"/> Ice-covered <input type="checkbox"/> No Access | | | | | | | | | | | | | | | | | |
| Est. water velocity in pipe: <input type="checkbox"/> ~0 fps <input type="checkbox"/> < 1 fps <input type="checkbox"/> 1 - 3 fps <input type="checkbox"/> 3 - 5 fps <input type="checkbox"/> >5 fps | | | | | | | | | | | | | | | | | |
| Est. water height in pipe (in feet): | | | | | | | | | | | | | | | | | |
| Water Odor: <input type="checkbox"/> None <input type="checkbox"/> Sulfide <input type="checkbox"/> Chlorine <input type="checkbox"/> Petroleum <input type="checkbox"/> Musty <input type="checkbox"/> Sewage <input type="checkbox"/> Septic <input type="checkbox"/> Other: | | | | | | | | | | | | | | | | | |
| Floatables: <input type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Oily sheen <input type="checkbox"/> Algal mat/clumps <input type="checkbox"/> Pollen <input type="checkbox"/> Foam <input type="checkbox"/> Other: | | | | | | | | | | | | | | | | | |
| Water Color: <input type="checkbox"/> None <input type="checkbox"/> Greyish <input type="checkbox"/> Brownish <input type="checkbox"/> Blackish <input type="checkbox"/> Rusty/Reddish <input type="checkbox"/> Yellow/Tan <input type="checkbox"/> Other: | | | | | | | | | | | | | | | | | |
| Water Clarity: <input type="checkbox"/> None <input type="checkbox"/> Slightly turbid <input type="checkbox"/> Moderately turbid <input type="checkbox"/> Highly turbid | | | | | | | | | | | | | | | | | |
| Field Probe(s) used? Yes _____ No _____ ; <i>(If so, describe unit and ID#, and manually record results on back of fieldsheet)</i> | | | | | | | | | | | | | | | | | |
| Observations <i>(continue on back, with sketch as needed):</i> | | | | | | | | | | | | | | | | | |
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| Sample Collection | | | | | | | | | | | | | | | | | |
| Sample Notes: | | | | | | | | | | | | | | | | | |
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| OWM ID (affix sample ID label in boxes below) | Sample Time (24 hr) | Bottle Group | | | | | | | | Sample Type | | | | QA/QC | | | Total # of bottles |
| | | Chemistry (C) | Nutrients (N) <i>H₂SO₄: Yes No</i> | Solids (S) | Bacteria (B) <i>Na₂S₂O₃: Yes No</i> | BOD/COD (D) | TOX (T) | Metals (M) <i>HNO₃: Yes No</i> | Other * | Manual Grab | Sampling Pole | Time Composite | Other | Blank | Duplicate | Other | |
| <i>Affix OWMID # Label here</i> | | | | | | | | | | | | | | | | | |
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**Write in code: A = Algae, HM= human marker/FWA methods, OB = Optical Brightener device, R = Color, OG = Oil & Grease/TPH, PCB = polychlorinated biphenyls and pesticides*

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Sketch & Notes: