

Project Lead (initial) _____

Station Sheet ____ of ____

General Information (fill out prior to departure)

Project:	Survey Crew Lead:
Site Name:	Survey Crew Assist:
River:	Town:

Station Information (fill out at station for area within 10 meters up/down)

Date:	Station Description (Does site match description? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, describe below)
Time (24 hr):	
Est. Flow Velocity <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	Flow Condition <input type="checkbox"/> Flowing <input type="checkbox"/> No Water <input type="checkbox"/> Stagnant <input type="checkbox"/> No Access <input type="checkbox"/> Ice Covered
Weather Conditions <input type="checkbox"/> Clear <input type="checkbox"/> Mostly sun <input type="checkbox"/> Mostly cloud <input type="checkbox"/> Overcast <input type="checkbox"/> Fog <input type="checkbox"/> Drizzle <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snow AIR TEMP: _____°F	
% Open Sky	Visual Method SOP (total shade=0%) = _____ %
Dominant Substrates (>25%) <input type="checkbox"/> Bedrock <input type="checkbox"/> Boulder <input type="checkbox"/> Cobble <input type="checkbox"/> Coarse gravel <input type="checkbox"/> Sand <input type="checkbox"/> Silt/Mud/Clay <input type="checkbox"/> Unobservable	

Description of Observed Conditions (check all that apply)

Water Odor	<input type="checkbox"/> None <input type="checkbox"/> Unobservable <input type="checkbox"/> Effluent (treated) <input type="checkbox"/> Raw sewage <input type="checkbox"/> Chlorine <input type="checkbox"/> Petrol <input type="checkbox"/> Musty <input type="checkbox"/> Other											
Turbidity	<input type="checkbox"/> None <input type="checkbox"/> Unobservable <input type="checkbox"/> Slight <input type="checkbox"/> Moderate <input type="checkbox"/> High											
Water Color	<input type="checkbox"/> None <input type="checkbox"/> Unobservable <input type="checkbox"/> Yellow <input type="checkbox"/> Brown <input type="checkbox"/> Red <input type="checkbox"/> Black <input type="checkbox"/> Grey <input type="checkbox"/> Green <input type="checkbox"/> Other											
Periphyton	<u>None</u> : 0% <u>Unobservable</u> <u>Sparse</u> : 1-25% <u>Moderate</u> : 25-50% <u>Dense</u> : 50-75% <u>Very Dense</u> : 75-100%											
Filamentous	N	U	S	M	D	VD	<input type="checkbox"/> On plants	<input type="checkbox"/> On rocks	<input type="checkbox"/> On bottom	<input type="checkbox"/> Riffle	<input type="checkbox"/> Run	<input type="checkbox"/> Pool Color: _____
Film	N	U	S	M	D	VD	<input type="checkbox"/> On plants	<input type="checkbox"/> On rocks	<input type="checkbox"/> On bottom	<input type="checkbox"/> Riffle	<input type="checkbox"/> Run	<input type="checkbox"/> Pool Color: _____
Loose Floc	N	U	S	M	D	VD	<input type="checkbox"/> On plants	<input type="checkbox"/> On rocks	<input type="checkbox"/> On bottom	<input type="checkbox"/> Riffle	<input type="checkbox"/> Run	<input type="checkbox"/> Pool Color: _____
Moss	N	U	S	M	D	VD	<input type="checkbox"/> On plants	<input type="checkbox"/> On rocks	<input type="checkbox"/> On bottom	<input type="checkbox"/> Riffle	<input type="checkbox"/> Run	<input type="checkbox"/> Pool Color: _____
Aquatic Plants	N	U	S	M	D	VD	<input type="checkbox"/> Emergent	<input type="checkbox"/> Submerged	<input type="checkbox"/> Floating	Species: _____		
Exotic Species: _____												
Water Level	(visual from AHWL) Low: - _____ ft. <input type="checkbox"/> Normal High: + _____ ft. <input type="checkbox"/> Staff Gage: _____ ft.											
Floating Scum	<input type="checkbox"/> None <input type="checkbox"/> Unobservable <input type="checkbox"/> Oily sheens <input type="checkbox"/> Pollen blankets <input type="checkbox"/> Algal mat <input type="checkbox"/> Foam <input type="checkbox"/> Other Description: _____											
Objectionable Deposits	<input type="checkbox"/> None <input type="checkbox"/> Unobservable <input type="checkbox"/> Trash <input type="checkbox"/> Orange floc <input type="checkbox"/> Other Description: _____											
Shoreline Erosion	<input type="checkbox"/> None <input type="checkbox"/> Unobservable <input type="checkbox"/> Slight <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Description: _____											
Wildlife	<input type="checkbox"/> None <input type="checkbox"/> Fish <input type="checkbox"/> Mammals <input type="checkbox"/> Birds <input type="checkbox"/> Amphibians <input type="checkbox"/> Other: Description: _____											
Beneficial Uses	<input type="checkbox"/> None <input type="checkbox"/> Swimming <input type="checkbox"/> Boating <input type="checkbox"/> Water intake <input type="checkbox"/> Fishing <input type="checkbox"/> Other: Description: _____											
Pollution Sources	<input type="checkbox"/> None <input type="checkbox"/> Outfall pipes <input type="checkbox"/> Garbage dumping <input type="checkbox"/> Land clearing <input type="checkbox"/> Lawns <input type="checkbox"/> Septic <input type="checkbox"/> Road runoff <input type="checkbox"/> Other Description: _____											
Aesthetics Impaired?	<input type="checkbox"/> YES <input type="checkbox"/> NO i.e., based on water odor, clarity, unnatural color, growths, scum and/or deposits, is the site impaired?											

SAMPLE DATA		General Notes:	
Bottle Sample(s) collected? <input type="checkbox"/> yes <input type="checkbox"/> no Why not?: _____			
Samples taken from (check all that apply)			
<input type="checkbox"/> from shore <input type="checkbox"/> wade in <input type="checkbox"/> boat <input type="checkbox"/> other (explain) _____		Sample-Specific Notes:	
<input type="checkbox"/> left bank <input type="checkbox"/> right bank <input type="checkbox"/> center stream (looking DOWNSTREAM to determine left/right bank)		Samples were physically collected by: _____	
<input type="checkbox"/> Off Bridge?: If so... <input type="checkbox"/> upstream side <input type="checkbox"/> downstream side (If Van Dorn used, Serial # = _____)		Field-filtered samples? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, specify analyte(s): _____	
<input type="checkbox"/> Upstream of a discharge <input type="checkbox"/> Downstream of a discharge Discharge Description: _____			
<input type="checkbox"/> Tidal Information: <input type="checkbox"/> Not Applicable, or... Samples taken during... <input type="checkbox"/> Ebb (outgoing tide) <input type="checkbox"/> Flow (incoming tide) <input type="checkbox"/> Slack tide <input type="checkbox"/> Indeterminable			

OWMID # ➤ “X” all applicable boxes ➤ Provide sample times for all samples ➤ Provide separate OWMID#s for each matrix and sample type, and for QA/QC samples. ➤ Affix ID labels in boxes below	Sample Time	Matrix		Bottle Group															Sample Type							QA/QC			Total # of Bottles		
	(24 hr)	SEDIMENT	WATER	Chemistry (C)	Solids (S)	Color/turbidity/hardnes (R)	Nutrients (N) <i>H₂SO₄</i> : Yes	No	Bacteria (B) <i>Na₂S₂O₃</i> : Yes	No	Chl a (I)	Algae (A)	Metals (M) <i>HNO₃</i> : Yes	No	Hardness (H)	Microcystins (MC)	Human markers (HM)	Other : _____	Other : _____	Other : _____	Grab			Composite			Ambient Field Blank ²	Field Blank		Duplicate ³	Other ²
																					Manual Grab	Basket	Sampling Pole	Width/Depth Integrated	Flow Composite	Time Composite					

Multi-Probe DATA									
Record last STABLE readings per Multi-probe SOP. For TDS/Salinity in table, circle one as applicable. Make sure to use a different ID# for Multi-probe (or single probe) data.									
OWMID#: <i>Affix OWMID # Label here</i>				Sonde #:				Logger #:	
Depth calibrated at (24 hr):				Multi-probe (sample-specific) Notes:					
Manual (watch) Time (24 hr):									
Single Probe used? <input type="checkbox"/> Yes <input type="checkbox"/> No				Single Probe Model and Serial #:					
Time	Temp. (°C)	DO (mg/l)	Depth (meters)	Scond (µS/cm)	pH	% Sat	TDS/Salinity (g/l)/(ppt)	Chlorophyll (ug/l or RFU)	Phycocyanin (cells/ml)