

MassDEP/DWM/Watershed Planning Program
PIPES FIELD SHEET (2025)

Project Lead (initial): ____

STATION INFORMATION	
Field Sheet Login #:	Unique ID: Registered Lat/Long:
Project:	Site Name (STAID):
Waterbody Name:	Town:
GENERAL SITE INFORMATION	
Alternate Station Description (Does site match description?) <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If not, describe below:</i>	
Alt. Field Lat/Long /	Lat/Long Method <input type="checkbox"/> GETAC F110 Tablet <input type="checkbox"/> Handheld GPS <input type="checkbox"/> Other
Survey Crew Lead:	Other Crew:
Date:	Time: <input type="checkbox"/> EST <input type="checkbox"/> EDT
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 Temperature <input type="checkbox"/> < 20 °F <input type="checkbox"/> 21-30 °F <input type="checkbox"/> 31-40 °F <input type="checkbox"/> 41-50 °F <input type="checkbox"/> 51-60 °F <input type="checkbox"/> 61-70 °F <input type="checkbox"/> 71-80 °F <input type="checkbox"/> 81-90 °F <input type="checkbox"/> 91-100 °F	
Water Odor <input type="checkbox"/> None <input type="checkbox"/> Musty <input type="checkbox"/> Petrol <input type="checkbox"/> Sewage <input type="checkbox"/> Effluent <input type="checkbox"/> Sulfide <input type="checkbox"/> Fishy <input type="checkbox"/> Chlorine <input type="checkbox"/> Rotten Veg. <input type="checkbox"/> Other <input type="checkbox"/> Unobservable	
Turbidity <input type="checkbox"/> None <input type="checkbox"/> Slightly Turbid <input type="checkbox"/> Highly Turbid <input type="checkbox"/> Unobservable	
Water Color <input type="checkbox"/> None <input type="checkbox"/> Brownish <input type="checkbox"/> Blackish <input type="checkbox"/> Greenish <input type="checkbox"/> Greyish <input type="checkbox"/> Reddish <input type="checkbox"/> Yellowish <input type="checkbox"/> Other <input type="checkbox"/> Unobservable	
Floating Scum <input type="checkbox"/> None <input type="checkbox"/> Algal mat <input type="checkbox"/> Foam <input type="checkbox"/> Oily sheens <input type="checkbox"/> Pollen blankets <input type="checkbox"/> Sewage <input type="checkbox"/> Other <input type="checkbox"/> Unobservable <u>Description:</u>	
General Notes:	
OBSERVATIONS (PIPES)	
Flow in Pipe <input type="checkbox"/> Flowing <input type="checkbox"/> No Water <input type="checkbox"/> Stagnant <input type="checkbox"/> Ice Covered <input type="checkbox"/> No Access	
Est. Flow Velocity <input type="checkbox"/> ~0 <input type="checkbox"/> <1 fps <input type="checkbox"/> 1-3 fps <input type="checkbox"/> 3-5 fps <input type="checkbox"/> >5 fps	
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	
Pipe Material <input type="checkbox"/> Plastic <input type="checkbox"/> Concrete <input type="checkbox"/> Metal <input type="checkbox"/> Clay/Brick <input type="checkbox"/> Other	
Pipe Slope (in feet per 100 ft) <input type="checkbox"/> 0.5' <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	

SAMPLE - GENERAL	
Samples taken from <input type="checkbox"/> From shore/left bank <input type="checkbox"/> From shore/center stream <input type="checkbox"/> From shore/right bank <input type="checkbox"/> Wade in/left bank <input type="checkbox"/> Wade in/center stream <input type="checkbox"/> Wade in/right bank <input type="checkbox"/> Bridge upstream <input type="checkbox"/> Bridge downstream <input type="checkbox"/> Boat <input type="checkbox"/> Shore (Lake) <input type="checkbox"/> Wading (Lake) <input type="checkbox"/> Dock <input type="checkbox"/> Pipe <input type="checkbox"/> Other (describe): _____	
Samples taken from description:	

Sketch and Notes:

Sample-Lab	<Place OWMID Label here>				<Place OWMID Label here>				<Place OWMID Label here>			
Sample Type	<input type="checkbox"/> FQC_BLANK (Blank) <input type="checkbox"/> FQC_BLANKRINS (Equipment Blank) <input type="checkbox"/> FQC_REP (Field Duplicate) <input type="checkbox"/> FS_IVP (Integrated Vertical Profile) <input type="checkbox"/> FS_ROUTINE (Routine Sample) <input type="checkbox"/> Other:				<input type="checkbox"/> FQC_BLANK (Blank) <input type="checkbox"/> FQC_BLANKRINS (Equipment Blank) <input type="checkbox"/> FQC_REP (Field Duplicate) <input type="checkbox"/> FS_IVP (Integrated Vertical Profile) <input type="checkbox"/> FS_ROUTINE (Routine Sample) <input type="checkbox"/> Other:				<input type="checkbox"/> FQC_BLANK (Blank) <input type="checkbox"/> FQC_BLANKRINS (Equipment Blank) <input type="checkbox"/> FQC_REP (Field Duplicate) <input type="checkbox"/> FS_IVP (Integrated Vertical Profile) <input type="checkbox"/> FS_ROUTINE (Routine Sample) <input type="checkbox"/> Other:			
OWMID Parent												
Medium	<input type="checkbox"/> Water <input type="checkbox"/> Sediment <input type="checkbox"/> Other				<input type="checkbox"/> Water <input type="checkbox"/> Sediment <input type="checkbox"/> Other				<input type="checkbox"/> Water <input type="checkbox"/> Sediment <input type="checkbox"/> Other			
Medium (Subdivision)	<input type="checkbox"/> SW (Surface Water) <input type="checkbox"/> MunSewEff (Muni. Sewage Effluent) <input type="checkbox"/> StmW (Stormwater) <input type="checkbox"/> Unknown				<input type="checkbox"/> SW (Surface Water) <input type="checkbox"/> MunSewEff (Muni. Sewage Effluent) <input type="checkbox"/> StmW (Stormwater) <input type="checkbox"/> Unknown				<input type="checkbox"/> SW (Surface Water) <input type="checkbox"/> MunSewEff (Muni. Sewage Effluent) <input type="checkbox"/> StmW (Stormwater) <input type="checkbox"/> Unknown			
Relative Depth	<input type="checkbox"/> Surface <input type="checkbox"/> Mid-Water <input type="checkbox"/> Near Bottom				<input type="checkbox"/> Surface <input type="checkbox"/> Mid-Water <input type="checkbox"/> Near Bottom				<input type="checkbox"/> Surface <input type="checkbox"/> Mid-Water <input type="checkbox"/> Near Bottom			
Start/End Depth	/				/				/			
Start Date/Time	<input type="checkbox"/> EDT <input type="checkbox"/> EST				<input type="checkbox"/> EDT <input type="checkbox"/> EST				<input type="checkbox"/> EDT <input type="checkbox"/> EST			
End Date/Time	<input type="checkbox"/> EDT <input type="checkbox"/> EST				<input type="checkbox"/> EDT <input type="checkbox"/> EST				<input type="checkbox"/> EDT <input type="checkbox"/> EST			
Gear Type	<input type="checkbox"/> Water Bottle <input type="checkbox"/> Tygon Tube <input type="checkbox"/> Sampling Pole <input type="checkbox"/> Auto Sampler <input type="checkbox"/> Van Dorn <input type="checkbox"/> Other <input type="checkbox"/> Basket <input type="checkbox"/> N/A				<input type="checkbox"/> Water Bottle <input type="checkbox"/> Tygon Tube <input type="checkbox"/> Sampling Pole <input type="checkbox"/> Auto Sampler <input type="checkbox"/> Van Dorn <input type="checkbox"/> Other <input type="checkbox"/> Basket <input type="checkbox"/> N/A				<input type="checkbox"/> Water Bottle <input type="checkbox"/> Tygon Tube <input type="checkbox"/> Sampling Pole <input type="checkbox"/> Auto Sampler <input type="checkbox"/> Van Dorn <input type="checkbox"/> Other <input type="checkbox"/> Basket <input type="checkbox"/> N/A			
Gear Serial #												
Composite (Type)	<input type="checkbox"/> No				<input type="checkbox"/> No				<input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> Flow <input type="checkbox"/> Time <input type="checkbox"/> Depth				<input type="checkbox"/> Yes <input type="checkbox"/> Flow <input type="checkbox"/> Time <input type="checkbox"/> Depth				<input type="checkbox"/> Yes <input type="checkbox"/> Flow <input type="checkbox"/> Time <input type="checkbox"/> Depth			
Field Lat/Long	/				/				/			
Field Lat/Long Method	<input type="checkbox"/> GETAC F110 Tablet <input type="checkbox"/> Other: <input type="checkbox"/> Handheld GPS				<input type="checkbox"/> GETAC F110 Tablet <input type="checkbox"/> Other: <input type="checkbox"/> Handheld GPS				<input type="checkbox"/> GETAC F110 Tablet <input type="checkbox"/> Other: <input type="checkbox"/> Handheld GPS			
Sample Notes												
Bottle Group	Planned	Collected	Preserved In Field	Filtered In Field	Planned	Collected	Preserved In Field	Filtered In Field	Planned	Collected	Preserved In Field	Filtered In Field
Bacteria (B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Na ₂ S ₂ O ₃	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Na ₂ S ₂ O ₃	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Na ₂ S ₂ O ₃	<input type="checkbox"/> Y <input type="checkbox"/> N
Nutrient (N)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> H ₂ SO ₄	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> H ₂ SO ₄	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> H ₂ SO ₄	<input type="checkbox"/> Y <input type="checkbox"/> N
Nutrient (N2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> H ₂ SO ₄	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> H ₂ SO ₄	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> H ₂ SO ₄	<input type="checkbox"/> Y <input type="checkbox"/> N
Metals (M)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> HNO ₃	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> HNO ₃	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> HNO ₃	<input type="checkbox"/> Y <input type="checkbox"/> N
Chloride (CL)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
OrgCarb (OC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> H ₃ PO ₄	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> H ₃ PO ₄	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> H ₃ PO ₄	<input type="checkbox"/> Y <input type="checkbox"/> N
Nutrient (N3)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
Solids (S)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
Chl a (I)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
Color/Turb (R)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N

[illegible]