

# GEORGIA ADOPT-A-STREAM: Chemical/Bacterial Form

To be conducted every month

SITE INFORMATION	Group Name: <u>WALS</u>	Event Date: <u>1/10/2024</u> (MMDDYYYY)
	Group ID: G- _____ Site ID: S- _____	Time Sample Collected: <u>4:00</u> (HHMM am/pm)
	Stream Name: <u>FRANKS CRK. @</u>	Time Spent Sampling: <u>10</u> (Min)
	Monitor(s): <u>Debbie Smith 122</u>	Total Time Spent Traveling (optional): <u>5</u> (Min)
	Number of Participants: <u>1</u>	Furthest Distance Traveled (optional): <u>5</u> (Miles)

WEATHER	<b>Present conditions (check all that apply)</b>	<b>Amount of rain, if known?</b>
	<input type="checkbox"/> Heavy Rain <input type="checkbox"/> Steady Rain <input type="checkbox"/> Intermittent Rain <input type="checkbox"/> Overcast <input type="checkbox"/> Partly Cloudy <input checked="" type="checkbox"/> Clear/Sunny	Amount in Inches: _____ In Last Hours/Days: _____ *Refer to <a href="http://wunderground.com">wunderground.com</a> for rainfall data

OBSERVATIONS	<b>Flow/Water Level:</b> (check all that apply) <input type="checkbox"/> Dry <input type="checkbox"/> Stagnant/Still <input type="checkbox"/> Low <input type="checkbox"/> Normal <input type="checkbox"/> High <input checked="" type="checkbox"/> Flow (over banks)
	<b>Water Clarity:</b> <input checked="" type="checkbox"/> Clear/Transparent <input type="checkbox"/> Cloudy/Somewhat Turbid <input type="checkbox"/> Opaque/Turbid
	<b>Water Color:</b> <input type="checkbox"/> No Color <input type="checkbox"/> Brown/Muddy <input type="checkbox"/> Green <input type="checkbox"/> Milky/White <input checked="" type="checkbox"/> Tannic <input type="checkbox"/> Other: _____
	<b>Water Surface:</b> <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Oily Sheen: does it break when disturbed? Yes/No (circle one) <input type="checkbox"/> Algae <input type="checkbox"/> Foam <input type="checkbox"/> Greater than 3" high <input type="checkbox"/> It is white
	<b>Water Odor:</b> <input checked="" type="checkbox"/> Natural/None <input type="checkbox"/> Gasoline <input type="checkbox"/> Sewage <input type="checkbox"/> Rotten Egg <input type="checkbox"/> Fishy <input type="checkbox"/> Chlorine <input type="checkbox"/> Other: _____
	<b>Photos:</b> Please take images to document your observations and changes in water quality conditions. Photo point directions can be found in the manuals. Send photo to <a href="mailto:AAS@gaepd.org">AAS@gaepd.org</a> .

CHEMICAL	<b>Trash:</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes, I did a cleanup <input type="checkbox"/> This site needs an organized cleanup																																																
	<b>Conductivity Meter Calibration (within 24hrs of sampling)</b>																																																
	Date _____ Time _____ Standard Value _____ Initial Meter Reading _____ Meter Adjusted to _____																																																
	<b>Reagents: Are any reagents expired?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    List any expired: _____																																																
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BACTERIAL	<b>3M Petrifilm Method: Escherichia coli</b>			
	Run three (3) plates/tests for each site, plus one (1) blank plate. Process within 6-24hrs, incubate at 35°C ±1° and read at 24 ± 1 hr			
	<b>Plate</b>	<b>Colonies</b>	<b>Find AVG of Number of Colonies</b>	
	Blank	<u>0</u>	(total # colonies/total # of plates (do not include blank))	
	1	<u>7</u>	_____ x 100 = _____	
	2	<u>16</u>	Sample Holding Time (HH): <u>24</u>	
3	<u>16</u>	Date START (MMDDYYYY): <u>1/10/24</u>		
Total # Colonies	<u>39</u>	Time START (HHMM): <u>4:30 PM</u>		
		Date END (MMDDYYYY): <u>1/11/24</u>		
		Time END (HHMM): <u>4:30 PM</u>		
		MIN Temp (°C): <u>34</u>		
		MAX Temp (°C): <u>35</u>		

COMMENTS	<b>Any changes since you last sampled at this site? If yes, please describe.</b>
	<u>The increased rain has increased the ecoli colonies.</u>

Please submit data to our online database at [AdoptAStream.Georgia.gov](http://AdoptAStream.Georgia.gov)