

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

To be conducted every month

<b>SITE INFORMATION</b>	Group Name: <u>WWACS</u> Event Date: <u>2/21/2024</u> (MMDDYYYY)																																																	
	Group ID: G- <u>1727</u> Site ID: S- <u>7776</u> Time Sample Collected: <u>3:30</u> (HHMM am/pm)	Time Spent Sampling: <u>10</u> (Min)																																																
<b>WEATHER</b>	Stream Name: <u>FRANKS CRIBBL rd</u> Total Time Spent Traveling (optional): <u>5</u> (Min)																																																	
	Monitor(s): <u>Debbie Small 122</u> Furthest Distance Traveled (optional): <u>5</u> (Miles)	Number of Participants: <u>1</u>																																																
<b>OBSERVATIONS</b>	<b>Present conditions (check all that apply)</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																																																	
	<b>Amount of rain, if known?</b> Amount in Inches: _____ In Last Hours/Days: _____ *Refer to wunderground.com for rainfall data																																																	
<b>CHEMICAL</b>	<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 checked="" type="checkbox"/> High <input 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 AAS@gaepd.org.																																																	
	<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>BACTERIAL</b>	<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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<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																																																		
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Sample Holding Time (HH): <u>24</u> Date START (MMDDYYYY): <u>2/21/24</u> Date END (MMDDYYYY): <u>2/22/24</u> Time START (HHMM): <u>6:30 PM</u> Time END (HHMM): <u>6:30</u> MIN Temp (°C): <u>34.5</u> MAX Temp (°C): <u>35.5</u>																																																		
<b>COMMENTS</b>	Any changes since you last sampled at this site? If yes, please describe.																																																	

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