

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

To be conducted every month

| <b>SITE INFORMATION</b>   | Group Name: <u>WWALS</u> Event Date: <u>9/4/2024</u> (MMDDYYYY)   |   |                                    |                      |                                |           |             |          |   |       |          |             |  |                  |                      |          |                                     |    |            |           |                                     |                                    |                  |           |                                   |                                 |              |  |                           |                             |                  |  |  |     |                           |  |  |             |  |  |  |  |              |  |  |       |  |  |  |  |
|---------------------------|---|---|------------------------------------|----------------------|--------------------------------|-----------|-------------|----------|---|-------|----------|-------------|--|------------------|----------------------|----------|-------------------------------------|----|------------|-----------|-------------------------------------|------------------------------------|------------------|-----------|-----------------------------------|---------------------------------|--------------|--|---------------------------|-----------------------------|------------------|--|--|-----|---------------------------|--|--|-------------|--|--|--|--|--------------|--|--|-------|--|--|--|--|
|                           | Group ID: G- <u>1727</u> Site ID: S- <u>7776</u> Time Sample Collected: <u>5:30</u> (HHMM am/pm)  |   |                                    |                      |                                |           |             |          |   |       |          |             |  |                  |                      |          |                                     |    |            |           |                                     |                                    |                  |           |                                   |                                 |              |  |                           |                             |                  |  |  |     |                           |  |  |             |  |  |  |  |              |  |  |       |  |  |  |  |
|                           | Stream Name: <u>FRANK'S CKN@122</u> Time Spent Sampling: <u>5</u> (Min)   |   |                                    |                      |                                |           |             |          |   |       |          |             |  |                  |                      |          |                                     |    |            |           |                                     |                                    |                  |           |                                   |                                 |              |  |                           |                             |                  |  |  |     |                           |  |  |             |  |  |  |  |              |  |  |       |  |  |  |  |
|                           | Monitor(s): <u>Debbie Swell</u> Total Time Spent Traveling (optional): <u>5</u> (Min)   |   |                                    |                      |                                |           |             |          |   |       |          |             |  |                  |                      |          |                                     |    |            |           |                                     |                                    |                  |           |                                   |                                 |              |  |                           |                             |                  |  |  |     |                           |  |  |             |  |  |  |  |              |  |  |       |  |  |  |  |
|                           | Number of Participants: <u>1</u> Furthest Distance Traveled (optional): <u>5</u> (Miles)  |   |                                    |                      |                                |           |             |          |   |       |          |             |  |                  |                      |          |                                     |    |            |           |                                     |                                    |                  |           |                                   |                                 |              |  |                           |                             |                  |  |  |     |                           |  |  |             |  |  |  |  |              |  |  |       |  |  |  |  |
| <b>WEATHER</b>            | <b>Present conditions (check all that apply)</b><br><input type="checkbox"/> Heavy Rain <input type="checkbox"/> Steady Rain <input type="checkbox"/> Intermittent Rain<br><input checked="" type="checkbox"/> Overcast <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Clear/Sunny   |   |                                    |                      |                                |           |             |          |   |       |          |             |  |                  |                      |          |                                     |    |            |           |                                     |                                    |                  |           |                                   |                                 |              |  |                           |                             |                  |  |  |     |                           |  |  |             |  |  |  |  |              |  |  |       |  |  |  |  |
|                           | <b>Amount of rain, if known?</b><br>Amount in Inches: _____<br>In Last Hours/Days: _____<br>*Refer to wunderground.com for rainfall data  |   |                                    |                      |                                |           |             |          |   |       |          |             |  |                  |                      |          |                                     |    |            |           |                                     |                                    |                  |           |                                   |                                 |              |  |                           |                             |                  |  |  |     |                           |  |  |             |  |  |  |  |              |  |  |       |  |  |  |  |
| <b>OBSERVATIONS</b>       | <b>Flow/Water Level:</b> (check all that apply) <input type="checkbox"/> Dry <input type="checkbox"/> Stagnant/Still <input type="checkbox"/> Low <input checked="" type="checkbox"/> Normal <input type="checkbox"/> High <input type="checkbox"/> Flow (over banks)   |   |                                    |                      |                                |           |             |          |   |       |          |             |  |                  |                      |          |                                     |    |            |           |                                     |                                    |                  |           |                                   |                                 |              |  |                           |                             |                  |  |  |     |                           |  |  |             |  |  |  |  |              |  |  |       |  |  |  |  |
|                           | <b>Water Clarity:</b> <input 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<br><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<br><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.<br>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>CHEMICAL</b>           | <b>Conductivity Meter Calibration (within 24hrs of sampling)</b><br>Date _____ Time _____ Standard Value _____ Initial Meter Reading _____ Meter Adjusted to _____  |   |                                    |                      |                                |           |             |          |   |       |          |             |  |                  |                      |          |                                     |    |            |           |                                     |                                    |                  |           |                                   |                                 |              |  |                           |                             |                  |  |  |     |                           |  |  |             |  |  |  |  |              |  |  |       |  |  |  |  |
|                           | Reagents: Are any reagents expired? <input type="checkbox"/> Yes <input type="checkbox"/> No   List any expired: _____  |   |                                    |                      |                                |           |             |          |   |       |          |             |  |                  |                      |          |                                     |    |            |           |                                     |                                    |                  |           |                                   |                                 |              |  |                           |                             |                  |  |  |     |                           |  |  |             |  |  |  |  |              |  |  |       |  |  |  |  |
|                           | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Core Tests</th> <th>Test 1</th> <th>Test 2</th> <th>Units</th> <th>Other Tests</th> <th>Test 1</th> <th>Test 2</th> <th>Units</th> </tr> </thead> <tbody> <tr> <td>Air Temp</td> <td><u>85.7</u></td> <td></td> <td>°C</td> <td>Secchi Depth(+/- 10)</td> <td></td> <td></td> <td>cm</td> </tr> <tr> <td>Water Temp</td> <td><u>25</u></td> <td></td> <td>°C</td> <td>Chlorophyll a</td> <td></td> <td></td> <td>ug/L</td> </tr> <tr> <td>pH (+/-0.25)</td> <td></td> <td></td> <td>Standard unit</td> <td>Salinity (+/- 1)</td> <td></td> <td></td> <td>ppt</td> </tr> <tr> <td>Dissolved Oxygen (+/-0.6)</td> <td></td> <td></td> <td>mg/L or ppm</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Conductivity</td> <td></td> <td></td> <td>uS/cm</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>                                 |   | Core Tests                         | Test 1               | Test 2                         | Units     | Other Tests | Test 1   | Test 2  | Units | Air Temp | <u>85.7</u> |  | °C               | Secchi Depth(+/- 10) |          |                                     | cm | Water Temp | <u>25</u> |                                     | °C                                 | Chlorophyll a    |           |                                   | ug/L                            | pH (+/-0.25) |  |                           | Standard unit               | Salinity (+/- 1) |  |  | ppt | Dissolved Oxygen (+/-0.6) |  |  | mg/L or ppm |  |  |  |  | Conductivity |  |  | uS/cm |  |  |  |  |
| Core Tests                | Test 1  | Test 2  | Units                              | Other Tests          | Test 1                         | Test 2    | Units       |          |   |       |          |             |  |                  |                      |          |                                     |    |            |           |                                     |                                    |                  |           |                                   |                                 |              |  |                           |                             |                  |  |  |     |                           |  |  |             |  |  |  |  |              |  |  |       |  |  |  |  |
| Air Temp                  | <u>85.7</u>   |   | °C                                 | Secchi Depth(+/- 10) |                                |           | cm          |          |   |       |          |             |  |                  |                      |          |                                     |    |            |           |                                     |                                    |                  |           |                                   |                                 |              |  |                           |                             |                  |  |  |     |                           |  |  |             |  |  |  |  |              |  |  |       |  |  |  |  |
| Water Temp                | <u>25</u>   |   | °C                                 | Chlorophyll a        |                                |           | ug/L        |          |   |       |          |             |  |                  |                      |          |                                     |    |            |           |                                     |                                    |                  |           |                                   |                                 |              |  |                           |                             |                  |  |  |     |                           |  |  |             |  |  |  |  |              |  |  |       |  |  |  |  |
| pH (+/-0.25)              |   |   | Standard unit                      | Salinity (+/- 1)     |                                |           | ppt         |          |   |       |          |             |  |                  |                      |          |                                     |    |            |           |                                     |                                    |                  |           |                                   |                                 |              |  |                           |                             |                  |  |  |     |                           |  |  |             |  |  |  |  |              |  |  |       |  |  |  |  |
| Dissolved Oxygen (+/-0.6) |   |   | mg/L or ppm                        |                      |                                |           |             |          |   |       |          |             |  |                  |                      |          |                                     |    |            |           |                                     |                                    |                  |           |                                   |                                 |              |  |                           |                             |                  |  |  |     |                           |  |  |             |  |  |  |  |              |  |  |       |  |  |  |  |
| Conductivity              |   |   | uS/cm                              |                      |                                |           |             |          |   |       |          |             |  |                  |                      |          |                                     |    |            |           |                                     |                                    |                  |           |                                   |                                 |              |  |                           |                             |                  |  |  |     |                           |  |  |             |  |  |  |  |              |  |  |       |  |  |  |  |
| <b>BACTERIAL</b>          | <b>3M Petrifilm Method: Escherichia coli</b><br>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  |   |                                    |                      |                                |           |             |          |   |       |          |             |  |                  |                      |          |                                     |    |            |           |                                     |                                    |                  |           |                                   |                                 |              |  |                           |                             |                  |  |  |     |                           |  |  |             |  |  |  |  |              |  |  |       |  |  |  |  |
|                           | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Plate</th> <th>Colonies</th> <th>Find AVG of Number of Colonies</th> <th>cfu/100mL</th> </tr> </thead> <tbody> <tr> <td>Blank</td> <td><u>0</u></td> <td>(total # colonies/total # of plates (do not include blank))</td> <td></td> </tr> <tr> <td>1</td> <td><u>4</u></td> <td><u>18</u> ( <u>18</u> / <u>3</u> ) x 100 =</td> <td><u>600/100mL</u></td> </tr> <tr> <td>2</td> <td><u>6</u></td> <td>Sample Holding Time (HH): <u>24</u></td> <td></td> </tr> <tr> <td>3</td> <td><u>8</u></td> <td>Date START(MMDDYYYY): <u>9/4/24</u></td> <td>Date END (MMDDYYYY): <u>9/5/24</u></td> </tr> <tr> <td>Total # Colonies</td> <td><u>18</u></td> <td>Time START (HHMM): <u>5:30 PM</u></td> <td>Time END (HHMM): <u>5:30 PM</u></td> </tr> <tr> <td></td> <td></td> <td>MIN Temp ( °C): <u>35</u></td> <td>MAX Temp ( °C): <u>35.5</u></td> </tr> </tbody> </table> |   | Plate                              | Colonies             | Find AVG of Number of Colonies | cfu/100mL | Blank       | <u>0</u> | (total # colonies/total # of plates (do not include blank)) |       | 1        | <u>4</u>    | <u>18</u> ( <u>18</u> / <u>3</u> ) x 100 = | <u>600/100mL</u> | 2                    | <u>6</u> | Sample Holding Time (HH): <u>24</u> |    | 3          | <u>8</u>  | Date START(MMDDYYYY): <u>9/4/24</u> | Date END (MMDDYYYY): <u>9/5/24</u> | Total # Colonies | <u>18</u> | Time START (HHMM): <u>5:30 PM</u> | Time END (HHMM): <u>5:30 PM</u> |              |  | MIN Temp ( °C): <u>35</u> | MAX Temp ( °C): <u>35.5</u> |                  |  |  |     |                           |  |  |             |  |  |  |  |              |  |  |       |  |  |  |  |
| Plate                     | Colonies  | Find AVG of Number of Colonies                              | cfu/100mL                          |                      |                                |           |             |          |   |       |          |             |  |                  |                      |          |                                     |    |            |           |                                     |                                    |                  |           |                                   |                                 |              |  |                           |                             |                  |  |  |     |                           |  |  |             |  |  |  |  |              |  |  |       |  |  |  |  |
| Blank                     | <u>0</u>  | (total # colonies/total # of plates (do not include blank)) |                                    |                      |                                |           |             |          |   |       |          |             |  |                  |                      |          |                                     |    |            |           |                                     |                                    |                  |           |                                   |                                 |              |  |                           |                             |                  |  |  |     |                           |  |  |             |  |  |  |  |              |  |  |       |  |  |  |  |
| 1                         | <u>4</u>  | <u>18</u> ( <u>18</u> / <u>3</u> ) x 100 =                  | <u>600/100mL</u>                   |                      |                                |           |             |          |   |       |          |             |  |                  |                      |          |                                     |    |            |           |                                     |                                    |                  |           |                                   |                                 |              |  |                           |                             |                  |  |  |     |                           |  |  |             |  |  |  |  |              |  |  |       |  |  |  |  |
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| 3                         | <u>8</u>  | Date START(MMDDYYYY): <u>9/4/24</u>                         | Date END (MMDDYYYY): <u>9/5/24</u> |                      |                                |           |             |          |   |       |          |             |  |                  |                      |          |                                     |    |            |           |                                     |                                    |                  |           |                                   |                                 |              |  |                           |                             |                  |  |  |     |                           |  |  |             |  |  |  |  |              |  |  |       |  |  |  |  |
| Total # Colonies          | <u>18</u>   | Time START (HHMM): <u>5:30 PM</u>                           | Time END (HHMM): <u>5:30 PM</u>    |                      |                                |           |             |          |   |       |          |             |  |                  |                      |          |                                     |    |            |           |                                     |                                    |                  |           |                                   |                                 |              |  |                           |                             |                  |  |  |     |                           |  |  |             |  |  |  |  |              |  |  |       |  |  |  |  |
|                           |   | MIN Temp ( °C): <u>35</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 [AdoptASStream.Georgia.gov](http://AdoptASStream.Georgia.gov)