

GEORGIA ADOPT-A-STREAM: Chemical/Bacterial Form

To be conducted every month

SITE INFORMATION	Group Name: <u>WWALS</u>	Event Date: <u>2/26/2025</u> (MMDDYYYY)
	Group ID: G- _____ Site ID: S- _____	Time Sample Collected: <u>4:00</u> (HHMM am/pm)
	Stream Name: <u>FRANK'S CRK @ 122</u>	Time Spent Sampling: <u>5</u> (Min)
	Monitor(s): <u>Debbie Smith</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	Present conditions (check all that apply) <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 of rain, if known? Amount in Inches: _____ In Last Hours/Days: _____ <small>*Refer to wunderground.com for rainfall data</small>
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OBSERVATIONS	Flow/Water Level: (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)
	Water Clarity: <input checked="" type="checkbox"/> Clear/Transparent <input type="checkbox"/> Cloudy/Somewhat Turbid <input type="checkbox"/> Opaque/Turbid
	Water Color: <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: _____
	Water Surface: <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
	Water Odor: <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: _____
	Photos: 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.

CHEMICAL	Conductivity Meter Calibration (within 24hrs of sampling) 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: _____																																																
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BACTERIAL	3M Petrifilm Method: Escherichia coli 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			
	Plate	Colonies	Find AVG of Number of Colonies	
	Blank	0	(total # colonies/total # of plates (do not include blank))	
	1	0	(0 / 0) x 100 = 0	
	2	0	Sample Holding Time (HH): <u>30 minutes</u>	
	3	0	Date START (MMDDYYYY): <u>2/26/2025</u> Date END (MMDDYYYY): <u>2/27/25</u>	
Total # Colonies	0	Time START (HHMM): <u>4:30 PM</u> Time END (HHMM): <u>4:30 PM</u>		
		MIN Temp (°C): <u>33.5</u> MAX Temp (°C): <u>34</u>		

COMMENTS	Any changes since you last sampled at this site? If yes, please describe.
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