

Knox County Adopt-A-Watershed Chemical Data Reporting Form

Watershed: _____ Teacher: _____ Course/Block/Period: _____	Data Collectors (include first/last names & any class/investigative team name): _____ _____	
Date: _____	Time of Sampling: _____	
Stream Name: _____ Stream Mile Marker: _____ Location (specific road directions to the site & its location on stream – include landmarks. Example: 100 ft. below crossroads of Main and Second Streets): _____ _____		
Weather in past 24 hours <input type="checkbox"/> Storm (heavy rain) <input type="checkbox"/> Rain (steady rain) <input type="checkbox"/> Showers (intermittent rain) <input type="checkbox"/> Overcast <input type="checkbox"/> Clear/Sunny	Weather now <input type="checkbox"/> Storm (heavy rain) <input type="checkbox"/> Rain (steady rain) <input type="checkbox"/> Showers (intermittent rain) <input type="checkbox"/> Overcast <input type="checkbox"/> Clear/Sunny	Physical Measurements Water Temperature: _____ °C Clarity: _____ (cm) Flow: _____ ft ³ /s (attach stream flow calculations)
Water Odors <i>Check all that apply</i> <input type="checkbox"/> Normal <input type="checkbox"/> Sewage <input type="checkbox"/> Petroleum <input type="checkbox"/> Chemical <input type="checkbox"/> Other: _____	Water Color Appearance <i>Check all that apply</i> <input type="checkbox"/> No unusual color <input type="checkbox"/> Multi-colored (oily sheen) <input type="checkbox"/> Brown/muddy <input type="checkbox"/> Milky/white <input type="checkbox"/> Foam/Suds <input type="checkbox"/> Other: _____	Algae <i>Check all that apply</i> <input type="checkbox"/> Minimal growth <input type="checkbox"/> Covers substrate <input type="checkbox"/> Floating in spots <input type="checkbox"/> Thick mats
Site Observations (Describe any notable physical (e.g., bends in stream; eroded banks) and/or biological (e.g., lacks riparian cover; recently cut trees) features) _____ _____ _____		

Notes from the Field <i>(Include any tentative interpretations about the chemical results based on field observations)</i>
_____ _____ _____

CHEMICAL TEST RESULTS				
Parameter (Kit Manufacturer & Model #)	Actual Reading Observed	Adjustments to Reading	Sample Result	Levels generally safe for aquatic life
pH (Hach-17N)		Just write it down in the next box. ⇒		6.5 - 9
Dissolved Oxygen (Hach OX-2P)	Number of drops: _____	Just write down the number of drops in the next box. ⇒		Greater than 5 mg/L
Biological Oxygen Demand (optional) (Hach OX-2P)	Day of Field Sampling (Day 1) DO: _____ mg/l	Reading 5 Days after Sampling (Day 5) DO: _____ mg/l	Day 1– Day 5 = _____ mg/l	6 ppm or less
Nitrate-Nitrogen (Hach NI-12)		_____		Less than 22 mg/L
Nitrite-Nitrogen (only take if DO is less than 5 mg/L) (Hach NI-12)		_____		Less than 1.5 mg/L
Orthophosphate Midrange (Hach PO-19)		_____		Less than 0.05 mg/L
Total Chlorine Low Range (Hach CN-70)		_____		Less than 0.01 mg/L

Quality Control Measures (Check only if action was taken)		
<input type="checkbox"/> Used clean kits	<input type="checkbox"/> Followed written procedures	<input type="checkbox"/> Followed 2-person data entry protocol (2 nd person verified that data recorded was the data collected)
<input type="checkbox"/> Checked reagent dates	<input type="checkbox"/> Front of form completed	<input type="checkbox"/> Described sampling problems, if any (below)

Sampling Problems (Describe any problems with equipment, sampling techniques, etc.)

