

Physical/ Chemical Assessment

* Recommended frequency – sample monthly at transect *

Date _____

Time _____

IDA_{H2}O Monitor # _____

of Adults (including you) _____

Site Number _____

of under 18 _____

Other Volunteers Involved _____

Site Description _____

Was the stream dry when it was monitored? Yes _____

No _____

Weather (check all that apply)

Sunny _____ Partly Sunny _____ Cloudy _____ Rain/Snow _____ Windy _____ Calm _____

Air Temperature _____ °Fahrenheit

Precipitation _____ inches over the last 24 hours

Water Color (check all that apply)

Clear _____ Brown _____ Green _____ Oily _____ Reddish _____ Blackish _____ Milky _____ Gray _____

Water Odor (check all that apply)

None _____ Sewage/Manure _____ Rotten Eggs _____ Petroleum _____ Musky _____

Water Temperature _____ °Fahrenheit

Transparency (record whole numbers only – no tenths) _____ centimeters

pH Expiration date on bottom of bottle _____

check one – 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____

Dissolved Oxygen (mg/L) Expiration date on back of color comparator _____

check one – 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 8 _____ 10 _____ 12 _____

Chloride (optional) Expiration date on bottom of bottle _____

_____ mg/L – Convert Quantab Units to mg/L using the chart provided on the bottle

Stream Width

____.____ meters

Stream Flow (*along your transect*)

_____ high _____ normal _____ low _____ not sure

Stream Depth (*in meters*)

Stream Velocity (*in seconds*)

1st Spot	____.____	____.____
2nd Spot	____.____	____.____
3rd Spot	____.____	____.____
4th Spot	____.____	____.____
5th Spot	____.____	____.____
6th Spot	____.____	____.____
7th Spot	____.____	____.____
8th Spot	____.____	____.____
9th Spot	____.____	____.____
10th Spot	____.____	____.____

Maximum Stream Depth (*along your transect*)

____.____ meters

Other Stream Assessment Observations and Notes
