



UPPER OCONEE WATERSHED NETWORK
Chemical Data Form

Stream ID# _____

Stream Name: _____

Stream Location: _____

Investigator's Names: _____

Email or Phone of contact person: _____

Date: _____ Time of day: _____

Rain in last 24 hours: ___ heavy rain ___ steady rain ___ intermittent rain ___ none

Present conditions: ___ heavy rain ___ steady rain ___ intermittent rain ___ overcast
___ partly cloudy ___ clear/sunny

Amount of rain, if known? _____ inches in last _____ hours/days

Basic Tests

| | Sample 1 | Sample 2 |
|-------------------|-----------------|-----------------|
| Air Temperature | _____ (°C) | _____ (°C) |
| Water Temperature | _____ (°C) | _____ (°C) |
| pH | _____ (1-14) | _____ (1-14) |
| Dissolved Oxygen | _____ (mg/L) | _____ (mg/L) |
| Conductivity | _____ (µS/cm) | _____ (µS/cm) |
| Turbidity | _____ (NTU) | _____ (NTU) |

Advanced Tests

| | | |
|------------------|-------------------|-------------------|
| Alkalinity | _____ (mg/L) | _____ (mg/L) |
| Nitrate-Nitrogen | _____ (mg/L) | _____ (mg/L) |
| Ortho-phosphate | _____ (mg/L) | _____ (mg/L) |
| Fecal Coliform | _____ (MPN/100mL) | _____ (MPN/100mL) |
| E. Coli | _____ (MPN/100mL) | _____ (MPN/100mL) |

Name of lab performing special tests: _____

Comments: _____

(over) Please sketch the stream location where you sampled on the reverse side.

Please sketch below where in the stream you took the samples so that we can continue to sample the same location in the future.