

West Gippsland Waterwatch Volunteer Water Quality Monitoring Data Sheet

Site Details	
Site Code: HAZ015	
Site Name: Hazel Ck. (King St.) WARRAGOH	
Site Grid Reference Easting: 405298	Northing: 5774710

Test Details	
Date: 10 Sep	
Time: 10:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
Person(s) Conducting the Survey / Test: Pam Perkins, Brian O'Leary	
Name of Monitoring Group: "Friends of Land & Water"	

Your Meter - Reading Before Calibration (when in CAL Mode)				Your Meter - Reading Post Calibration (after pressing the ENT button)			
EC Meter	1400			EC Meter	1410		
pH Meter in 7.01	7.2	pH Meter in 4.01	4.1	pH Meter in 7.01	7.0	pH Meter in 4.01	4.0

Water Condition (Circle)					
Steady Flow <input checked="" type="checkbox"/>	Rising	Peak	Falling	Stagnant (pools)	Dry (no water)

Test Results		
Air Temperature	16.5	°C
Water Temperature	10.4	°C
pH	7.1	
Electrical Conductivity	200	<input checked="" type="checkbox"/> µS <input type="checkbox"/> mS
Reactive Phosphorus	0.015	mg/L P
Turbidity	< 10	N.T.U.
Dissolved Oxygen:	_____	<input type="checkbox"/> mg/L <input type="checkbox"/> %

Any Comments for Your Facilitator?
<div style="border: 2px solid blue; padding: 10px; text-align: center; margin: 10px auto; width: 80%;"> <p style="color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</p> <p style="color: red; font-weight: bold; font-size: 1.1em;">14 SEP 2012</p> <p style="color: blue; font-weight: bold;">BY: _____</p> </div>

Weather Conditions at Time of Sampling	
<input checked="" type="checkbox"/> Sunny	<input type="checkbox"/> Cloudy
<input type="checkbox"/> Overcast	<input type="checkbox"/> Raining
<input type="checkbox"/> Windy	

Water Appearance	
<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Muddy
<input type="checkbox"/> Milky	<input type="checkbox"/> Foamy / Frothy
<input type="checkbox"/> Stained Green	<input checked="" type="checkbox"/> Stained Brown
<input type="checkbox"/> Smelly	<input checked="" type="checkbox"/> Scummy
<input type="checkbox"/> Oily	<input type="checkbox"/> Other:

Last Rainfall	
<input type="checkbox"/> More than a week ago	<input type="checkbox"/> During the last week
<input checked="" type="checkbox"/> During the last 24 hours	<input type="checkbox"/> Raining Now
Amount of rain: _____ mm	

Drains	
Drain Flow:	<input checked="" type="checkbox"/> Drain flowing <input type="checkbox"/> Drain not flowing

BGC 10/9/12