

GEORGIA ADOPT-A-STREAM: Bacterial Form

To be conducted every month

| | | | |
|-------------------------|---|-----------------|--|
| SITE INFORMATION | Group Name: _____ Event Date: _____ (MMDDYYYY) Group ID: G- _____ Site ID: S- _____ Time Sample Collected: _____ (HHMM am/pm) Stream Name: _____ Time Spent Sampling: _____ (Min) Monitor(s): _____ Total Time Spent Traveling (optional): _____ (Min) Number of Participants: _____ Furthest Distance Traveled (optional): _____ (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 type="checkbox"/> Clear/Sunny | | Amount of rain, if known? Amount in Inches : _____ In Last Hours/Days: _____ *Refer to <i>wunderground.com</i> for rainfall data |
| 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 type="checkbox"/> High <input type="checkbox"/> Flow (over banks) | | |
| | Water Clarity: <input 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 type="checkbox"/> Tannic <input type="checkbox"/> Other: _____ | | |
| | Water Surface: <input 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="radio"/> Greater than 3" high <input type="radio"/> It is white | | |
| | Water Odor: <input 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 photos to AAS@gaepd.org. | | |
| | Trash: <input type="checkbox"/> None <input type="checkbox"/> Yes, I did a cleanup <input type="checkbox"/> This site needs an organized cleanup | | |
| 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 | | (total # colonies/total # of plates (do not include blank)) |
| | 1 | | (/) x 100 = |
| | 2 | | Sample Holding Time (HH): _____ |
| | 3 | | Date START(MMDDYYYY): _____ Date END (MMDDYYYY): _____ |
| | Total # Colonies | | Time START (HHMM): _____ Time END (HHMM): _____ |
| | | | MIN Temp (°C): _____ MAX Temp (°C): _____ |
| COMMENTS | Any changes since you last sampled at this site? If yes, please describe. | | |

Please submit data to our online database at AdoptAStream.Georgia.gov