

ent
DM

Physical & Chemical Tests Record Sheet

(To be completed monthly)

Site Name: <u>Barwon R Forrest</u>		Site Code: <u>BARO10</u>	
Name of Monitoring Group: <u>Gordon</u>			
Person(s) Conducting the test: <u>D Murphy</u>			
Date of test: <u>31/8/17</u>		Time of test: <u>2:20</u>	
Test	Result (units)		Comments
D.O.	<u>10.1</u> mg/L	<u>90</u> % sat.	
Water Temperature	<u>10</u>	°C	
Air Temperature	<u>13</u>	°C	
pH	Tick if meter has been calibrated to pH7 & pH <input checked="" type="checkbox"/>	<u>7.1</u>	
Salinity	<u>1413</u> (2848) Tick if meter has been calibrated to 2000 EC <input checked="" type="checkbox"/>	<u>162</u> E.C.	
Reactive Phosphorus	<u>0.03</u>	mg/L P	
Turbidity	<u>3.95</u>	N.T.U./F.T.U.	
Weather conditions at the time of sampling: <input checked="" type="checkbox"/> sunny <input type="checkbox"/> cloudy <input type="checkbox"/> overcast <input type="checkbox"/> raining <input type="checkbox"/> windy			
Rainfall: Last rainfall: <input type="checkbox"/> More than 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: _____			
Water flow Flow indicator _____ ML/day Estimate of flow <input type="checkbox"/> Not flowing <input checked="" type="checkbox"/> Slow <input type="checkbox"/> Moderate <input type="checkbox"/> Rapid <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent		Water appearance <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Milky <input type="checkbox"/> Foamy /frothy <input type="checkbox"/> Muddy <input type="checkbox"/> Smelly <input type="checkbox"/> Stained green <input type="checkbox"/> Scummy <input type="checkbox"/> Oily <input type="checkbox"/> Stained brown <input type="checkbox"/> Other (description) _____	
Stream depth Depth indicator _____ metres <input type="checkbox"/> 0 - 50 cm <input checked="" type="checkbox"/> 51cm - 1metre <input type="checkbox"/> 1 to 2 metres Average width of stream: _____ metres <input type="checkbox"/> 2 to 5 metres <input checked="" type="checkbox"/> >5 metres <input type="checkbox"/> Unknown			
Drains Water flowing from drain <input type="checkbox"/> No water flowing from drain <input type="checkbox"/> Color _____ Odour _____			
Litter pollutants: (Tick type found) <input checked="" type="checkbox"/> paper <input type="checkbox"/> bottles <input type="checkbox"/> polystyrene <input checked="" type="checkbox"/> clothing <input type="checkbox"/> car bodies <input type="checkbox"/> packets <input type="checkbox"/> cans <input type="checkbox"/> waxed cardboard <input type="checkbox"/> oil <input type="checkbox"/> petrol/diesel <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> other			