

PHYSICAL & CHEMICAL TESTS RECORD

Book No.

Complete the Physical & Chemical Tests Record Sheet each time you undertake the tests.

Site name: <u>Yackandandah Ck-Osbornes Flat Rd</u> Site code: <u>NE-YAC 012</u>			
Name of monitoring group:			
Person(s) conducting the survey / test: <u>Greg Arnold</u>			
GPS Coordinates:	Easting: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Northing: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Date of survey: <u>201</u> <u>2</u> / <u>19</u>	Time of survey: <u>09:30</u> <input checked="" type="radio"/> am <input type="radio"/> pm		
Test	What it measures	Your result (units)	Comments
Dissolved Oxygen	Oxygen concentration	<u>4.9</u> mg/L <u>53</u> %sat.	
Reactive Phosphorus	Nutrient levels	<u>0.030</u> mg/L	
Turbidity	Suspended solids	<u>15.5</u> N.T.U.	
Electrical Conductivity	Salinity	<u>71.2</u> E.C.	
pH	Acidity / alkalinity	<u>7.06</u> units	
Water Temperature	Temperature	<u>18.2</u> °C	
Location of drains: Record the type and location of any drains near your monitoring site. Distance from drain to monitoring site: _____ meters <input type="checkbox"/> upstream <input type="checkbox"/> or downstream Type: <input type="checkbox"/> open drain <input type="checkbox"/> pipe Flow: <input type="checkbox"/> drain flowing <input type="checkbox"/> drain not flowing Drain size: <input type="checkbox"/> open drain width _____ <input type="checkbox"/> pipe diameter _____ Description of drain water: Colour _____ Odour _____			
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			
Last Rainfall: <input checked="" type="checkbox"/> more than a week ago <input type="checkbox"/> during the last week <input type="checkbox"/> during the last 24 hours <input type="checkbox"/> raining now Amount of rainfall: _____			
Water Conditions Water flow: <input type="checkbox"/> not flowing <input checked="" type="checkbox"/> slow <input type="checkbox"/> fast <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) _____			
Litter pollutants: (Tick type found) <input type="checkbox"/> paper <input type="checkbox"/> bottles <input type="checkbox"/> packets <input type="checkbox"/> cans <input type="checkbox"/> plastic <input type="checkbox"/> polystyrene <input type="checkbox"/> cardboard <input type="checkbox"/> clothing <input type="checkbox"/> oil <input type="checkbox"/> car bodies <input type="checkbox"/> petrol/diesel <input type="checkbox"/> other			
Comments: 			