

PHYSICAL & CHEMICAL TESTS RECORD

Book No.

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

Site name: <u>Yack CK, Osbornes Road.</u> Site code: <u>YACO12</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>28 / 12 / 2019</u>		Time of survey: <u>18:00</u> am / <input checked="" type="radio"/> pm	
Test	What it measures	Your result (units)	Comments
Dissolved Oxygen	Oxygen concentration	<u>4.8</u> mg/L %sat.	
Reactive Phosphorus	Nutrient levels	<u>0.030</u> mg/L	
Turbidity	Suspended solids	<u>13</u> N.T.U.	
Electrical Conductivity	Salinity	<u>110</u> E.C.	
pH	Acidity / alkalinity	<u>6.91</u> units	
Water Temperature	Temperature	<u>26.6</u> °C	
<p>Location of drains: Record the type and location of any drains near your monitoring site.</p> <p>Distance from drain to monitoring site: _____ meters <input type="checkbox"/> upstream <input type="checkbox"/> or downstream</p> <p>Type: <input type="checkbox"/> open drain <input type="checkbox"/> pipe Flow: <input type="checkbox"/> drain flowing <input type="checkbox"/> drain not flowing</p> <p>Drain size: <input type="checkbox"/> open drain width _____ <input type="checkbox"/> pipe diameter _____</p> <p>Description of drain water: Colour _____ Odour _____</p>			
<p>Weather conditions at the time of sampling:</p> <p><input type="checkbox"/> sunny <input checked="" type="checkbox"/> cloudy <input type="checkbox"/> overcast <input type="checkbox"/> raining <input type="checkbox"/> windy</p>			
<p>Last Rainfall:</p> <p><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</p> <p>Amount of rainfall: _____</p>			
<p>Water Conditions</p> <p>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</p> <p>Water Appearance: <input 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 checked="" type="checkbox"/> scummy <input type="checkbox"/> oily <input type="checkbox"/> stained brown <input type="checkbox"/> other (description) _____</p>			
<p>Litter pollutants: (Tick type found)</p> <p><input type="checkbox"/> paper <input type="checkbox"/> bottles <input type="checkbox"/> packets <input type="checkbox"/> cans <input type="checkbox"/> plastic</p> <p><input type="checkbox"/> polystyrene <input type="checkbox"/> cardboard <input type="checkbox"/> clothing <input type="checkbox"/> oil <input type="checkbox"/> car bodies</p> <p><input type="checkbox"/> petrol/diesel <input type="checkbox"/> other</p>			
<p>Comments:</p> <p>_____</p> <p>_____</p>			