



Citizen Monitoring Program
Field Data Sheet (includes bacteria monitoring, no sea nettle information)

Enter data online: www.AllianceChesBay.org/monitoring/login.cfm

Once datasheets have been entered, send original forms to:

James River Association: P.O. Box 909, Mechanicsville, VA 23111, Attn: James Riverkeeper

Site Name and #: _____

Monitoring date: _____ (m/d/yyyy format)

Monitor: _____

Time: _____ (hh:mm format, military time)

Samples collected for laboratory analysis:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Chlorophyll-a (CHLA) | <input type="checkbox"/> Dissolved inorganic nitrogen (DIN) | <input type="checkbox"/> Dissolved inorganic phosphorus (DIP) | <input type="checkbox"/> Total suspended solids (TSS) |
|---|---|---|---|

Was macroinvertebrate sampling performed on this date?

- Yes No

OBSERVATIONS/WEATHER

Water surface:

- | | | | |
|-------------------------------|---------------------------------|--------------------------------|-------------------------------------|
| <input type="checkbox"/> Calm | <input type="checkbox"/> Ripple | <input type="checkbox"/> Waves | <input type="checkbox"/> White Caps |
|-------------------------------|---------------------------------|--------------------------------|-------------------------------------|

Stream flow rate:

- | | | | |
|-------------------------------|---------------------------------|------------------------------|-------------------------------------|
| <input type="checkbox"/> High | <input type="checkbox"/> Normal | <input type="checkbox"/> Low | <input type="checkbox"/> Negligible |
|-------------------------------|---------------------------------|------------------------------|-------------------------------------|

Weather Type:

- | | | | |
|----------------------------------|--|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Sunny | <input type="checkbox"/> Partly Cloudy | <input type="checkbox"/> Overcast | <input type="checkbox"/> Fog/Haze |
| <input type="checkbox"/> Drizzle | <input type="checkbox"/> Intermittent Rain | <input type="checkbox"/> Rain | <input type="checkbox"/> Snow |

Water Color: Normal Abnormal _____ (Color description)

Tidal Stage:

- | | | | |
|-------------------------------|---|------------------------------|---|
| <input type="checkbox"/> High | <input type="checkbox"/> Outgoing (Ebb) | <input type="checkbox"/> Low | <input type="checkbox"/> Incoming (Flood) |
|-------------------------------|---|------------------------------|---|

Other Conditions:

- | | | | | | |
|--------------------------------------|------------------------------------|-------------------------------------|----------------------------------|------------------------------------|------------------------------|
| <input type="checkbox"/> Sea Nettles | <input type="checkbox"/> Dead Fish | <input type="checkbox"/> Dead Crabs | <input type="checkbox"/> SAV | <input type="checkbox"/> Oil Slick | <input type="checkbox"/> Ice |
| <input type="checkbox"/> Debris | <input type="checkbox"/> Erosion | <input type="checkbox"/> Foam | <input type="checkbox"/> Bubbles | <input type="checkbox"/> Odor | |

Rainfall:

_____mm weekly accumulation (if greater than one week, don't enter data results)

rainfall on day of testing: _____mm

rainfall 1 day before testing: _____mm

rainfall 2 days before testing: _____mm

rainfall 3 days before testing: _____mm

rainfall 4 days before testing: _____mm

rainfall 5 days before testing: _____mm

rainfall 6 days before testing: _____mm

Additional Comments (e.g. wind, recent events, anything unusual): _____

(more on reverse)



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Has this datasheet been entered on the Alliance's database via the online data entry?

- Yes
 No

Data

1. Air temperature: ____ . ____ ° C (to nearest half degree)

Depth of Water Column (total depth): ____ . ____ m (to nearest tenth of meter)

2. Water Clarity and depth:

Secchi depth: ____ . ____ m (to nearest tenth of meter)

Transparency tube: ____ . ____ cm (to nearest tenth of cm)

The actual transparency reading was greater than the value entered (Check box if value > than that recorded)

3. Water temperature: ____ . ____ ° C (to nearest half degree)

4. Dissolved Oxygen:

Sodium Thiosulfate check: ____ . ____ mg/L 2nd check: (only if results are < 9.4 or > 10.0 ____ . ____ mg/L)

Instrument: (if meter, indicate type/model: _____)

Lamotte test kit Meter

Test 1 ____ . ____ mg/L

Test 2 ____ . ____ mg/L

(Note- Tests should be within 0.6 of each other- if not, perform 3rd test and report 2 closest results)

5. pH

Instrument: (if meter, indicate type/model: _____)

Lamotte narrow range Lamotte wide range Meter Colorfast™ strip

pH value: ____ . ____ (Std. Units)

6. Salinity

Instrument:

Hydrometer Refractometer Meter

(if meter, indicate type/model: _____)

Water temperature in Hydrometer jar: ____ . ____ ° C Hydrometer Reading: ____ . ____

Calculation of Salinity using hydrometer (Optional – do not need to report): ____ . ____ ppt

Salinity reading using refractometer or meter: ____ . ____ ppt

7. E. coli Bacteria Measurement (using Coliscan Easygelä plates)

Were samples collected for state lab comparison? Yes ____ No ____

Rainfall within 48 hours prior to sampling: _____ mm or comment: _____

Incubation time: ____ hours (to nearest hour) Incubation temp: ____ . ____ ° C (to nearest half degree)

Media expiration date: _____ Rep1 _____ Rep 2

Amount of water sample added to media bottle (max 5 ml per Rep): Rep1: ____ (A1) Rep2: ____ (A2)

Total # of purple or dark blue colonies on plate: Rep1: ____ (B1) Rep2: ____ (B2)

Note: disregard any pink, blue-green or white colonies- these are not E. coli bacteria

To calculate the Total Colonies of E. coli bacteria per 100 ml of water:

1. Divide 100 by the ml of water used. 2. Multiply this quotient by the number of purple colonies counted

Rep1: $([100 \div A1] * B1) =$ _____ (C1) Rep2: $([100 \div A2] * B2) =$ _____ (C2)

Average of both Reps = $(C1 + C2) \div 2$ (Report this value) _____

Comments: _____

Total Time Spent Monitoring: (Includes travel to and from monitoring site; equipment preparation; sample collection; water's edge time; and time spent filling out data sheets): _____ hours (Round to nearest quarter hour.)

Monitor Signature: _____ Date: _____