

# General WQ Sampling Form

|   |  |              |   |             |                    |  |                 |  |                        |    |     |  |  |
|---|--|--------------|---|-------------|--------------------|--|-----------------|--|------------------------|----|-----|--|--|
|   |  |              |   |             | Reviewers Initials |  |                 |  |                        |    |     |  |  |
| Stream Name (with location)   |  |              |   |             |                    |  |                 |  |                        |    |     |  |  |
| AN-Code   |  |              |   | Date        |                    |  | Time            |  | Geo                    |    | Bio |  |  |
| Basin   |  |              |   | County      |                    |  |                 | Quad   |                        |    |     |  |  |
| GPS Type  |  |              | EPE   |             |                    |  | XY's Proofed    |  |                        | By |     |  |  |
| Field Lat X-site  |  |              |   | N           | Field Lon X-site   |  |                 |  | W                      |    |     |  |  |
| Corrected Lat   |  |              |   | N           | Corrected Lon      |  |                 |  | W                      |    |     |  |  |
| Sampled   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | If not, why? | <input type="checkbox"/> No Access-Physical Barrier ( <input type="checkbox"/> <i>Permanent</i> / <input type="checkbox"/> <i>Temporary</i> )<br><input type="checkbox"/> No Access-Landowner Denial ( <input type="checkbox"/> <i>Verbal Denial</i> / <input type="checkbox"/> <i>Posted</i> / <input type="checkbox"/> <i>Fenced</i> / <input type="checkbox"/> <i>Private</i> )<br><input type="checkbox"/> Too Deep ( <input type="checkbox"/> <i>Permanent-Not Wadeable</i> / <input type="checkbox"/> <i>Temporary</i> ) <input type="checkbox"/> Dry <input type="checkbox"/> Filled <input type="checkbox"/> Impounded<br><input type="checkbox"/> Other: |             |                    |  |                 |  |                        |    |     |  |  |
|   |  |              |   |             |                    |  |                 |  |                        |    |     |  |  |
| Sample Type   | <input type="checkbox"/> YSI <input type="checkbox"/> Fecal <input type="checkbox"/> AMD <input type="checkbox"/> Nutrients <input type="checkbox"/> Acid Rain <input type="checkbox"/> Orthophosphate <input type="checkbox"/> Flow <input type="checkbox"/> Other: |              |   |             |                    |  |                 |  |                        |    |     |  |  |
| Duplicate type  | <input type="checkbox"/> None <input type="checkbox"/> Lab <input type="checkbox"/> Fecal  |              |   | Duplicate # |                    |  | Was site moved? | <input type="checkbox"/> Yes <input type="checkbox"/> No |                        |    |     |  |  |
| Explanation?  |  |              |   |             |                    |  |                 |  |                        |    |     |  |  |
| Directions To Site  |  |              |   |             |                    |  |                 |  |                        |    |     |  |  |
| <b>Sketch of Assessment Reach and Comments:</b> Indicate North with (↑), indicate flow direction, indicate water sample (wq), indicate lat and long site with (X). Draw the sketch with a fine resolution to give a specific idea of the location of the sonde. |  |              |   |             |                    |  |                 |  |                        |    |     |  |  |
|   |  |              |   |             |                    |  |                 |  |                        |    |     |  |  |
| Notes   |  |              |   |             |                    |  |                 |  | Single WQ<br>Sample ID |    |     |  |  |



