



SD County SDR-MST Dry Weather 2017-2018
FIELD OBSERVATIONS

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|--|---|---|--|---|--|
| PROJECT/SURVEY NAME COSD SDR-MST 2017-2018 | | STATION ID SDR-041 | | STATION NAME SDR-041 | |
| DATE 8-9-17 | | TIME STARTED (AT SITE) 0810 | | TIME FINISHED (AT SITE) 0825 | |
| FIELD TEAM CC/SL | | | | RECORDER SL | |
| MONITORING PERIOD | | <input checked="" type="checkbox"/> DRY WEATHER | | <input type="checkbox"/> WET WEATHER | |
| WEATHER CONDITIONS <input type="checkbox"/> CLEAR <input checked="" type="checkbox"/> CLOUDY <input type="checkbox"/> FOGGY <input type="checkbox"/> DRIZZLING <input type="checkbox"/> RAINY | | | | | |
| SURFACE WATER APPEARANCE | ODOR <input type="checkbox"/> ROTTEN EGG/H2S <input type="checkbox"/> MUSTY <input type="checkbox"/> SEWAGE <input type="checkbox"/> AMMONIA <input type="checkbox"/> GASOLINE/PETROLEUM <input type="checkbox"/> FISH/DECAY <input type="checkbox"/> CHLORINE <input type="checkbox"/> NONE <input type="checkbox"/> CHEMICAL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> NONE | | | | |
| | COLOR <input type="checkbox"/> YELLOW <input type="checkbox"/> GREEN <input type="checkbox"/> BLUE <input type="checkbox"/> BROWN <input type="checkbox"/> RED <input checked="" type="checkbox"/> COLORLESS <input type="checkbox"/> OTHER | | | | |
| | FLOATING MATERIALS (ALL THAT APPLY) <input type="checkbox"/> SUDS/FOAM <input type="checkbox"/> OILY SHEEN <input type="checkbox"/> ORGANIC MATERIAL <input type="checkbox"/> SCUM <input type="checkbox"/> ALGAE <input type="checkbox"/> OTHER (DESCRIBE) <input checked="" type="checkbox"/> NONE | | | | |
| | TRASH <input type="checkbox"/> NONE <input type="checkbox"/> STYROFOAM <input type="checkbox"/> WOOD <input checked="" type="checkbox"/> PLASTIC (CUPS, BOTTLES, BAGS) ^{cup straw} <input type="checkbox"/> OTHER (DESCRIBE) | | | | |
| | TURBIDITY <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> HEAVY CLOUDINESS, OPAQUE | | | | |
| | Water Quality Appearance Comments: | | | | |
| Flow Estimation: <u>flowing</u> | | | | Depth _____ feet _____ inches Velocity _____ fps | |
| METHOD <input type="checkbox"/> Flow Meter <input type="checkbox"/> Leaf Method <input type="checkbox"/> Other <u>fill a bottle</u> | | | | Width _____ feet _____ inches <u>1L 27.5 sec</u> | |
| QA/QC SAMPLES: | | <input checked="" type="checkbox"/> FIELD DUPLICATE SDR-041-DUP 0815 | | <input type="checkbox"/> EQUIPMENT BLANK SDR-FB 0830 | |
| SAMPLING ACTIVITIES AND KEY OBSERVATIONS (DESCRIBE ALL ACTIONS TAKEN AT EACH SITE VISIT AND PROVIDE ADDITIONAL OBSERVATIONS/COMMENTS AS NECESSARY) sample time 0815, sample collected from weir, 0830 collected field blank SDR-FB | | | | | |
| PHOTOS TAKEN: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| PHOTO NUMBERS AND NOTES: | | | | | |
| TEAM LEADER'S SIGNATURE <u>[Signature]</u> | | | | | |



SD County SDR-MST Dry Weather 2017-2018
FIELD OBSERVATIONS

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|--|--|---|--|---|--|
| PROJECT/SURVEY NAME COSD SDR-MST 2017-2018 | | STATION ID SDR-098 | | STATION NAME SDR-098 | |
| DATE 8.9.17 | | TIME STARTED (AT SITE) 0840 | | TIME FINISHED (AT SITE) 0850 | |
| FIELD TEAM CL/SL | | | | RECORDER SL | |
| MONITORING PERIOD | | <input checked="" type="checkbox"/> DRY WEATHER | | <input type="checkbox"/> WET WEATHER | |
| WEATHER CONDITIONS <input type="checkbox"/> CLEAR <input checked="" type="checkbox"/> CLOUDY <input type="checkbox"/> FOGGY <input type="checkbox"/> DRIZZLING <input type="checkbox"/> RAINY | | | | | |
| SURFACE WATER APPEARANCE | ODOR <input type="checkbox"/> ROTTEN EGG/H ₂ S <input type="checkbox"/> MUSTY <input type="checkbox"/> SEWAGE <input type="checkbox"/> AMMONIA <input type="checkbox"/> GASOLINE/PETROLEUM <input type="checkbox"/> FISH/DECAY <input type="checkbox"/> CHLORINE <input type="checkbox"/> NONE <input type="checkbox"/> CHEMICAL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> NONE | | | | |
| | COLOR <input type="checkbox"/> YELLOW <input type="checkbox"/> GREEN <input type="checkbox"/> BLUE <input checked="" type="checkbox"/> BROWN ^{Slight} <input type="checkbox"/> RED <input type="checkbox"/> COLORLESS <input type="checkbox"/> OTHER | | | | |
| | FLOATING MATERIALS (ALL THAT APPLY) <input type="checkbox"/> SUDS/FOAM <input type="checkbox"/> OILY SHEEN <input type="checkbox"/> ORGANIC MATERIAL <input type="checkbox"/> SCUM <input type="checkbox"/> ALGAE <input type="checkbox"/> OTHER (DESCRIBE) <input checked="" type="checkbox"/> NONE | | | | |
| | TRASH <input type="checkbox"/> NONE <input type="checkbox"/> STYROFOAM <input type="checkbox"/> WOOD <input checked="" type="checkbox"/> PLASTIC (CUPS, BOTTLES, ^{toy ball} BAGS) <input type="checkbox"/> OTHER (DESCRIBE) | | | | |
| | TURBIDITY <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> HEAVY CLOUDINESS, OPAQUE | | | | |
| | Water Quality Appearance Comments: | | | | |
| Flow Estimation: <u>flowing -trickle-</u> | | | | Depth _____ feet _____ inches Velocity _____ fps | |
| METHOD <input type="checkbox"/> Flow Meter <input type="checkbox"/> Leaf Method <input type="checkbox"/> Other <u>fill a bottle</u> | | | | Width _____ feet _____ inches <u>13 mL, 60 sec</u> | |
| QA/QC SAMPLES: | | <input type="checkbox"/> FIELD DUPLICATE | | <input type="checkbox"/> EQUIPMENT BLANK <input type="checkbox"/> FIELD BLANK | |
| SAMPLING ACTIVITIES AND KEY OBSERVATIONS (DESCRIBE ALL ACTIONS TAKEN AT EACH SITE VISIT AND PROVIDE ADDITIONAL OBSERVATIONS/COMMENTS AS NECESSARY) <u>0845 collected sample from behind weir.</u> | | | | | |
| PHOTOS TAKEN: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| PHOTO NUMBERS AND NOTES: | | | | | |
| TEAM LEADER'S SIGNATURE <u>[Signature]</u> | | | | | |




SD County SDR-MST Dry Weather 2017-2018
FIELD OBSERVATIONS

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|---|--|---|--|---|--|
| PROJECT/SURVEY NAME COSD SDR-MST 2017-2018 | | STATION ID SDR-754 | | STATION NAME SDR-754 | |
| DATE 8.9.17 | | TIME STARTED (AT SITE) 0855 | | TIME FINISHED (AT SITE) 0905 | |
| FIELD TEAM CL/SL | | | | RECORDER SL | |
| MONITORING PERIOD | | <input checked="" type="checkbox"/> DRY WEATHER | | <input type="checkbox"/> WET WEATHER | |
| WEATHER CONDITIONS <input type="checkbox"/> CLEAR <input checked="" type="checkbox"/> CLOUDY <input type="checkbox"/> FOGGY <input type="checkbox"/> DRIZZLING <input type="checkbox"/> RAINY | | | | | |
| SURFACE WATER APPEARANCE | ODOR <input type="checkbox"/> ROTTEN EGG/H ₂ S <input checked="" type="checkbox"/> MUSTY <input type="checkbox"/> SEWAGE <input type="checkbox"/> AMMONIA <input type="checkbox"/> GASOLINE/PETROLEUM <input type="checkbox"/> FISH/DECAY <input type="checkbox"/> CHLORINE <input type="checkbox"/> NONE <input type="checkbox"/> CHEMICAL <input type="checkbox"/> OTHER <input type="checkbox"/> NONE | | | | |
| | COLOR <input type="checkbox"/> YELLOW <input type="checkbox"/> GREEN <input type="checkbox"/> BLUE <input checked="" type="checkbox"/> BROWN <input type="checkbox"/> RED <input type="checkbox"/> COLORLESS <input type="checkbox"/> OTHER | | | | |
| | FLOATING MATERIALS (ALL THAT APPLY) <input type="checkbox"/> SUDS/FOAM <input type="checkbox"/> OILY SHEEN <input type="checkbox"/> ORGANIC MATERIAL <input type="checkbox"/> SCUM <input type="checkbox"/> ALGAE <input type="checkbox"/> OTHER (DESCRIBE) <input checked="" type="checkbox"/> NONE | | | | |
| | TRASH <input checked="" type="checkbox"/> NONE <input type="checkbox"/> STYROFOAM <input type="checkbox"/> WOOD <input type="checkbox"/> PLASTIC (CUPS, BOTTLES, BAGS) <input type="checkbox"/> OTHER (DESCRIBE) | | | | |
| | TURBIDITY <input type="checkbox"/> CLEAR <input checked="" type="checkbox"/> CLOUDY <input type="checkbox"/> HEAVY CLOUDINESS, OPAQUE | | | | |
| | Water Quality Appearance Comments: | | | | |
| Flow Estimation: | | | | Depth _____ feet _____ inches Velocity _____ fps | |
| METHOD <input type="checkbox"/> Flow Meter <input type="checkbox"/> Leaf Method <input type="checkbox"/> Other <u>fill a bottle</u> | | | | Width _____ feet _____ inches <u>120 Sec. 3 mL.</u> | |
| QA/QC SAMPLES: | | <input type="checkbox"/> FIELD DUPLICATE | | <input type="checkbox"/> EQUIPMENT BLANK <input type="checkbox"/> FIELD BLANK | |
| SAMPLING ACTIVITIES AND KEY OBSERVATIONS (DESCRIBE ALL ACTIONS TAKEN AT EACH SITE VISIT AND PROVIDE ADDITIONAL OBSERVATIONS/COMMENTS AS NECESSARY) 0900 collected sample from behind weir. | | | | | |
| PHOTOS TAKEN: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| PHOTO NUMBERS AND NOTES: | | | | | |
| TEAM LEADER'S SIGNATURE <u>[Signature]</u> | | | | | |



SD County SDR-MST Dry Weather 2017-2018
FIELD OBSERVATIONS

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|--|--|---|--|---|--|
| PROJECT/SURVEY NAME COSD SDR-MST 2017-2018 | | STATION ID SDR-751 | | STATION NAME SDR-751 | |
| DATE 8.9.17 | | TIME STARTED (AT SITE) 0907 | | TIME FINISHED (AT SITE) 0912 | |
| FIELD TEAM LC/SL | | | | RECORDER SL | |
| MONITORING PERIOD | | <input checked="" type="checkbox"/> DRY WEATHER | | <input type="checkbox"/> WET WEATHER | |
| WEATHER CONDITIONS <input type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> FOGGY <input type="checkbox"/> DRIZZLING <input type="checkbox"/> RAINY | | | | | |
| SURFACE WATER APPEARANCE | ODOR <input type="checkbox"/> ROTTEN EGG/H ₂ S <input type="checkbox"/> MUSTY <input type="checkbox"/> SEWAGE <input type="checkbox"/> AMMONIA <input type="checkbox"/> GASOLINE/PETROLEUM <input type="checkbox"/> FISH/DECAY <input type="checkbox"/> CHLORINE <input type="checkbox"/> NONE <input type="checkbox"/> CHEMICAL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> NONE | | | | |
| | COLOR <input type="checkbox"/> YELLOW <input type="checkbox"/> GREEN <input type="checkbox"/> BLUE <input type="checkbox"/> BROWN <input type="checkbox"/> RED <input checked="" type="checkbox"/> COLORLESS <input type="checkbox"/> OTHER | | | | |
| | FLOATING MATERIALS (ALL THAT APPLY) <input type="checkbox"/> SUDS/FOAM <input type="checkbox"/> OILY SHEEN <input type="checkbox"/> ORGANIC MATERIAL <input type="checkbox"/> SCUM <input type="checkbox"/> ALGAE <input type="checkbox"/> OTHER (DESCRIBE) styrofoam <input type="checkbox"/> NONE | | | | |
| | TRASH <input type="checkbox"/> NONE <input checked="" type="checkbox"/> STYROFOAM <input type="checkbox"/> WOOD <input type="checkbox"/> PLASTIC (CUPS, BOTTLES, BAGS) <input type="checkbox"/> OTHER (DESCRIBE) | | | | |
| | TURBIDITY <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> HEAVY CLOUDINESS, OPAQUE | | | | |
| | Water Quality Appearance Comments: | | | | |
| Flow Estimation: flowing - trickle | | | | Depth _____ feet _____ inches Velocity _____ fps | |
| METHOD <input type="checkbox"/> Flow Meter <input type="checkbox"/> Leaf Method <input type="checkbox"/> Other See comment below | | | | Width _____ feet _____ inches | |
| QA/QC SAMPLES: | | <input type="checkbox"/> FIELD DUPLICATE | | <input type="checkbox"/> EQUIPMENT BLANK <input type="checkbox"/> FIELD BLANK | |
| SAMPLING ACTIVITIES AND KEY OBSERVATIONS (DESCRIBE ALL ACTIONS TAKEN AT EACH SITE VISIT AND PROVIDE ADDITIONAL OBSERVATIONS/COMMENTS AS NECESSARY) | | | | | |
| 0910 collected sample from behind sandbags, flowing b/w sandbags but difficult to achieve any accurate flow measurement. | | | | | |
| PHOTOS TAKEN: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| PHOTO NUMBERS AND NOTES: | | | | | |
| TEAM LEADER'S SIGNATURE  | | | | | |



SD County SDR-MST Dry Weather 2017-2018
FIELD OBSERVATIONS

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|--|--|---|--|---|--|
| PROJECT/SURVEY NAME COSD SDR-MST 2017-2018 | | STATION ID SDR-1024 | | STATION NAME SDR-1024 | |
| DATE 8.9.17 | | TIME STARTED (AT SITE) 0917 | | TIME FINISHED (AT SITE) 0925 | |
| FIELD TEAM CE/SL | | | | RECORDER SL | |
| MONITORING PERIOD | | <input checked="" type="checkbox"/> DRY WEATHER | | <input type="checkbox"/> WET WEATHER | |
| WEATHER CONDITIONS <input type="checkbox"/> CLEAR <input checked="" type="checkbox"/> CLOUDY <input type="checkbox"/> FOGGY <input type="checkbox"/> DRIZZLING <input type="checkbox"/> RAINY | | | | | |
| SURFACE WATER APPEARANCE | ODOR <input type="checkbox"/> ROTTEN EGG/H ₂ S <input type="checkbox"/> MUSTY <input type="checkbox"/> SEWAGE <input type="checkbox"/> AMMONIA <input type="checkbox"/> GASOLINE/PETROLEUM <input type="checkbox"/> FISH/DECAY <input type="checkbox"/> CHLORINE <input type="checkbox"/> NONE <input type="checkbox"/> CHEMICAL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> NONE | | | | |
| | COLOR <input type="checkbox"/> YELLOW <input type="checkbox"/> GREEN <input type="checkbox"/> BLUE <input type="checkbox"/> BROWN <input type="checkbox"/> RED <input checked="" type="checkbox"/> COLORLESS <input type="checkbox"/> OTHER | | | | |
| | FLOATING MATERIALS (ALL THAT APPLY) <input type="checkbox"/> SUDS/FOAM <input type="checkbox"/> OILY SHEEN <input type="checkbox"/> ORGANIC MATERIAL <input type="checkbox"/> SCUM <input type="checkbox"/> ALGAE <input type="checkbox"/> OTHER (DESCRIBE) <input checked="" type="checkbox"/> NONE | | | | |
| | TRASH <input type="checkbox"/> NONE <input checked="" type="checkbox"/> STYROFOAM <input type="checkbox"/> WOOD <input type="checkbox"/> PLASTIC (CUPS, BOTTLES, BAGS) <input type="checkbox"/> OTHER (DESCRIBE) | | | | |
| | TURBIDITY <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> HEAVY CLOUDINESS, OPAQUE | | | | |
| | Water Quality Appearance Comments: | | | | |
| Flow Estimation: <u>flowing</u> | | | | Depth _____ feet _____ inches Velocity _____ fps | |
| METHOD <input type="checkbox"/> Flow Meter <input type="checkbox"/> Leaf Method <input type="checkbox"/> Other <u>fill a bottle</u> | | | | Width _____ feet _____ inches <u>170 mL 30 sec</u> | |
| QA/QC SAMPLES: | | <input type="checkbox"/> FIELD DUPLICATE | | <input type="checkbox"/> EQUIPMENT BLANK <input type="checkbox"/> FIELD BLANK | |
| SAMPLING ACTIVITIES AND KEY OBSERVATIONS (DESCRIBE ALL ACTIONS TAKEN AT EACH SITE VISIT AND PROVIDE ADDITIONAL OBSERVATIONS/COMMENTS AS NECESSARY) <u>0920 collected sample from outfall.</u> | | | | | |
| PHOTOS TAKEN: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| PHOTO NUMBERS AND NOTES: | | | | | |
| TEAM LEADER'S SIGNATURE <u>[Signature]</u> | | | | | |



SD County SDR-MST Dry Weather 2017-2018
FIELD OBSERVATIONS

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|--|---|---|--|---|--|
| PROJECT/SURVEY NAME COSD SDR-MST 2017-2018 | | STATION ID SDR-740 | | STATION NAME SDR-740 | |
| DATE 8-9-17 | | TIME STARTED (AT SITE) 0935 | | TIME FINISHED (AT SITE) 0945 | |
| FIELD TEAM C. C. 156 | | | | RECORDER SC | |
| MONITORING PERIOD | | <input checked="" type="checkbox"/> DRY WEATHER | | <input type="checkbox"/> WET WEATHER | |
| WEATHER CONDITIONS <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> FOGGY <input type="checkbox"/> DRIZZLING <input type="checkbox"/> RAINY | | | | | |
| SURFACE WATER APPEARANCE | ODOR <input type="checkbox"/> ROTTEN EGG/H ₂ S <input type="checkbox"/> MUSTY <input type="checkbox"/> SEWAGE <input type="checkbox"/> AMMONIA <input type="checkbox"/> GASOLINE/PETROLEUM <input type="checkbox"/> FISH/DECAY <input type="checkbox"/> CHLORINE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> CHEMICAL <i>Sl. eucalyptus</i> <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> NONE | | | | |
| | COLOR <input type="checkbox"/> YELLOW <input type="checkbox"/> GREEN <input type="checkbox"/> BLUE <input checked="" type="checkbox"/> BROWN <input type="checkbox"/> RED <input type="checkbox"/> COLORLESS <input type="checkbox"/> OTHER | | | | |
| | FLOATING MATERIALS (ALL THAT APPLY) <input type="checkbox"/> SUDS/FOAM <input type="checkbox"/> OILY SHEEN <input checked="" type="checkbox"/> ORGANIC MATERIAL <input type="checkbox"/> SCUM <input type="checkbox"/> ALGAE <input type="checkbox"/> OTHER (DESCRIBE) <input type="checkbox"/> NONE | | | | |
| | TRASH <input checked="" type="checkbox"/> NONE <input type="checkbox"/> STYROFOAM <input type="checkbox"/> WOOD <input type="checkbox"/> PLASTIC (CUPS, BOTTLES, BAGS) <input type="checkbox"/> OTHER (DESCRIBE) | | | | |
| | TURBIDITY <input type="checkbox"/> CLEAR <input checked="" type="checkbox"/> CLOUDY <input type="checkbox"/> HEAVY CLOUDINESS, OPAQUE | | | | |
| | Water Quality Appearance Comments: | | | | |
| Flow Estimation: <i>slight trickle</i> | | | | Depth _____ feet _____ inches Velocity _____ fps | |
| METHOD <input type="checkbox"/> Flow Meter <input type="checkbox"/> Leaf Method <input type="checkbox"/> Other <i>See comment below</i> | | | | Width _____ feet _____ inches | |
| QA/QC SAMPLES: | | <input type="checkbox"/> FIELD DUPLICATE | | <input type="checkbox"/> EQUIPMENT BLANK <input type="checkbox"/> FIELD BLANK | |
| SAMPLING ACTIVITIES AND KEY OBSERVATIONS (DESCRIBE ALL ACTIONS TAKEN AT EACH SITE VISIT AND PROVIDE ADDITIONAL OBSERVATIONS/COMMENTS AS NECESSARY) <i>0940 collected sample.</i> <i>Flow too low for accurate measurement.</i> | | | | | |
| PHOTOS TAKEN: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| PHOTO NUMBERS AND NOTES: | | | | | |
| TEAM LEADER'S SIGNATURE <i>[Signature]</i> | | | | | |



SD County SDR-MST Dry Weather 2017-2018
FIELD OBSERVATIONS

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|--|--|---|--|--------------------------------------|--|
| PROJECT/SURVEY NAME | | STATION ID | | STATION NAME | |
| COSD SDR-MST 2017-2018 | | SDR-270 | | SDR-270 | |
| DATE | | TIME STARTED (AT SITE) | | TIME FINISHED (AT SITE) | |
| 8-9-17 | | 0955 | | 1005 | |
| FIELD TEAM | | | | RECORDER | |
| cc/sc | | | | sc | |
| MONITORING PERIOD | | <input checked="" type="checkbox"/> DRY WEATHER | | <input type="checkbox"/> WET WEATHER | |
| WEATHER CONDITIONS <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> FOGGY <input type="checkbox"/> DRIZZLING <input type="checkbox"/> RAINY | | | | | |
| SURFACE WATER APPEARANCE | ODOR <input type="checkbox"/> ROTTEN EGG/H ₂ S <input type="checkbox"/> MUSTY <input type="checkbox"/> SEWAGE <input type="checkbox"/> AMMONIA <input type="checkbox"/> GASOLINE/PETROLEUM | | | | |
| | <input type="checkbox"/> FISH/DECAY <input type="checkbox"/> CHLORINE <input type="checkbox"/> NONE <input type="checkbox"/> CHEMICAL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> NONE | | | | |
| | COLOR <input type="checkbox"/> YELLOW <input type="checkbox"/> GREEN <input type="checkbox"/> BLUE <input checked="" type="checkbox"/> BROWN <input type="checkbox"/> RED | | | | |
| | <input type="checkbox"/> COLORLESS <input type="checkbox"/> OTHER | | | | |
| | FLOATING MATERIALS (ALL THAT APPLY) <input type="checkbox"/> SUDS/FOAM <input type="checkbox"/> OILY SHEEN <input checked="" type="checkbox"/> ORGANIC MATERIAL <input type="checkbox"/> SCUM <input type="checkbox"/> ALGAE | | | | |
| | <input type="checkbox"/> OTHER (DESCRIBE) <input type="checkbox"/> NONE | | | | |
| TRASH <input type="checkbox"/> NONE <input type="checkbox"/> STYROFOAM <input type="checkbox"/> WOOD <input checked="" type="checkbox"/> PLASTIC (CUPS, BOTTLES, BAGS) <input type="checkbox"/> OTHER (DESCRIBE) | | | | | |
| TURBIDITY <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> HEAVY CLOUDINESS, OPAQUE | | | | | |
| Water Quality Appearance Comments: | | | | | |
| Flow Estimation: <u>flowing</u> | | | | | |
| METHOD <input type="checkbox"/> Flow Meter <input checked="" type="checkbox"/> Leaf Method <input type="checkbox"/> Other _____ | | Depth _____ feet <u>0.125</u> inches | | Velocity <u>2'3", 2 sec.</u> fps | |
| QA/QC SAMPLES: <input type="checkbox"/> FIELD DUPLICATE <input type="checkbox"/> EQUIPMENT BLANK <input type="checkbox"/> FIELD BLANK | | Width _____ feet <u>3</u> inches | | | |
| SAMPLING ACTIVITIES AND KEY OBSERVATIONS (DESCRIBE ALL ACTIONS TAKEN AT EACH SITE VISIT AND PROVIDE ADDITIONAL OBSERVATIONS/COMMENTS AS NECESSARY) | | | | | |
| <u>1000 collected sample from behind sandbag.</u> | | | | | |
| PHOTOS TAKEN: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| PHOTO NUMBERS AND NOTES: | | | | | |
| TEAM LEADER'S SIGNATURE <u>[Signature]</u> | | | | | |



SD County SDR-MST Dry Weather 2017-2018
FIELD OBSERVATIONS

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|--|--|---|--|---|--|
| PROJECT/SURVEY NAME COSD SDR-MST 2017-2018 | | STATION ID MS4-SDR-223 | | STATION NAME SDR-223 | |
| DATE 8-9-17 | | TIME STARTED (AT SITE) 1020 | | TIME FINISHED (AT SITE) 1035 | |
| FIELD TEAM CCSL | | | | RECORDER SL | |
| MONITORING PERIOD | | <input checked="" type="checkbox"/> DRY WEATHER | | <input type="checkbox"/> WET WEATHER | |
| WEATHER CONDITIONS <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> FOGGY <input type="checkbox"/> DRIZZLING <input type="checkbox"/> RAINY | | | | | |
| SURFACE WATER APPEARANCE | ODOR <input type="checkbox"/> ROTTEN EGG/H ₂ S <input type="checkbox"/> MUSTY <input type="checkbox"/> SEWAGE <input type="checkbox"/> AMMONIA <input type="checkbox"/> GASOLINE/PETROLEUM <input type="checkbox"/> FISH/DECAY <input type="checkbox"/> CHLORINE <input type="checkbox"/> NONE <input type="checkbox"/> CHEMICAL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> NONE | | | | |
| | COLOR <input type="checkbox"/> YELLOW <input type="checkbox"/> GREEN <input type="checkbox"/> BLUE <input type="checkbox"/> BROWN <input type="checkbox"/> RED <input checked="" type="checkbox"/> COLORLESS <input type="checkbox"/> OTHER | | | | |
| | FLOATING MATERIALS (ALL THAT APPLY) <input type="checkbox"/> SUDS/FOAM <input type="checkbox"/> OILY SHEEN <input type="checkbox"/> ORGANIC MATERIAL <input type="checkbox"/> SCUM <input type="checkbox"/> ALGAE <input type="checkbox"/> OTHER (DESCRIBE) <input checked="" type="checkbox"/> NONE | | | | |
| | TRASH <input type="checkbox"/> NONE <input type="checkbox"/> STYROFOAM <input type="checkbox"/> WOOD <input type="checkbox"/> PLASTIC (CUPS, BOTTLES, BAGS) ^{wrappers} <input checked="" type="checkbox"/> OTHER (DESCRIBE) ^{paper cups} | | | | |
| | TURBIDITY <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> HEAVY CLOUDINESS, OPAQUE | | | | |
| | Water Quality Appearance Comments: | | | | |
| Flow Estimation: <u>flaming</u> | | | Depth ^(9/16) feet <u>2.19</u> inches Velocity <u>2.19</u> fps | | |
| METHOD <input checked="" type="checkbox"/> Flow Meter <input type="checkbox"/> Leaf Method <input type="checkbox"/> Other _____ | | | Width feet <u>8</u> inches | | |
| QA/QC SAMPLES: | | <input type="checkbox"/> FIELD DUPLICATE | | <input type="checkbox"/> EQUIPMENT BLANK <input type="checkbox"/> FIELD BLANK | |
| SAMPLING ACTIVITIES AND KEY OBSERVATIONS (DESCRIBE ALL ACTIONS TAKEN AT EACH SITE VISIT AND PROVIDE ADDITIONAL OBSERVATIONS/COMMENTS AS NECESSARY) <u>1025 collected sample from flow at outfall.</u> | | | | | |
| PHOTOS TAKEN: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| PHOTO NUMBERS AND NOTES: | | | | | |
| TEAM LEADER'S SIGNATURE <u>[Signature]</u> | | | | | |



SD County SDR-MST Dry Weather 2017-2018
FIELD OBSERVATIONS

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|--|-------------------------------------|---|--|---|--|--|
| PROJECT/SURVEY NAME COSD SDR-MST 2017-2018 | | STATION ID SDR-FC1 | | STATION NAME SDR-FC1 | | |
| DATE 8.9.17 | | TIME STARTED (AT SITE) 1040 | | TIME FINISHED (AT SITE) 1055 | | |
| FIELD TEAM CLL/SL | | | | RECORDER SL | | |
| MONITORING PERIOD | | <input checked="" type="checkbox"/> DRY WEATHER | | <input type="checkbox"/> WET WEATHER | | |
| WEATHER CONDITIONS | | <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> FOGGY <input type="checkbox"/> DRIZZLING <input type="checkbox"/> RAINY | | | | |
| SURFACE WATER APPEARANCE | ODOR | <input type="checkbox"/> ROTTEN EGG/H ₂ S <input type="checkbox"/> MUSTY <input type="checkbox"/> SEWAGE <input type="checkbox"/> AMMONIA <input type="checkbox"/> GASOLINE/PETROLEUM <input type="checkbox"/> FISH/DECAY <input type="checkbox"/> CHLORINE <input type="checkbox"/> NONE <input type="checkbox"/> CHEMICAL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> NONE | | | | |
| | COLOR | <input type="checkbox"/> YELLOW <input type="checkbox"/> GREEN <input type="checkbox"/> BLUE <input type="checkbox"/> BROWN <input type="checkbox"/> RED <input checked="" type="checkbox"/> COLORLESS <input type="checkbox"/> OTHER | | | | |
| | FLOATING MATERIALS (ALL THAT APPLY) | <input type="checkbox"/> SUDS/FOAM <input type="checkbox"/> OILY SHEEN <input type="checkbox"/> ORGANIC MATERIAL <input type="checkbox"/> SCUM <input type="checkbox"/> ALGAE <input type="checkbox"/> OTHER (DESCRIBE) <input checked="" type="checkbox"/> NONE | | | | |
| | TRASH | <input checked="" type="checkbox"/> NONE <input type="checkbox"/> STYROFOAM <input type="checkbox"/> WOOD <input type="checkbox"/> PLASTIC (CUPS, BOTTLES, BAGS) <input type="checkbox"/> OTHER (DESCRIBE) | | | | |
| | TURBIDITY | <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> HEAVY CLOUDINESS, OPAQUE | | | | |
| | Water Quality Appearance Comments: | | | | | |
| Flow Estimation: <u>flowing</u> | | | | Depth _____ feet <u>4</u> inches Velocity <u>0.75</u> fps | | |
| METHOD <input checked="" type="checkbox"/> Flow Meter <input type="checkbox"/> Leaf Method <input type="checkbox"/> Other _____ | | | | Width <u>3</u> feet _____ inches | | |
| QA/QC SAMPLES: | | <input type="checkbox"/> FIELD DUPLICATE | | <input type="checkbox"/> EQUIPMENT BLANK <input type="checkbox"/> FIELD BLANK | | |
| SAMPLING ACTIVITIES AND KEY OBSERVATIONS (DESCRIBE ALL ACTIONS TAKEN AT EACH SITE VISIT AND PROVIDE ADDITIONAL OBSERVATIONS/COMMENTS AS NECESSARY) <u>1045 collected sample in channel.</u> | | | | | | |
| PHOTOS TAKEN: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | |
| PHOTO NUMBERS AND NOTES: | | | | | | |
| TEAM LEADER'S SIGNATURE _____ | | | | | | |