

RiverTrends Field Data Sheet - Virginia



Once data has been entered, send original forms to:
 Alliance for the Chesapeake Bay, Attn: RiverTrends Coordinator
 612 Hull Street Suite 101C Richmond, VA 23224



Station ID:	Date: _____ m/d/yy
Monitor(s):	Time: _____ AM/PM
Rainfall 7 day accumulation: _____ mm	Rainfall 48 hour accumulation: _____ mm

<https://cmc.vims.edu>

Has this datasheet been entered on the Chesapeake Data Explorer?

Yes No

Dissolved Oxygen Quality Assurance Checks			
<p>If Check 1 is within range between 9.4 and 10.0, proceed with sampling. If out of range, perform Check 2. If Check 2 fails, do not proceed with field sample and contact coordinator for new chemicals.</p> <p>If Check 2 passes, complete Check 3 to confirm checks are within 0.4 of each other.</p>	Check 1	Check 2	Check 3
	_____ . _____ mg/L	_____ . _____ mg/L	_____ . _____ mg/L

pH Meter Quality Assurance Checks				
<p>If your calibration values differ by more than +/- 0.20 from the standard, do not take sample and contact coordinator.</p>	Pre-sample Calibration and Temperature		Post Sample Check and Temperature	
	7.00 _____ . _____	_____ . _____ °C	7.00 _____ . _____	_____ . _____ °C
	4.01 _____ . _____		4.01 _____ . _____	
	10.01 _____ . _____		10.01 _____ . _____	

E. coli Bacteria Measurements (R-Card)				
<p>Disregard any pink, red, green-blue, or white colonies. These are not E. coli bacteria. Only count purple and blue-purple colonies.</p>	Incubation Time	Incubation Temperature	Sample water used (1-3mL)	Total colonies counted on plate
	_____ hours	_____ . _____ °C	Sample 1: _____ mL	_____
			Sample 2: _____ mL (only March/October)	_____

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

Sample 1: $([100 \div \text{mL of water used}] * \text{colonies counted}) = \text{_____ CFU/100mL}$ (report this number on back of datasheet)

Sample 2: $([100 \div \text{mL of water used}] * \text{colonies counted}) = \text{_____ CFU/100mL}$ (report this number on back of datasheet)

Water Surface	Stream Flow Rate	Weather Conditions		Water Color	Tidal Stage
<input type="checkbox"/> Calm <input type="checkbox"/> Ripple <input type="checkbox"/> Waves <input type="checkbox"/> White Caps	<input type="checkbox"/> Dry (Negligible) <input type="checkbox"/> Low <input type="checkbox"/> Normal <input type="checkbox"/> High	<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	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> _____ (color description)	<input type="checkbox"/> Incoming (Flood) <input type="checkbox"/> Low <input type="checkbox"/> Outgoing (Ebb) <input type="checkbox"/> High
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

Parameter	Field Readings	Replicates (March / October)
Air Temperature (nearest tenth)	_____ . _____ °C	_____ . _____ °C
Dissolved Oxygen <i>Note: Tests should be within 0.6 of each other. If not, perform 3rd test and report two closest results.</i>	Test 1: _____ . _____ mg/L	
	Test 2: _____ . _____ mg/L	
Bacteria	_____ CFU/100mL	_____ CFU/100mL
pH (nearest hundredth)	_____ . _____ SU	_____ . _____ SU
Salinity (nearest tenth)	_____ . _____ ppt	_____ . _____ ppt
Total Depth (nearest tenth of meter)	_____ . _____ m	_____ . _____ m
Water Clarity - Secchi Disk (nearest tenth of meter)	_____ . _____ m <input type="checkbox"/> Check box if value is > than that recorded	_____ . _____ m <input type="checkbox"/> Check box if value is > than that recorded
Water Clarity - Turbidity Tube (nearest tenth of cm)	_____ . _____ cm <input type="checkbox"/> Check box if value is > than that recorded	_____ . _____ cm <input type="checkbox"/> Check box if value is > than that recorded
Water Temperature (nearest tenth)	_____ . _____ °C	_____ . _____ °C

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

Total Time Spent Monitoring: _____ hours (round to nearest 15 min.) *Includes travel to/from monitoring site, equipment preparation, sample collection, water's edge time, and time spent filling out datasheets.*

Monitor Signature: _____ **Date:** _____