

ADOPT-A-STREAM MISSISSIPPI
CHEMICAL DATA COLLECTION FORM

Stream name: _____
 Stream team or Steward: _____
 Collection location: _____
 County: _____ Daytime phone: _____ Email: _____
 Collection date: _____ Time of day: _____ a.m./ p.m.
 Weather: (Circle as many as needed)
 Clear Partly sunny Cloudy Partly cloudy
 Drizzle Intermittent rain Rain Haze
 Date of last measurable rainfall: _____ Amount: _____ Inches
 Sample collection depth: _____ Ft Stream stage: _____ Ft
 Average water depth: _____ Ft Water color: _____
 Air temperature: _____ Degrees C Water temperature: _____ Degrees C

	<u>TEST 1</u>	<u>TEST 2</u>	<u>INITIALS</u>
Dissolved Oxygen:	_____	_____ ppm	_____
Turbidity: 25 or 50 ml?	_____	_____ JTU	_____
pH:	_____	_____ SU	_____

Describe: **Other unusual conditions, especially the presence of odors, oily patches, foam, debris, erosion, oil/pesticide containers, or dead fish or animals:**

Comments or questions (e.g. test kit problems, etc.):