

ADOPT-A-STREAM MISSISSIPPI MACROINVERTEBRATE COUNT FORM
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Stream name: _____
Stream team or Steward: _____
Evaluation area location: _____
County: _____ **Collection date:** _____ **Daytime phone:** _____

1. Check off the different types of organisms/"bugs" collected in the appropriate blanks.

Then calculate the total index value.

<u>GOOD</u>	<u>FAIR</u>	<u>POOR</u>	<u>NO INDEX VALUE</u>
<input type="checkbox"/> caddisfly larvae	<input type="checkbox"/> beetle larvae	<input type="checkbox"/> aquatic worms	<input type="checkbox"/> water bugs
<input type="checkbox"/> hellgrammite larvae	<input type="checkbox"/> clams	<input type="checkbox"/> blackfly larvae	<input type="checkbox"/> adult beetles
<input type="checkbox"/> mayfly nymphs	<input type="checkbox"/> crane-fly larvae	<input type="checkbox"/> leeches	(except riffle beetles)
<input type="checkbox"/> right opening snails	<input type="checkbox"/> crayfish	<input type="checkbox"/> midge larvae	
<input type="checkbox"/> riffle beetle	<input type="checkbox"/> scuds	<input type="checkbox"/> left opening snails	
<input type="checkbox"/> stonefly nymphs	<input type="checkbox"/> dragonfly nymphs		
<input type="checkbox"/> waterpenny larvae	<input type="checkbox"/> damselfly nymphs		<input type="checkbox"/> unidentified
	<input type="checkbox"/> sowbugs		
	<input type="checkbox"/> freshwater shrimp		

<input type="checkbox"/> # of "bugs" with numbers times 3 =	<input type="checkbox"/> # of "bugs" with numbers times 2 =	<input type="checkbox"/> # of "bugs" with numbers times 1 =
<input type="checkbox"/> GOOD index value	+ <input type="checkbox"/> FAIR index value	+ <input type="checkbox"/> POOR index value

Now add the three index values = _____ total index value.

Compare this **total index value** to the following numbers to determine the water quality of your stream.

_____ Excellent (>22)
 _____ Good (17-22)
 _____ Fair (11-16)
 _____ Poor (<11)

2. Note all habitats and microhabitats present (P) and/or sampled (S):

<input type="checkbox"/> Riffle	<input type="checkbox"/> Run	<input type="checkbox"/> Glide	<input type="checkbox"/> Pool
<input type="checkbox"/> Sand/Mud Bottom	<input type="checkbox"/> Bank Overhangs	<input type="checkbox"/> Rock/Gravel Bottom	
<input type="checkbox"/> Sticks and Logs	<input type="checkbox"/> Clay Bottom	<input type="checkbox"/> Aquatic Vegetation	
<input type="checkbox"/> Leaf Packs	Other _____		

3. Date of last measurable rainfall: _____ **Amount:** _____ Inches

4. Use the back of this sheet for comments, questions, etc.