



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

PROJECT/SURVEY NAME COSD SDR-MST 2017-2018		STATION ID SPR-768		STATION NAME	
DATE 8/22/17		TIME STARTED (AT SITE) 0755		TIME FINISHED (AT SITE) 0800	
FIELD TEAM NC/LC				RECORDER NC	
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 <sub>2</sub> 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 type="checkbox"/> NONE				
	COLOR <input type="checkbox"/> YELLOW <input checked="" type="checkbox"/> GREEN <input type="checkbox"/> BLUE <input 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 type="checkbox"/> NONE				
	TRASH <input 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 type="checkbox"/> CLOUDY <input type="checkbox"/> HEAVY CLOUDINESS, OPAQUE				
	Water Quality Appearance Comments: Dry				
Flow Estimation: 0 cfs				Depth _____ feet _____ inches Velocity _____ fps	
METHOD <input type="checkbox"/> Flow Meter <input type="checkbox"/> Leaf Method <input type="checkbox"/> Other _____				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) no flow. does not appear to have flowed recently. leaf debris and trash observed ~10' up pipe; paper, styrofoam, plastic.					
PHOTOS TAKEN: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
PHOTO NUMBERS AND NOTES:					
TEAM LEADER'S SIGNATURE <u>Min Corbin</u>					