

Gills Creek Water Quality Sampling Form

Information	
Name of Volunteer(s):	
Phone and/or Email:	
Name of Water Body:	
Date Samples Taken:	
Time Samples Taken:	

Site Conditions	
Weather Conditions	<input type="radio"/> Raining <input type="radio"/> Cloudy <input type="radio"/> Sunny
If raining:	<input type="radio"/> Drizzle <input type="radio"/> Stormy <input type="radio"/> Showers
Has it rained in the past:	<input type="radio"/> 12 hours <input type="radio"/> 24 hours <input type="radio"/> > 24 hours
Other comments about site conditions:	

Sampling Data	
Flow	
Dissolved Oxygen	
E. Coli	
Temperature	
pH	
Turbidity	
Other	