



Dry Weather Field Screen Data Collection Report

Outfall Name: _____ MAPSCO No. _____ Land Use: _____
 Site Location: _____
 Outfall Dimension(s): _____ Material No.: _____ Sample Site: _____
 Receiving Water: _____

Site Notes:

1st visit	Date: _____ Time: _____
Precipitation <48 hours <input type="checkbox"/> yes <input type="checkbox"/> no	
Flow: <input type="checkbox"/> none <input type="checkbox"/> low <input type="checkbox"/> med. <input type="checkbox"/> high	
pH	_____ s.u.
Conductivity	_____ μS
Detergent	_____ ppm
Chlorine	_____ ppm
Copper	_____ ppm
Phenols	_____ ppm
Ammonia Nitrogen	_____ ppm
Air Temp	_____ °C
Water Temp	_____ °C
Color #	_____
Odor #	_____
Turbidity (NTUs)	_____ NTUs
Sewage <input type="checkbox"/> Yes <input type="checkbox"/> No Trash <input type="checkbox"/> Yes <input type="checkbox"/> No	
Oil Sheen <input type="checkbox"/> Yes <input type="checkbox"/> No Surface Scum <input type="checkbox"/> Yes <input type="checkbox"/> No	

Notes:

Kit No.: _____ Colorimeter No.: _____
 Employee initials: _____
 Blank No.: _____

2nd visit	Date: _____ Time: _____
Precipitation <48 hours <input type="checkbox"/> yes <input type="checkbox"/> no	
Flow: <input type="checkbox"/> none <input type="checkbox"/> low <input type="checkbox"/> med. <input type="checkbox"/> high	
pH	_____ s.u.
Conductivity	_____ μS
Detergent	_____ ppm
Chlorine	_____ ppm
Copper	_____ ppm
Phenols	_____ ppm
Ammonia Nitrogen	_____ ppm
Air Temp	_____ °C
Water Temp	_____ °C
Color #	_____
Odor #	_____
Turbidity (NTUs)	_____ NTUs
Sewage <input type="checkbox"/> Yes <input type="checkbox"/> No Trash <input type="checkbox"/> Yes <input type="checkbox"/> No	
Oil Sheen <input type="checkbox"/> Yes <input type="checkbox"/> No Surface Scum <input type="checkbox"/> Yes <input type="checkbox"/> No	

Notes:

Kit No.: _____ Colorimeter No.: _____
 Employee initials: _____

If additional space is needed to record source tracking information, use back

Data Entry _____
 Date & initials _____

Data Entry _____
Date & initials