Water Quality Sampling Form

Sampling Site (Upstream/Downstream): _____

Frequency*: _____ **Date: _____**

Data Collector: _____ **Grant Manager: _____**

Grant Number: _____ **Project Title: _____**

Site Name: _____ **Stream Name: _____**

Latitude: _____ **Longitude: _____**

Sampling Start Time(s) (24-clock)**	**Parameter (use blanks for RWQCB basin plan additions)**	**Unit**	**Amount****
	Turbidity	NTU	
	Visible Construction related pollutants	Observations	
	pH	Standard Units	
	Temperature	°C	
	Dissolved Oxygen	mg/L	
	Dissolved Oxygen	% saturation	

*Please see the Water Quality Monitoring Plan for frequency of needed sampling.
**Please separate individual sample times/amount by commas for each individual sampling event.

Comments/Visible Observations at time of sampling event:

_____
_____
_____
_____
_____
_____