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)**	Parameters (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:

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