



2019 Field Data Sheet

NH Volunteer River Assessment Program



RSA487:38 VRAP Group: _____

Date: ____ / ____ / **2019**

Start Time: _____

Volunteer Monitors (First & Last Name): _____

Time Dissolved Oxygen Meter Turned On: _____					Initial 1.0 NTU Turbidity Meter Check Value (+/- 0.25NTU): _____						
Time of 1 st Dissolved Oxygen Calibration: _____					Initial Conductivity Meter Check Value (2,000 std: 1,600–2,400 µS) : _____						
NHDES Station ID	Station Name Or Description	Time Sampled (HHMM)	Turbidity (NTU)	pH Calibration Slope (95-105%)	pH (Units)	Dissolved Oxygen (Calibration Value)	Dissolved Oxygen (% saturation chamber reading)	Water Temp (°C)	Dissolved Oxygen (% Sat)	Dissolved Oxygen (mg/L)	Specific Conductance (µS)
REPLICATE (REQUIRED DAILY)											
QA/QC METER CHECK : Station: _____ Time: _____					END OF DAY METER CHECK						
6.0 pH Check(5.7 – 6.3): _____ Turbidity Blank(0.0NTU) Check: _____					Conductivity (2,000 µS std.): _____ Turbidity (1.0 std.): _____						

Please complete backside...

Weather: Clear Cloudy w/o Rain Intermittent Rain Cloudy w/Rain Snow Snow-melt
Wind: Calm Breeze Wind **Rain Past 3 Days?** Yes No Unknown
Air Temperature (°F): Below 30 30s 40s 50s 60s 70s 80s 90s Above 90s
Water Level: Dry Very Low Below Average Average Above Average High

Comments: (ie: swimmers, water color, algae, etc.) Please indicate NHDES Station ID.

Laboratory Samples: (Please check parameters taken (if any) at each station. If the same parameter was taken at each location indicate 'all' in the station ID)

Lab where the samples were relinquished to? NHDES PSU UNH Other: _____

Station ID	# of Bottles	Parameter 1	Parameter 2	Parameter 3	Parameter 4	Parameter 5
		Chloride	E.coli	Total Phosphorous (TP)	Other:	Other:

OFFICE USE ONLY:

Activity Date: _____
 Date Entered: _____ By: _____
 Date Proofed: _____ By: _____
 Date QA/QC: _____ By: _____

End of Day Checklist: (Check if Completed)

All Meters:

Dry and powered off _____

Turbidity:

Rinse sample vial and fill with DI water _____

pH:

Rinse probe with DI water and blot dry _____

Return probe to storage solution _____

Dissolved Oxygen:

Rinse probe with DI water _____

Return probe in chamber w/ wet sponge _____

Specific Conductance:

Rinse probe with DI water _____

Return probe to chamber _____

Equipment Kit:

Remove used Kimwipes _____

Clean off dirt, dust and moisture _____

Please return data sheets to:

Ted Walsh
 NH Volunteer River Assessment Program
 29 Hazen Drive – PO Box 95
 Concord, NH 03302-0095
 p - (603) 271-2083 f – (603) 271-7894
ted.walsh@des.nh.gov

Use free **CamScanner** app on iPhone/Android to send in data sheets.