

Physical & Chemical Tests Record Sheet

(To be completed monthly)

Site Name: <u>Bonnyvale Wetland pond</u>	Site Code: <u>8WA133</u>
Name of Monitoring Group:	
Person(s) Conducting the test: <u>DMurphy</u>	
Date of test: <u>Wed 13/9/23</u>	Time of test: <u>10:00</u>

Site Risk Assessment Completed: signature please:
 (see inside back cover flap) Please note any circumstantial hazards and additional risks (see below)

Test	Result (units)	Comments
D.O.	mg/L <u> </u> % sat.	
Water Temperature	<u>15</u> °C	
Air Temperature	<u>22</u> °C	
pH	Tick if meter has been calibrated to pH 7 <input checked="" type="checkbox"/> & 10 <input checked="" type="checkbox"/> <u>7.8</u>	<u>Laguna twin</u>
Salinity	Tick if meter has been calibrated to 2000 EC <input checked="" type="checkbox"/> <u>192</u> E.C.	<u>Laguna twin</u>
Reactive Phosphorus	<u>0.02</u> mg/L P	<u>La Motte Smart 2</u>
Turbidity	<u><9</u> N.T.U./F.T.U.	

Weather conditions at the time of sampling:

sunny
 cloudy
 overcast
 raining
 windy

Rainfall:

Last rainfall:
 More than week ago
 During the last week
 During the last 24 hours
 Raining now

Amount of rain: _____

<p>Water flow</p> <p>Flow indicator _____ ML/day</p> <p>Estimate of flow</p> <p> <input type="checkbox"/> Not flowing <input type="checkbox"/> Slow <input type="checkbox"/> Moderate <input type="checkbox"/> Rapid <input type="checkbox"/> Temporary <input checked="" type="checkbox"/> Permanent </p>	<p>Water appearance</p> <p> <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Milky <input type="checkbox"/> Foamy /frothy <input type="checkbox"/> Muddy <input type="checkbox"/> Smelly <input type="checkbox"/> Stained green <input type="checkbox"/> Scummy <input type="checkbox"/> Oily <input type="checkbox"/> Stained brown <input type="checkbox"/> Other (description) _____ </p>
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Stream depth and width

Depth indicator _____ metres 0 - 50 cm
 51cm - 1m deep
 1 to 2 metres

Average width of stream: _____ metres 2 to 5 metres
 >5 metres
 Unknown

<p>Drains</p> <p>Water flowing from drain <input type="checkbox"/> <u>No</u></p> <p>Color _____ Odour _____</p> <p>No water flowing from drain <input type="checkbox"/></p>	<p>Circumstantial hazard and additional risks</p> <p>Hazard: _____ Risk: _____</p> <p>Risk Control Measures: _____</p>
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Litter pollutants: (Tick type found)

<input type="checkbox"/> paper	<input type="checkbox"/> bottles	<input type="checkbox"/> plastic	<input type="checkbox"/> polystyrene	<input type="checkbox"/> clothing	<input type="checkbox"/> car bodies
<input type="checkbox"/> packets	<input type="checkbox"/> cans	<input type="checkbox"/> waxed cardboard	<input type="checkbox"/> other	<input type="checkbox"/> oil	<input type="checkbox"/> petrol/diesel

