



## Physical & Chemical Tests Record Sheet

(To be completed monthly)

Site Name: <u>Glenbuckee, trib to Yarrowee - Leigh</u>		Site Code: <u>CO-GUE100</u>	
Name of Monitoring Group: <u>Meredith Dairy</u>			
Person(s) Conducting the test: <u>Tim Johnston</u>			
Date of test: <u>3/6/24</u>		Time of test: <u>4:00</u> <del>am</del> /pm	
Site Risk Assessment Completed: <input checked="" type="checkbox"/> signature please: <u>[Signature]</u> Site risk and management assessment at rear of book. Please note circumstantial hazards and additional risks in the box below			
Test	Result (units)	Calculations, dilutions and comments	
Dissolved Oxygen	<u>9.0</u> mg/L <u>75</u> % sat.	<u>Good</u>	
Water Temperature	<u>8.0</u> °C		
Air Temperature	<u>11.0</u> °C		
pH	Meter calibrated to <input type="checkbox"/> pH 7 & <input type="checkbox"/> pH 10 <u>6.5</u> pH units	<u>Excellent</u>	
Electrical Conductivity (Salinity)	Meter calibrated to <input type="checkbox"/> 1413, <input type="checkbox"/> 2,000 or <input type="checkbox"/> 12,880EC <u>8000</u> EC units $\mu$ S/cm.	<u>Degraded - saline environment</u>	
Reactive Phosphorus	<u>0.030</u> mg/L P	<u>Degraded - saline environment</u>	
Turbidity	<u>&lt;9</u> N.T.U./F.T.U.	<u>Excellent</u>	
<b>Weather conditions at the time of sampling:</b>			
<input type="checkbox"/> sunny <input checked="" type="checkbox"/> cloudy <input checked="" type="checkbox"/> overcast <input type="checkbox"/> raining <input type="checkbox"/> windy			
<b>Rainfall:</b>			
Last rainfall: <input checked="" type="checkbox"/> More than week ago <input type="checkbox"/> During the last week <input type="checkbox"/> During the last 24 hours <input type="checkbox"/> Raining now			
Amount of rain (mm) _____			
<b>Water flow</b>		<b>Water appearance</b>	
Flow indicator (if available) _____ ML/day			
<b>Estimate of flow</b> <input type="checkbox"/> Not flowing (still) <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Milky <input type="checkbox"/> Foamy /frothy <input type="checkbox"/> Not flowing (pool) <input checked="" type="checkbox"/> Low (minimum) <input type="checkbox"/> Muddy <input type="checkbox"/> Smelly <input type="checkbox"/> Stained green <input type="checkbox"/> Medium (average) <input type="checkbox"/> High (but below bankfull) <input type="checkbox"/> Scummy <input type="checkbox"/> Oily <input type="checkbox"/> Stained brown <input type="checkbox"/> Flood (over bank) <input type="checkbox"/> Permanent (lakes & wetlands) <input type="checkbox"/> Other (description)			
<b>Stream depth</b>			
Depth indicator <u>0.3</u> m <input type="checkbox"/> 0 - 50 cm deep <input type="checkbox"/> 51cm-1m deep <input type="checkbox"/> 1 to 2 m deep <input type="checkbox"/> Unknown depth			
<b>Stream width</b>			
Average width of stream: <u>1</u> m <input type="checkbox"/> < 2 m wide <input type="checkbox"/> 2 to 5 m wide <input type="checkbox"/> >5 m wide			
Drain present at site: <input checked="" type="checkbox"/> no <input type="checkbox"/> yes      Water flowing from drain: <input type="checkbox"/> yes      Color _____      Odour _____			
<b>Litter pollutants: (Tick type found)</b>			
<input type="checkbox"/> paper <input type="checkbox"/> bottles		<input type="checkbox"/> plastic <input type="checkbox"/> clothing <input type="checkbox"/> car bodies	
<input type="checkbox"/> packets <input type="checkbox"/> cans		<input type="checkbox"/> polystyrene <input type="checkbox"/> oil <input type="checkbox"/> petrol/diesel	
		<input type="checkbox"/> waxed cardboard <input type="checkbox"/> other	
<b>Circumstantial hazards and additional risks</b>		<b>Waterwatch Data Management System: Data entry</b>	
Hazard: _____		Person entering site visit information	
Risk: _____		Date of entry _____	
Risk Control Measures: _____		Site visit approved by Coordinator (initial and date) _____	