

Volunteer Stream Monitoring - Urban Road Salt Study

MONITORING DATA SHEET

Station ID number: _____ (Obtain Station Name and ID # from WAV Program Staff. Please use one data sheet for each station.)

Station Name: _____

Organization Name: _____

Team Members: _____

SWIMS Data Entered By: Name: _____ **Email:** _____@_____

Please enter your site's monitoring data into SWIMS each month.

SWIMS Website: <http://prodoasjava.dnr.wi.gov/swims>

Monitoring Date: (include year)					
Start Time and End Time:	-	-	-	-	-
Comments: (Streamside observations and past weather.) <i>Please use back for additional comments.</i>					
Primary sampling, Triggered events, or Other (P/T/O)					
Ice Covered (Y/N)					
Conductivity Meter Calibrated? (Y/N)					
Air Temp	°C	°C	°C	°C	°C
H₂O Temp	°C	°C	°C	°C	°C
Conductivity (circle units – μS/cm or mS/cm for each entry)	μS/cm or mS/cm	μS/cm or mS/cm	μS/cm or mS/cm	μS/cm or mS/cm	μS/cm or mS/cm
Chloride grab sample taken (Y/N)/ Point or Outfall Number (from SWIMS lab slip)	Y/N	Y/N	Y/N	Y/N	Y/N
Current Weather (sunny, partly sunny, cloudy, rain, snow, thunderstorm)					
Water Level (high, low, normal)					
Date data were entered in SWIMS:					
QA/QC: (for DNR use only)					

At end of season, please review your data sheet to be sure it is fully completed, and send to: Water Action Volunteers Stream Monitoring Program, 101 S. Webster St. WT/3, PO Box 7921, Madison, WI 53707