



Kalamazoo County Health and Community Services Department  
 Environmental Health Bureau ~ Surface Water Monitoring Program  
**Bathing Beach Monitoring Field Data Sheet**



**Site Code**      **Surface Water:**  
**Park Name:**  
**Monitoring Location:**  
**City / Village / Township:**  
**Sub-Basin:**

**Type:**

**Section Number:**

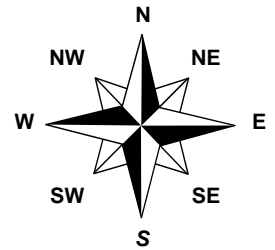
**Watershed:**

**Investigator:** \_\_\_\_\_ **Sample Date:** \_\_\_\_\_ **Sample Time:** \_\_\_\_\_ **AM / PM**

**General Weather Conditions** (circle appropriate wind direction)

Weather (check most appropriate weather conditions)

- clear       partly cloudy       overcast       fog / haze  
 drizzle       sleet / hail       rainy       snow



Wind (check most appropriate wind direction)

- calm       slight breeze       moderate breeze       windy

**Surface Water Physical Appearance** (check appropriate for each category)

Water Surface	Water Clarity	Water Color		Odors / Smells	
<input type="checkbox"/> calm	<input type="checkbox"/> clear	<input type="checkbox"/> clear	<input type="checkbox"/> milky / white	<input type="checkbox"/> none / natural odor	
<input type="checkbox"/> ripples	<input type="checkbox"/> slightly turbid	<input type="checkbox"/> green	<input type="checkbox"/> light brown	<input type="checkbox"/> sewage	<input type="checkbox"/> fishy
<input type="checkbox"/> waves	<input type="checkbox"/> moderately turbid	<input type="checkbox"/> gray	<input type="checkbox"/> medium brown	<input type="checkbox"/> anaerobic	<input type="checkbox"/> musty
<input type="checkbox"/> white-caps	<input type="checkbox"/> highly turbid	<input type="checkbox"/> black	<input type="checkbox"/> dark brown	<input type="checkbox"/> rotten eggs	<input type="checkbox"/> oily

**Other Physical Site Observations** (check all that apply)

- none       weed growth       oil film       sewage debris       erosion  
 foam       algal blooms       fish kills       birds       natural debris  
 bubbles       floating scum       trash debris       animals       other

**Water Quality Parameter Measurements**

Digital Storage #:	_____	<b>E. coli bacteria counts</b>	
Water Temperature:	_____ F	Number of colonies per 100 milliliters of water	
Dissolved Oxygen:	_____ mg / L	% Saturation	Sample A: _____
pH:	_____ units		Sample B: _____
Specific Conductance:	_____ mS / cm		Sample C: _____
TDS:	_____ g / L	Daily Geometric Mean:	_____
Turbidity:	_____ NTU	30-Day Geometric Mean:	_____