



**GENERAL INFORMATION**

Name of beach (if applicable):		Date(s) of survey:
Beach ID:		Time(s) of survey:
Name of waterbody:		Waterbody type:
Sampling station(s)/ID:		Surveyor affiliation:
WQX organizational ID:		Name(s) of surveyor(s):
Sampling location	Latitude:	Longitude:
Dates of swim season	Start:	End:

**QUALITY ASSURANCE**

Will the data collected use an approved Quality Assurance Project Plan (QAPP)?    yes    no

**PART 1: WEATHER AND GENERAL WATERBODY CONDITIONS**

**Weather Conditions**

Survey the weather using the method of your choice. You may use the National Weather Service as your source.

Air temperature: _____ °C or °F	Method for air temperature: (check one) <input type="checkbox"/> Liquid-in-glass therm. <input type="checkbox"/> Electronic thermometer <input type="checkbox"/> Weather app <input type="checkbox"/> Weather report: from airport or weather station? <input type="checkbox"/> Other: _____
Dewpoint: _____ °C or °F	Method for dewpoint: (check one) <input type="checkbox"/> Weather app <input type="checkbox"/> Weather report: from airport or weather station? <input type="checkbox"/> Other: _____
Relative Humidity (%) _____	Method for relative humidity: (check one) <input type="checkbox"/> Weather app <input type="checkbox"/> Weather report: from airport or weather station? <input type="checkbox"/> Other: _____
Barometric Pressure: _____ units: _____	Method for barometric pressure: (check one) <input type="checkbox"/> Weather app <input type="checkbox"/> Weather report: from airport or weather station? <input type="checkbox"/> Other: _____
Wind speed: _____ units: _____	
Wind gust speed: _____ units: _____	Method for wind speed: (check all that apply) <input type="checkbox"/> Wind vane for direction <input type="checkbox"/> Weather app <input type="checkbox"/> Wind sock for direction/speed <input type="checkbox"/> Anemometer for wind speed <input type="checkbox"/> Beaufort scale for wind speed <input type="checkbox"/> Aerovane for wind direction/speed <input type="checkbox"/> Weather report: from airport or weather station? <input type="checkbox"/> Other (specify): _____
Wind direction: _____	
Is the wind: (check one) <input type="checkbox"/> Onshore <input type="checkbox"/> Offshore	

If you collected wind speed from a local weather station, how far were you from the station: \_\_\_\_\_ mi or km

How recent was the last rain event: (check one) <input type="checkbox"/> 0-24 hrs <input type="checkbox"/> 24-48 hrs <input type="checkbox"/> 48-72 hrs <input type="checkbox"/> 72+ hrs	Rain intensity: (check one) <input type="checkbox"/> Misting <input type="checkbox"/> Light rain <input type="checkbox"/> Moderate rain <input type="checkbox"/> Heavy rain <input type="checkbox"/> Other: _____
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Total measured rainfall: _____ in or cm	Distance to the gauge/station when recording rainfall amount: _____ mi or km
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Method for rainfall: (check one)     Rain gauge     Weather report     Weather app     Other (specify): \_\_\_\_\_

Sky condition/amount of cloud cover: (circle one)	Sunny/ No clouds	Mostly sunny/ 1/8 to 2/8	Partly sunny/ 3/8 to 1/2	Mostly cloudy/ 5/8 to 7/8	Cloudy/ Total coverage
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Method for weather conditions: (check one)     Visual observations     Weather app     Other (specify): \_\_\_\_\_

**Waterbody Conditions**

Water flow speed: \_\_\_\_\_ units: \_\_\_\_\_

Method for water flow speed: (check one)     Stick with fishing reel with water balloon on end     Ball and tether     Other: \_\_\_\_\_

Direction from which the wave is coming (e.g., N, SW): _____	How tall are the waves: _____ m or ft
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Is the wave height measured or estimated? (check one)     Measured     Estimated

Method for measuring wave height: (check one)     Visual examination of wave height     Graduated stick and ranging pole  
 Other (specify): \_\_\_\_\_

Is the stream bank/shoreline eroding?    yes    no



Width of riparian vegetation on river/stream left (looking downstream) (check one) <input type="checkbox"/> none <input type="checkbox"/> 0-25 ft <input type="checkbox"/> 25-50 ft <input type="checkbox"/> 50+ ft	Width of riparian vegetation on river/stream right (looking downstream) (check one) <input type="checkbox"/> none <input type="checkbox"/> 0-25 ft <input type="checkbox"/> 25-50 ft <input type="checkbox"/> 50+ ft
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Add additional comments for general waterbody conditions.

**Aquatic Organism Passage Barrier**

What is the outlet drop (e.g., 3.5ft)	Severity of barrier debris, sediment, or rock for the structure with the least amount of debris (None, minor, moderate, severe)	Location (lat/long)	Description

\* Minor = <10% open area of structure blocked; Moderate = 10-50% open area of structure blocked; Severe = 50% open area structure blocked

Take images to document aquatic organism passage barriers and provide detailed descriptions where possible:

**PART 2: WATER QUALITY**

**Bacteria**

List bacteria samples collected at the beach. Potential pollution sources, if applicable, can be recorded in Part 4.

Sample Point	Sample Number	Location (lat/long)	Date & Time	Parameter (enterococci, E. coli, etc.)	Comments

**General Water Quality**

Water temperature: \_\_\_\_\_ °C or °F | Water color: (circle one) Clear Blue Brown Green Red Other: \_\_\_\_\_

Method for water temperature: (check one)  Multiprobe  Electronic meter  Graduated thermometer  
 Report from local radio station  Report from NOAA weather band radio  Other: \_\_\_\_\_

Has the water color changed since the last visit? yes no don't know If yes, take photographs and describe:

Select the best description of the water smell: (circle one) None Septic Algae Sulfur Other: \_\_\_\_\_

How did you measure turbidity? (check one)  Observed: (check one)  Clear  Slightly turbid  Opaque  
 Measured: NTU value: \_\_\_\_\_ Secchi disc depth: \_\_\_\_\_

What method was used to measure the turbidity of the water: (check one)  Simple visual observation  Visual test kit  
 Titrimetric test kit  Nephelometer/Turbidimeter  Other: \_\_\_\_\_



pH: _____	Method for measuring pH: (check one) <input type="checkbox"/> Handheld electronic meters (specify) _____ <input type="checkbox"/> pH strips <input type="checkbox"/> Field test kits <input type="checkbox"/> Other: _____
Oxidation Reduction Potential(ORP): _____ units: _____	Method for ORP(specify): _____
Total Dissolved Solids(TDS): _____ units: _____	Method for TDS(specify): _____
Total Suspended Solids(TSS): _____ units: _____	Method for TSS(specify): _____
Dissolved Oxygen(DO): _____ units: _____	Method for DO(specify): _____
Dissolved Organic Carbon(DOC): _____ units: _____	Method for DOC(specify): _____
Salinity: (check one) <input type="checkbox"/> 0-5 ppt <input type="checkbox"/> 5-15 ppt <input type="checkbox"/> 15-40 ppt	Conductivity: _____ units: _____

Describe other measurements taken and report values:

Additional water quality observations:

### PART 3: PEOPLE (NUMBER OF BEACH USERS)

Are there bathers or recreators (swimmers, boaters, waders, etc.) present at the beach or waterbody?    yes    no

Total people in water: \_\_\_\_\_ + Total people out of water: \_\_\_\_\_ = Total people at the beach or waterbody: \_\_\_\_\_

Total number of boats: \_\_\_\_\_

Report activities observed at the beach or shoreline and in the water. Quantify and take photographs, if possible.

Activity (swimming, fishing, etc.)						
Approximate # of people participating						

Describe notable bather activities that could affect water quality (Example: babies in disposable diapers in the water):

Method for numbers of people participating in various activities: (check one)  Counting by surveyor  Photos  
 Counting by lifeguard  Turnstiles  Other: \_\_\_\_\_

### PART 4: POTENTIAL POLLUTION SOURCES

Identify visible sources of pollutants up to 500 feet from the beach or waterbody boundary. Quantify and photograph sources, if possible.

Type of Source	Discharge Source Name	Discharge Source Amount (H, M, L)	Discharge Flow Rate	Discharge Volume	Discharge Source Characteristics
Wetland drainage					
Outfall/Pipe (stormwater)					
Leaking pit latrines/septic					
Runoff (impervious surfaces)					
Homeless encampments					
Other (specify): _____					

Did you collect samples and complete the Bacteria Samples section in Part 2?    yes    no

If no, describe why not:

How did you identify the source of discharge? (check one)  Visual observation  WWTP notification/report  Other: \_\_\_\_\_



How did you measure flow/velocity or volume? (check one)  Mechanical flow meter  Electric flow meter  
 USGS gauging station  WWTP notification/report  Orange (float) and stopwatch  Other: \_\_\_\_\_

## Floatables and Debris

Are floatables present in the water?    yes    no    If yes, select the types found: (check all that apply)

<input type="checkbox"/> Street litter (e.g., cigarette filters)	<input type="checkbox"/> Building materials (e.g., wood/siding)
<input type="checkbox"/> Food-related litter (e.g., packaging/containers)	<input type="checkbox"/> Fishing-related (e.g., fishing line, nets, lures)
<input type="checkbox"/> Medical items (e.g., syringes)	<input type="checkbox"/> Household waste (e.g., household trash, plastic bags)
<input type="checkbox"/> Sewage-related (e.g., tampons, condoms)	<input type="checkbox"/> Other: _____

Method for determining floatables presence: (check one)  Visual observation  Cleanup event results  Other: \_\_\_\_\_

Is there debris or litter present on the beach or shoreline?    yes    no

Select the amount (%) of debris/litter on the beach or shoreline: (check one)  
 None  Low (1% - 20%)  Moderate (21%- 50%)  High (>50%)

Select the types of debris found? (check all that apply)

<input type="checkbox"/> Street litter (e.g., cigarette filters)	<input type="checkbox"/> Fishing-related (e.g., fishing line, nets, lures)
<input type="checkbox"/> Food-related litter (e.g., packaging/containers)	<input type="checkbox"/> Household waste (e.g., household trash, plastic bags)
<input type="checkbox"/> Medical items (e.g., syringes)	<input type="checkbox"/> Tar/Oil (e.g., tar balls)
<input type="checkbox"/> Sewage-related (e.g., tampons, condoms)	<input type="checkbox"/> Oil/Grease (e.g., oil slick)
<input type="checkbox"/> Natural debris (e.g., driftwood, algae)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Building materials (e.g., wood/siding)	

Method for determining debris presence: (check one)  Visual observation  Cleanup event results  Other: \_\_\_\_\_

## Algae

Is algae present in the nearshore water, beach and/or shoreline?    yes    no    don't know    If present, document with photographs.

Select the amount (%) of algae in nearshore water: (check one)  
 None  Low (1%–20%)  Moderate (21%–50%)  High (> 50%)

Select the amount (%) of algae on the beach or shoreline: (check one)  
 None  Low (1%–20%)  Moderate (21%–50%)  High (> 50%)

Method for determining amount and color of algae: (check one)  
 Visual observation  Other (specify): \_\_\_\_\_

Circle the types of algae found: (check all that apply)  Periphyton (attached to rocks, stringy)  Globular (blobs of floating material)  
 Free floating (no obvious mass of materials)  Other (specify): \_\_\_\_\_

Algae Colors: (check all that apply)  Light green  Bright green  Dark green  Yellow  Brown  Other: \_\_\_\_\_

Is the nearshore water discolored?    yes    no    don't know

If yes, specify the color: (check all that apply)  Clear  Green  Dark red  Brown  Yellowish  Other: \_\_\_\_\_

## Harmful Algae Blooms

Is there presence of harmful algal blooms?    yes    no    If yes, photograph and describe:

Method for identifying harmful algae blooms in nearshore water and beach: (check one)  
 Field guide or internet site for taxonomic identification  Other: \_\_\_\_\_

Are there mats or scum in nearshore waters? (check all that apply)  Mats-floating  Foam  Scum  None

Are there dead fish or other dead wildlife deaths present with bloom?    yes    no

Have any illnesses (e.g., itchy throat, cough, gastrointestinal) been reported by local or state health departments?    yes    no  
 If yes, describe: \_\_\_\_\_

Is algal toxin monitoring conducted?    yes    no    don't know    If yes, have algal toxins been detected? \_\_\_\_\_

Have algal species been identified?    yes    no    don't know    If yes, specify the species: \_\_\_\_\_



**Presence of Wildlife and Domestic Animals**

Are wildlife and domestic animals present?    yes    no                    If yes, specify and document with photographs.

Type	in Air	in Water	at Beach	Type	in Water	at Beach	Type	in Water	at Beach
Geese				Beavers			Otters		
Gulls				Deer			Raccoons		
Shorebirds				Dogs			Rodents		
Ducks				Frogs			Snakes		
Pigeons				Horses			Toads		
Other				Iguanas			Turtles		
Other				Mongoose			Other		

Is scat (animal poop) present?    yes    no                    If yes, how many piles? \_\_\_\_\_

Method for determining presence of wildlife and domestic animals: (check one)

- Counting using hand-held counter and if necessary, binoculars                     Other (specify): \_\_\_\_\_

Are dead birds found on the beach?                    yes    no                    If yes, specify the number and species of dead birds found on the beach

Type	# Dead	Type	# Dead	Type	# Dead	Type	# Dead
Common loons		Black-crowned night-heron		Long-tailed ducks		Ospreys	
Herring gulls		Double crested cormorants		Horned grebes		Common tern	
Ring-billed gulls		White winged scoters		Snowy egrets		Belted kingfisher	
Mallard ducks		Red-necked grebes		Great blue herons		Other: _____	

Method for determining the number of dead birds: (check one)

- Counting using hand-held counter and if necessary, binoculars                     Other(specify): \_\_\_\_\_

Method for identifying dead birds: (check one)

- Field guide or internet site for taxonomic identification                     Other(specify): \_\_\_\_\_

Are dead fish found in the waterbody, on the beach or along the shoreline?    yes    no                    If yes, specify the number of dead fish found on the beach or in/at the waterbody and take photographs: \_\_\_\_\_

Method for determining the number of dead fish: (check one)     Visual observation                     Other (specify): \_\_\_\_\_

Additional comments or observations on pollution sources, algae, or animals. Describe any photos taken.