

Chester Tester Water Quality Data Sheet



Site Name: _____ Date: _____
Collected By: _____

Water Chemistry

Air Temp: _____ Water Temp: _____ pH: _____
DO₁: _____ DO₂: _____ DO_{avg}: _____

Nitrates: _____ Ammonia: _____
Phosphates: _____ Turbidity: _____

General Observations

Has it rained in the last 24 hours? _____

Does the water have a color or odor? _____

Is there aquatic life present (Fish/SAV/other)? _____

Has the site changed since the last time it was sampled?
If yes describe:



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