

<b>Water Quality Data Sheet</b>		Form # ____ of ____
<b>Site Name:</b>		<b>SITE ID #:</b>
<b>Town, State/Province:</b>		<b>Stream Name:</b>
<b>Pre-restoration</b>	<b>Post-restoration</b>	<b>Date:</b>
<b>Form completed by:</b>		
<b>Investigators:</b>		

Station	X Section ID #	Depth (ft)	Temp (° C)	Dissolved Oxygen (mg/l)	Oxygen Saturation (%)	Specific Conductance (uS/cm)	Time
A							
B							
C							
Replicate Station ____							

Vertical Profile- Station B	(ft)	(° C)	(mg/l)	(%)	(uS/cm)	
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Weather Notes:	Surface					
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					