

SURFACE WATER SAMPLING FORM

Site Name _____ Permit No. _____
Surface Monitoring Point No. _____ Date/Time _____
Name of person filling out form _____

A. TYPE OF MONITORING POINT

- | | |
|---|---|
| <input type="checkbox"/> Stream | <input type="checkbox"/> Open Tile |
| <input type="checkbox"/> Road Ditch | <input type="checkbox"/> Tile with Riser |
| <input type="checkbox"/> Drainage Ditch | <input type="checkbox"/> Other (describe) _____ |

B. PURPOSE OF MONITORING POINT

- | | |
|--|---|
| <input type="checkbox"/> Upstream | <input type="checkbox"/> Downstream |
| <input type="checkbox"/> Within Landfill | <input type="checkbox"/> Other (describe) _____ |

C. MONITORING POINT CONDITIONS

General description/condition of monitoring point _____

Was monitoring point dry? _____ Too little water to sample? _____

Was water flowing? YES NO

If yes, estimate quantity _____ If yes, estimate depth _____

Was water discolored? YES NO

If yes, describe _____

Does water have odor? YES NO

If yes, describe _____

Was ground discolored? YES NO

If yes, describe _____

Litter present? YES NO

If yes, describe _____

D. FIELD MEASUREMENT

Weather Conditions _____

Field Measurements (after stabilization):

Temperature _____ Units _____

Equipment Used _____

pH _____ Equipment Used _____

Specific Conditions _____ Units _____

Equipment Used _____

Please mail completed form to: Iowa Department of Natural Resources, Land Quality Bureau, 502 E. 9th St, Des Moines, IA 50319.

Questions? Call or Email: Nina Booker Environmental Engineer Sr., 515-725-8309, nina.booker@dnr.iowa.gov

Comments

CERTIFICATION

I certify under penalty of law I believe the information reported above is true, accurate and complete.

Signature _____ **Date** _____

Telephone _____ **Fax** _____ **Email** _____

NOTE: Attach 8 ½" x 11" site plan showing locations of all surface and groundwater monitoring points. One map per sampling round.

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