



INTRO: BASIC LOCATION INFORMATION

Name of beach:	Date(s) of survey:	
Beach ID:	Time(s) of survey:	
Name of waterbody:	Name(s) of surveyor(s):	
Sampling station(s)/ID:	Surveyor affiliation:	
WQX organizational ID:		
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 BEACH 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 temperature: (check one) <input type="checkbox"/> Liquid-in-glass therm. <input type="checkbox"/> Electronic thermometer
Wind speed: _____ units: _____	<input type="checkbox"/> Weather app <input type="checkbox"/> Weather report: from airport or weather station? <input type="checkbox"/> Other: _____
Wind gust speed: _____ units: _____	Method for wind speed: (check all that apply) <input type="checkbox"/> Wind vane for direction <input type="checkbox"/> Weather app
Wind direction: _____	<input type="checkbox"/> Wind sock for direction/speed <input type="checkbox"/> Anemometer for wind speed
Is the wind: (circle one) Onshore or Offshore	<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): _____

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: (circle one)	Rain intensity: (circle one)
0-24 hrs 24-48 hrs 48-72 hrs 72+ hrs	Misting Light rain Moderate rain Heavy rain Other: _____

Total measured rainfall: _____ in or cm Distance to the gauge/station when recording rainfall amount: _____ mi or km

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): _____

Beach Conditions

What are the waves like right now: (estimated, circle one)

Calm (no waves) Normal (1-2 ft high, estimated) Rough (>2 ft high, estimated)

How tall are the waves: _____ ft or m Is the wave height measured or estimated? (circle one) Measured Estimated

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

Other: _____

Tidal Phase: (circle all that apply)

High Tide - the highest level of the tide (high water)	Low Tide - the lowest level of the tide (trough)	Spring Tide - observed high tides are higher and low tides are lower than average (occurs when moon is at new phase and full phase)	Neap Tide- observed high tides are a little lower and low tides a little higher than average (occurs during the 1st and 3rd quarter moon, when the moon appears "half full")
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Tidal Currents: (circle one) Ebb current (an outgoing tide) Flood current (an incoming tide) Other: _____

Describe the reference point (e.g., time [hours] since last high tide): _____ Orientation of tide to the beach: _____

Current longshore speed: (see user manual on how to estimate longshore speed) _____ units: _____ Longshore direction: _____

Method for longshore speed: (check one) Stick with fishing reel with water balloon on end Ball and tether Other (specify): _____

Are there rip currents present: yes no If yes, describe:

Additional comments or observations



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 (specify): _____

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

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

Measured pH: _____ Measured Oxidation Reduction Potential (ORP): _____ Measured Total Dissolved Solids (TDS): _____

How did you measure turbidity? Observed: (circle one) Clear Slightly Turbid Opaque
(check one) Measured: NTU value: _____ Secchi disc depth: _____

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

Salinity: (circle one) 0-5 ppt 5-15 ppt 15-40 ppt Conductivity: _____ s/m or s/c

Measured Dissolved Oxygen (DO): _____ Measured Total Suspended Solids (TSS): _____

Describe other measurements taken and report values: _____

Document water quality with photographs and detailed descriptions

Additional water quality observations

PART 3: PEOPLE (NUMBER OF BEACH USERS)

Are there 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: _____

Total number of boats: _____

Report activities observed on the beach and in the water. Take photographs, if possible.

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

Add any comments and observations about the activities above

Describe notable 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 lifeguard Photos Turnstiles Counting by surveyor Other: _____

PART 4: POTENTIAL POLLUTION SOURCES

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

Type of Source	Discharge Source Name	Discharge Source Amount (H, M, L)	Discharge Flow Rate	Discharge Volume	Discharge Source Characteristics
River					
Wetland drainage					
Pond					
Outfall/Pipe (e.g., stormwater)					
Septic (e.g., leaking pit latrine)					
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? (circle one) Visual observation WWTP Notification/Report
Other (specify): _____

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

Are tidal pools present? yes no If yes, how many: _____ What is their average size: _____ units: _____

Floatables and Debris

Are floatables present in the water? yes no If yes, select all types of floatables 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: (circle one) Visual observation Cleanup event results Other: _____

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

Select the amount (%) of beach debris on the beach: (circle 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: (circle one) Visual observation Cleanup event results Other: _____

Algae

Is algae present in the nearshore water and/or beach? yes no don't know

Select the amount (%) of algae in nearshore water: (circle one)

None Low (1%-20%) Moderate (21%-50%) High (> 50%)

Select the amount (%) of algae on the beach: (circle one)

None Low (1%-20%) Moderate (21%-50%) High (> 50%)



Method for determining amount and color of algae in nearshore water and beach: (circle one)

Visual observation Other: _____

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: _____

Algae colors: (circle 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: (circle all that apply) Clear Green Dark Red Brown Yellowish Other: _____

Harmful Algae Blooms

Is there presence of harmful algal blooms? yes no don't know If yes, photograph and describe:

Method for identifying harmful algal blooms in nearshore water and beach: (circle one)

Field guide or internet site for taxonomic identification Other: _____

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

Are there dead fish or other dead wildlife 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, document presence with photographs.

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

Type	Geese	Gulls	Shorebirds	Ducks	Pigeons	Turtles	Dogs	Horses	Rodents (specify)	Other: _____
Number										

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

Counting using hand-held counter and if necessary, binoculars Other: _____

List the number and species of birds found dead on the beach

Type	Common loon	Herring gulls	Ring-billed gulls	Double crested cormorants	Long-tailed ducks	White-winged scoter	Horned grebes	Red-necked grebes	Other: _____
Number Dead									

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

Counting using hand-held counter and if necessary, binoculars Other: _____

Method for identifying dead birds: (circle one) Field guide or internet site for taxonomic identification Other: _____

Are dead fish found in the waterbody or at the beach? yes no

If yes, document with photographs and specify the number of dead fish found on the beach or in/at the waterbody

Method for determining the number of dead fish: (circle one): Visual observation Other: _____

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