Time:



Water Sentinel Program Groundwater Reporting Form

General information:

Index Number:

Site Name:

Date:

Latitude:

Longitude:

Watershed:

Sampler Name:

Domestic Well Assessment:

Well A	ccessed:			
Outside		Inside/Faucet		
Well d	epth (ft.):			
Well ag	ge:			
Well fl	ow:			
Dry	Slow	Steady/Normal	Overfull	
Primai	ry Use for	Well Water:		
Use of softener?			Y	Ν
Date of	f last lab to	esting:		
Plan to	submit la	b test results to S.C.	: Y	N
Indust	rial Activi	ty present (coal, sha	le gas,	etc.)?
Distan	ce from sa	mple site: ~		

Observations, questions, concerns, suggestions?

ExStik® EC400 Protocol Checklist:

Rinse with distilled water (before use)

Date of last calibration:

Rinse with distilled water (after use)

Sample Container Information:

(circle all that apply)

Plastic Glass	Bottle/Container	Bucket
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ExStik® EC400 Measurements:

Temp (℃):

TDS (mg/L):

Conductivity (µS):

Salinity (ppm):

Testing Strips:

Total Hardness (ppm):

Total Chlorine (ppm):

Free Chlorine (ppm):

Total Alkalinity (ppm):

pH:

Nitrate (ppm):

Nitrite (ppm):

Phosphate (ppm):