



RECEIVING WATER SAMPLING AND ANALYSIS

CE 2054 (Rev. 03/16)

PROJECT NAME AND SITE ADDRESS:	CONTRACT NUMBER:	
	ORACLE NUMBER:	
	WDID NUMBER:	
CONTRACTOR NAME AND ADDRESS:	PROJECT SITE RISK LEVEL: <input type="checkbox"/> Risk Level 3 <input type="checkbox"/> LUP Type 3	
Submitted by (Print Name and Sign):		Date:

Daily Sample Record

Location	Date of Sampling
Sample location identification number	Sampled collected for <input type="checkbox"/> Storm event <input type="checkbox"/> Dewatering discharge <input type="checkbox"/> Discharge of stored stormwater <input type="checkbox"/> Other _____
Sampled by (Signature)	Samples to be analyzed for parameters <input type="checkbox"/> Turbidity <input type="checkbox"/> Other _____ <input type="checkbox"/> pH <input type="checkbox"/> Other _____
Sampled by (Print Name)	
Company	

Receiving Water Description and Observations

Receiving Water Name/ID: _____

Observations:

Odors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Floating Material	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Suspended Material	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sheen	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Discolorations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Turbidity	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Field Meter Calibration

pH Meter ID No./Desc.: _____	Turbidity Meter ID No./Desc.: _____
Calibration Date/Time: _____	Calibration Date/Time: _____

Field pH and Turbidity Measurements and SSC Grab Sample

Upstream Location

Type	Result	Time	Notes
pH			
Turbidity			
SSC	Collected <input type="checkbox"/> Yes <input type="checkbox"/> No		

Downstream Location

Type	Result	Time	Notes
pH			
Turbidity			
SSC	Collected <input type="checkbox"/> Yes <input type="checkbox"/> No		

Additional Sampling Notes: _____

Time End: _____

Review and Record Keeping

I have reviewed this document and based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, to the best of my knowledge and belief, the information submitted is true, accurate, and complete.

Water Pollution Control Manager (Name)	Date
Water Pollution Control Manager (Signature)	
Accepted by Resident Engineer (Name)	Date
Resident Engineer (Signature)	