



**OHIO SCENIC RIVERS
STREAM QUALITY MONITORING ASSESSMENT FORM**

River Mile _____ River Name _____ Date _____ Season _____

Location _____

County _____ Township/City _____

Person/Group Name _____ Number of Participants _____

Leader Name _____ Phone _____

Address _____ Email _____

City _____ Zip Code _____

DESCRIBE WATER CONDITIONS
(color, odor, bedgrowth, surface, etc.)

TOTAL SUSPENDED SOLIDS (TSS)

Reading: #1 _____ #2 _____

Avg. of Readings _____ TSS (mg/l) _____

PHYSICAL MEASUREMENTS

Width of Riffle (feet) _____

Length of Riffle (feet) _____

Water Depth (inch) _____

Water Temperature (F) _____

BED COMPOSITION OF RIFFLE

Silt _____% Gravel (.25-2") _____% Boulder (>10") _____%

Sand _____% Cobble (2-10") _____%

MACROINVERTEBRATE DATA

Estimated Count Letter Code: A = 1 - 9 B = 10 - 99 C = 100 or more

GROUP 1 TAXA	Letter Code	GROUP 2 TAXA	Letter Code	GROUP 3 TAXA	Letter Code
Water Penny Larvae		Damselfly Nymph		Blackfly Larvae	
Mayfly Nymph		Dragonfly Nymph		Aquatic Worm	
Stonefly Nymph		Crane-fly Larvae		Midge Larvae	
Dobsonfly Larvae		Beetle Larvae		Pouch Snail	
Caddisfly Larvae		Crayfish		Leech	
Riffle Beetle Adult		Scud			
Gilled Snail		Clam			
		Sowbug			
Number of taxa		Number of taxa		Number of taxa	
Number of taxa X 3 (Group 1 total)		Number of taxa X 2 (Group 2 total)		Number of taxa X 1 (Group 3 total)	

CUMULATIVE INDEX VALUE (Sum of group 1,2,3 totals) =

Stream Quality Assessment Rating:

- Excellent (> 22)
- Good (17-22)
- Fair (11-16)
- Poor (< 11)

Send form to:

**Stream Quality Monitoring Coordinator
Central Ohio Scenic Rivers Program, DNAP
2045 Morse Road, Bldg. F-1
Columbus, Oh 43229**