

Biological Monitoring Data Sheet

Date: / / Begin Time: : (a.m./p.m.) # Adults:
MM DD YY End Time: : (a.m./p.m.) # Students/Youth:

Certified Monitors' Names: _____

Organization Name: _____
(if applicable)

Watershed Name: _____
(refer to 14-digit Hydrologic Unit Areas Map)

Stream/River Name: _____ GPS Coordinates: _____
(please do not abbreviate) (if available)

Check Methods Used

Kick Seine Net

Dip Net

Check Habitats Sampled

Riffles Undercut Banks Sediment

Leaf Packs Snags/Vegetation Other

Pollution Tolerance Index (PTI)

PT GROUP 1 <i>Intolerant</i>	PT GROUP 2 <i>Moderately Intolerant</i>	PT GROUP 3 <i>Fairly Tolerant</i>	PT GROUP 4 <i>Very Tolerant</i>
Stonefly Nymph <input type="checkbox"/>	Damselfly Nymph <input type="checkbox"/>	Midges <input type="checkbox"/>	Left-Handed Snail <input type="checkbox"/>
Mayfly Nymph <input type="checkbox"/>	Dragonfly Nymph <input type="checkbox"/>	Black Fly Larvae <input type="checkbox"/>	Aquatic Worms <input type="checkbox"/>
Caddisfly Larvae <input type="checkbox"/>	Sowbug <input type="checkbox"/>	Planaria <input type="checkbox"/>	Blood Midge <input type="checkbox"/>
Dobsonfly Larvae <input type="checkbox"/>	Scud <input type="checkbox"/>	Leech <input type="checkbox"/>	Rat-tailed Maggot <input type="checkbox"/>
Riffle Beetle <input type="checkbox"/>	Crane fly Larvae <input type="checkbox"/>		
Water Penny <input type="checkbox"/>	Clams/Mussels <input type="checkbox"/>		
Right-Handed Snail <input type="checkbox"/>	Crayfish <input type="checkbox"/>		
# of TAXA _____	# of TAXA _____	# of TAXA _____	# of TAXA _____
Weighting Factors: (x 4) _____	(x 3) _____	(x 2) _____	(x 1) _____

23 or more	Excellent
17 thru 22	Good
11 thru 16	Fair
10 or less	Poor

Pollution Tolerance Index Rating

(add the final values for each group)

Other Biological Indicators

Native Mussels Zebra Mussels Rusty Crayfish Aquatic Plants % Algae Cover _____

List Additional Species Found: _____

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