

LOCATION: _____

Ex. Street intersection or name of beach

DATE: _____

Ex. YYYY-MM-DD

TIME: _____

Ex. 9:34 AM

HARDNESS (PPM): _____

ALKALINITY (PPM): _____

PH: _____

NITRITE (PPM): _____

NITRATE (PPM): _____

DISSOLVED OXYGEN (PPM): _____

HAS PARTICIPATING IN CITIZEN SCIENCE, INCREASED YOUR INTEREST IN THE IMPORTANCE OF WATER QUALITY IN METRO VANCOUVER? (CIRCLE ONE)

YES

NO

COMMENTS: _____

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YES

NO

COMMENTS: _____

SPEC'S WATER QUALITY KIT

Recording Card



***** Please return the water quality kit and this completed card within two weeks of signing out the kit to:**

**ATTN: Oliver Lane
2305 West 7th Avenue
Vancouver, BC
V6K 1Y4**

Any Questions? Please call: (604) 736-7732

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