



SAMPLING STATION IDENTIFICATION CREATION FORM

Watershed Management Bureau



Voluntary

Station ID (to be filled in by NHDES):

Form completed by	Daytime phone number	Volunteer monitoring group name
<input style="width: 95%;" type="text"/>	() - <input style="width: 80%;" type="text"/>	<input style="width: 95%;" type="text"/>

Project (circle one)	Station name (60 characters maximum)
VRAP VLAP Complain	<input style="width: 95%;" type="text"/>

Town (not village name) station is in	Date station established	Total water depth at station	Water depth units (circle one)
<input style="width: 95%;" type="text"/>	State (circle one) NH ME Canada MA VT	<input style="width: 95%;" type="text"/>	in ft cm m <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Station Type (circle one)			
Catch Basin	Lake/Pond	Seep	Wetland (please specify type* and cover**)
Culvert	Pipe	Spring	*estuary, lake, wet/marsh area, river **emergent, forested, scrub-shrub, moss-lichen
Drain Manhole	Channelized Stream	Storm Sewer	
Estuary	River/Stream	Well	
Land Runoff	Riverine Impoundment		

Name of waterbody (river, stream, lake, etc.) sampling station is on

Station description:

Directions to station:

Date Located:	/ /	Please attach a map showing the location of the sampling station.
----------------------	-----	--

If located by GPS

Latitude (decimal degree):	Datum (circle one or other)	Other: _____
Longitude:	NAD1927 NAD1983 WGS1984	

Elevation information (required for VRAP):

Elevation	Units (circle one)	Method (circle one)	Datum (circle one or other)
<input style="width: 95%;" type="text"/>	ft m	Topo Map Smartphone GPS	NGVDD1929 NAVD1988 WGS1984 Other: _____

Return form and map to address listed below ATTN: Watershed or scan and email.

(603) 271-3297 watershed@des.nh.gov
 PO Box 95, Concord, NH 03302-0095
www.des.nh.gov