

Water Quality Index Worksheet

Date/Time of Test _____

Location Sampled _____

Tester's Name _____

Test Parameter	Test Results	Q- Value	Weighing Factor	Total
BOD	(mg/L)		0.11	
Dissolved Oxygen	(% saturation)		0.17	
Fecal Coliform	(colonies/100 mL)		0.16	
Nitrates	(mg/L)		0.10	
PH	(Units)		0.11	
Temperature			0.10	
Total Dissolved Solids	(mg/L)		0.07	
Total Phosphate	(mg/L)		0.10	
Turbidity	(NTU)		0.08	

Overall Water Quality Index _____