

| | | |
|--|---------------------------|--------------|
| WIND DIR. CODES | LAKE _____ | TOWN _____ |
| N = 1 S = 5 NE = 2 SW = 6 E = 3 W = 7 SE = 4 NW = 8 no wind, enter 0 | STATION DESCRIPTION _____ | COUNTY _____ |

| | | | | | | | |
|--------------------|------------|-------------|--|---------------------|----------------|--|---|
| STATION: LAT _____ | LONG _____ | DATUM _____ | ACCURACY _____ | ON TARGET? Y / N | | | |
| LAKE | MIDAS | STATION | CERTIFIED MONITORS 1 & 2 (Last name, First name) | PROJECT E I 0 3 | | | |
| MONTH | DAY | YEAR | MILITARY TIME | WIND VELOCITY | WIND DIRECTION | Sky Condition at Time of Secchi Readings – CIRCLE ONE | Gleco Category (0 to 6; Refer to Visual Aid) |
| | | | | | | B C O Bright (shadows) Cloudy Bright Overcast | |

| | | | | | | |
|--|---|-----------------|------------|---------------|------------------------------|----------------------|
| DIRECTIONS: Use this form when obtaining Temp./D.O. profiles. Please fill out completely. Please indicate missing data by filling spaces with 9s. PLEASE HELP US AVOID DUPLICATE DATA IN THE DATASET BY ENTERING SECCHI DATA ON ONLY ONE FORM. | SCOPE TYPE CODES: 1 = None 2 = Flat glass, no mask 3 = Slant glass, no mask 4 = Slant glass & mask 5 = Flat glass & mask 6 = 6" diameter, slant glass & mask | SECCHI (meters) | SCOPE TYPE | DISK HIT BOT? | MONITOR'S QA CERTIFICATION # | READING # (1, 2 etc) |
| | | | | Y/N | | |
| | | | | | | |

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|--|---------------|-----------------------------------|--|--|------------------|
| TEMPERATURE / DISSOLVED OXYGEN PROFILES | | PLEASE CIRCLE D.O. METHOD: | <i>Titration:</i> Hach Kit Lamotte Kit Other Kit: _____ | <i>Meter (enter model):</i> YSI Meter _____ Hach Meter _____ Other Meter: _____ | METER ID#: _____ |
| CIRCLE DEPTH UNITS: | METERS / FEET | CIRCLE TEMP. UNITS: | CENT. / FAREN. | <input type="checkbox"/> Check to indicate D.O. meter was calibrated | |

| DEPTH | WATER TEMP | OXYGEN (mg/l) | DEPTH | WATER TEMP | OXYGEN (mg/l) | DEPTH | WATER TEMP | OXYGEN (mg/l) |
|-------|------------|---------------|-------|------------|---------------|-------|------------|---------------|
| 0. | | | 11. | | | | | |
| 1. | | | 12. | | | | | |
| 2. | | | 13. | | | | | |
| 3. | | | 14. | | | | | |
| 4. | | | 15. | | | | | |
| 5. | | | | | | | | |
| 6. | | | | | | | | |
| 7. | | | | | | | | |
| 8. | | | | | | | | |
| 9. | | | | | | | | |
| 10. | | | | | | | | |

| Required QA/QC Dups (1 for every 10) | | |
|--------------------------------------|--|--|
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|--|--|---------|---|---|---------|---|---|---------|---|---|
| BOTTOM: _____ CORE DEPTH: _____ CHL. #: _____ TP #: _____ AIR TEMP: _____ C / F COMMENTS: SIGNATURE: _____ | DATA PROCESSING STAFF ONLY Please Date & Initial | | | | | | | | | |
| | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Checked</td> <td>-</td> <td>-</td> </tr> <tr> <td>Entered</td> <td>-</td> <td>-</td> </tr> <tr> <td>Proofed</td> <td>-</td> <td>-</td> </tr> </table> | Checked | - | - | Entered | - | - | Proofed | - | - |
| Checked | - | - | | | | | | | | |
| Entered | - | - | | | | | | | | |
| Proofed | - | - | | | | | | | | |