

Field Form Helper



See reverse for an example of a properly completed datasheet.

Heading

Fill out the top portion of the form with the lake name, verbal description of sampling station (e.g., deep hole, off Fox Island, North end of lake, etc.), town, and county for the sampling station.

The coding boxes under the top line of information are filled with the first four letters of LAKE name, MIDAS number (lake ID number), the sampling station number (generally the deepest hole is 01 unless DEP/VLMP has agreed otherwise). Up to two Monitors may be entered; in each set of boxes, please enter the last name followed by a comma then the first name. If three or more people are monitoring, please note additional names in the COMMENTS section near the bottom of the page.

Date

Record the date as month, day, year.

Time

Record time the Secchi disk reading is taken as military time on the field sheet. NOTE: between 1 PM and midnight, add twelve hours to get military time (e.g., 8:30 a.m. is 0830; 2:15 p.m. is 1415).

Wind & Cloud Cover

Record the weather conditions, such as estimated wind velocity (see table at right), wind direction (see table at right), and cloud cover on field sheet in spaces provided.

Secchi Depth

Record Secchi disk reading to two decimal points. All readings should be in meters.

Scope Type

Record Scope type. See table to determine type used. If your scope is different than choices available, describe in COMMENT section of form and leave scope type blank.

Did Disk Hit Bot?

If the Secchi disk hits the bottom of the lake and you can still see it,

Did Disk Hit Bot? (continued)

answer "Y" to "Did Disk Hit Bot?". If the Secchi disk disappears before hitting bottom answer "N". This piece of information is very important. If the disk is visible when it hits the bottom, your reading is an underestimate of the true transparency.

Reading

When you are taking one reading, the reading # will be 1. If the same person is taking more than one reading on the same day, using the same scope type, please record each reading separately and enter 2 for the second, 3 for the third, etc. On two dates each year, please take two readings and record each separately. If you monitor with another volunteer, compare readings and record the comparisons twice a year.

QA Cert

Record QA Certification number of the person obtaining the Secchi reading. This number is the first two letters of the last name you had when you joined the program followed by a 4-digit number. Include a leading 0 for cert. numbers below 1,000. If you do not know your number, please contact your Regional Coordinator. Each person must have a QA number for data to be accepted.

TP Samples

If obtained, record Total Phosphorus (TP) Surface Grab results. Indicate which lab was used in the field above the comments section.

Gloeo Category

Record your Gloeo observations here, 0 - 6. Refer to Gloeo Scale for density. If no Gloeo observed, enter 0. Leave blank if no observations were made.

Comments

Record comments at bottom of sheet. These should include any observations you've made while sampling, including unusual weather conditions prior to monitoring.

Wind

Wind Velocity Estimates

Please enter a discrete number, **NOT** a range of numbers

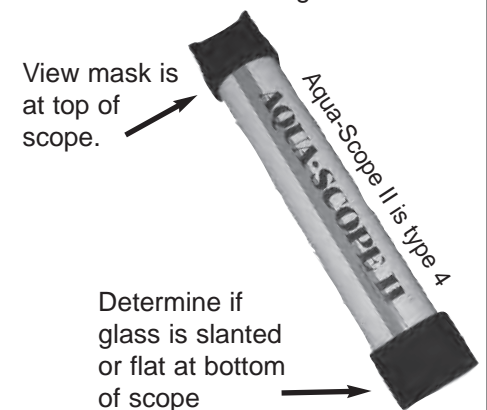
mph	Effects: Water/Land
0-7	Smooth, small wavelets/ Leaves rustle, wind on face
8-11	Large wavelets, scattered whitecaps/ Leaves and twigs in constant motion, flag waving
12-16	Small waves, frequent white- caps/ Raises dust and loose paper, small branches moving
17-24	Mod. Crested waves, many whitecaps/ Small trees begin to sway
25-35	Large waves, foam, blown spray/ Whole trees in motion

Wind Direction

N = 1	SE = 4	W = 7
NE = 2	S = 5	NW = 8
E = 3	SW = 6	no wind = 0

Scope Type

- 1 = No scope used
- 2 = Flat glass, no mask
- 3 = Slant glass, no mask
- 4 = Slant glass & mask
- 5 = Flat glass & mask
- 6 = 6" diameter slant glass & mask



LAKE: AUBURN STATION: DEEP TOWN: AUBURN COUNTY: ANDROSCOGGIN

INSTRUCTIONS: Obtain a minimum of two readings each month for five months. Use more than one line to record multiple readings obtained on the same day (e.g., scope comparisons, more than one monitor, or required QA readings). Please fill out form completely. Refer to codes at bottom of this page for wind direction and scope type.

LAKE	MIDAS	STATION	CERTIFIED MONITORS (Last name, First name)	PROJECT
AUBU	3748	01	SMITH, JOHN	E I O 3
			JENKINS, SUE	

MONTH	DAY	YEAR	MILITARY TIME	WIND VELOC. DIR. see note below	CIRCLE ONE: Bright (shadows) Cloudy Bright Overcast	SECCHI (meters)	SCOPE TYPE	DID DISK HIT BOT? Y/N	QA Certification # of person taking reading (first 2 letters of last name you had when joining VLMP plus 4 digit number)	On two dates each year, please take two readings and record as Reading #1 & 2	TP Surf. Grab (ppb)	Gloco Category (0-6; Refer to Visual Aid)
05	10	2018	1130	045	B C O	0.6.734	N	N	SM.1234	1		
05	24	2018	1415	108	B C O	0.6.224	N	N	SM.1234	1		0
06	07	2018	0945	000	B C O	0.6.904	N	N	JE.2456	1		0
06	07	2018	1000	000	B C O	0.6.954	N	N	JE.2456	2		0
06	21	2018	1230	022	B C O	0.6.784	N	N	SM.1234	1	007	1
07	05	2018	1015	058	B C O	0.7.054	N	N	SM.1234	1		1
07	05	2018	1030	058	B C O	0.7.124	N	N	JE.2456	1		1
07	19	2018	1300	016	B C O	0.7.254	N	N	SM.1234	1	010	2
07	19	2018	1310	016	B C O	0.7.114	N	N	SM.1234	2		2

WIND VELOCITY ESTIMATES: (Please enter a single number, not a range of numbers)

MPH	EFFECTS OF WIND ON WATER
0 - 7	Smooth/small wavelets
8 - 11	Large wavelets, scattered whitecaps
12 - 16	Small waves, frequent whitecaps
17 - 24	Mod. Crested waves, many whitecaps
25 - 35	Large waves, foam, blown spray

EFFECTS OF WIND ON LAND
Leaves rustle, wind on face
Leaves and twigs in constant motion, flag waving
Raises dust and loose paper, small branches moving
Small trees begin to sway
Whole trees in motion

WIND DIRECTION

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SCOPE TYPE

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Indicate TP Lab Used:

HETL: ☒ Other: _____

COMMENTS:

5/24 - LOTS OF PINE POLLEN ON SURFACE
6/21 - HEAVY RAIN THE PAST 2 DAYS
TP SAMPLE TAKEN

2/19 - TP SAMPLE TAKEN

Signature: John Smith Sue Jenkins

DATA PROCESSING STAFF ONLY
Please Enter Date & Initials
When Task is Complete.

Task	Date	Initials
Checked	- -	
Entered	- -	
Proofed	- -	