

LAKE: _____ STATION: _____ TOWN: _____ COUNTY: _____

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 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	E I O 3
<input type="text"/>				

MONTH	DAY	YEAR	MILITARY TIME	WIND VELOC. DIR. <small>see note below</small>	CIRCLE ONE:			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)
					Bright (shadows)	Cloudy Bright	Overcast							
		20			B	C	O							
		20			B	C	O							
		20			B	C	O							
		20			B	C	O							
		20			B	C	O							
		20			B	C	O							
		20			B	C	O							
		20			B	C	O							
		20			B	C	O							

WIND VELOCITY ESTIMATES

Please enter a SINGLE/DISCRETE number for wind speed, do not enter the range of wind speed.

EFFECTS OF WIND ON WATER

- Smooth/small wavelets
- Large wavelets, scattered whitecaps
- Small waves, frequent whitecaps
- Mod. Crested waves, many whitecaps
- 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 & loose paper, small branches moving
- Small trees begin to sway
- Whole trees in motion

Choose one number between these two

- 1 mph - 7 mph
- 8 mph - 11 mph
- 12 mph - 16 mph
- 17 mph - 24 mph
- 25 mph - 35 mph

WIND DIRECTION

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

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

Indicate TP Lab Used:
HETL: _____ Other: _____

COMMENTS:

Signature: _____

DATA PROCESSING STAFF ONLY

Please Enter Date & Initials When Task is Complete.

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