

<b>WIND DIR. CODES</b>  N = 1   S = 5 NE = 2   SW = 6 E = 3   W = 7 SE = 4   NW = 8 no wind, enter 0	LAKE _____ TOWN _____  STATION DESCRIPTION _____ COUNTY _____
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STATION: LAT _____	LONG _____	DATUM _____	ACCURACY _____	ON TARGET? Y / N
LAKE <input style="width:50px; height:20px;" type="text"/>	MIDAS <input style="width:50px; height:20px;" type="text"/>	STATION <input style="width:50px; height:20px;" type="text"/>	CERTIFIED MONITORS 1 & 2 (Last name, First name) <input style="width:100%; height:20px;" type="text"/>	
				PROJECT <input style="width:50px; height:20px;" type="text" value="E I 0 3"/>
MONTH <input style="width:30px; height:20px;" type="text"/>	DAY <input style="width:30px; height:20px;" type="text"/>	YEAR <input style="width:30px; height:20px;" type="text"/>	MILITARY TIME <input style="width:30px; height:20px;" type="text"/>	Gleco Category (0 to 6; Refer to Visual Aid) <input style="width:30px; height:20px;" type="text"/>
		WIND VELOCITY <input style="width:30px; height:20px;" type="text"/>	WIND DIRECTION <input style="width:30px; height:20px;" type="text"/>	Sky Condition at Time of Secchi Readings - CIRCLE ONE <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O <small>Bright (shadows) Cloudy Bright Overcast</small>

<b>DIRECTIONS:</b> 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.	<b>SCOPE TYPE CODES:</b> 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	<b>SECCHI (meters)</b> <input style="width:50px; height:20px;" type="text"/> <input style="width:50px; height:20px;" type="text"/>	<b>SCOPE TYPE</b> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	<b>DISK HIT BOT?</b> <input type="radio"/> Y <input type="radio"/> N	<b>MONITOR'S QA CERTIFICATION #</b> <input style="width:50px; height:20px;" type="text"/> <input style="width:50px; height:20px;" type="text"/>	<b>READING # (1, 2 etc)</b> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
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<b>TEMPERATURE / DISSOLVED OXYGEN PROFILES</b>		PLEASE CIRCLE CIRCLE D.O. METHOD: _____	<b>Titration:</b> Hach Kit _____ Lamotte Kit _____ Other Kit: _____	<b>Meter (enter model):</b> YSI Meter _____ Hach Meter _____ Other Meter: _____	METER ID#: _____
CIRCLE DEPTH UNITS: <input style="width:50px; height:20px;" type="text"/> METERS / FEET	CIRCLE TEMP. UNITS: <input style="width:50px; height:20px;" type="text"/> CENT. / FAREN.	<input type="checkbox"/> <b>Check to indicate D.O. meter was calibrated</b>			

DEPTH	WATER TEMP	OXYGEN (mg/l)	DEPTH	WATER TEMP	OXYGEN (mg/l)	DEPTH	WATER TEMP	OXYGEN (mg/l)
0.	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	11.	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>
1.	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	12.	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>
2.	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	13.	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>
3.	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	14.	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>
4.	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	15.	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>
5.	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>
6.	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>
7.	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>
8.	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>
9.	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>
10.	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>

Required QA/QC Dups (1 for every 10)		
<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>
<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>
<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>
Date entered into Survey 1-2-3 Maine Lake Water Quality Data Entry App: _____/_____/20____		

BOTTOM: _____ CORE DEPTH: _____ CHL. #: _____ TP #: _____ AIR TEMP: _____ C / F COMMENTS: _____  SIGNATURE: _____	<b>DATA PROCESSING STAFF ONLY</b> Please Date & Initial												
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Checked</td> <td style="width:20%;">-</td> <td style="width:20%;">-</td> <td style="width:20%;"></td> </tr> <tr> <td>Entered</td> <td>-</td> <td>-</td> <td></td> </tr> <tr> <td>Proofed</td> <td>-</td> <td>-</td> <td></td> </tr> </table>	Checked	-	-		Entered	-	-		Proofed	-	-	
Checked	-	-											
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Proofed	-	-											