



CHLOROPHYLL

data form (2)



Lake Name: _____ County: _____ Township: _____

Lake Sampling Site (Field ID) Number: _____ (see reverse and mark location on map)

Latitude: _____ Longitude: _____ GPS / Map
Circle

Volunteer Monitor Name(s): _____

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Sampling Event #4 (August) Date Sampled: _____ Time: _____

Secchi Depth: _____ (feet) Composite Sample Depth: _____ (feet)

Weather Conditions (sunny, cloudy, windy, etc.): _____

Unusual Conditions (heavy rain, boating, etc.): _____

Filtering Sample (if 50 cc could not be filtered for this sample, indicate amount filtered): _____ (cc)

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Sampling Event #5 (September) Date Sampled: _____ Time: _____

Secchi Depth: _____ (feet) Composite Sample Depth: _____ (feet)

Weather Conditions (sunny, cloudy, windy, etc.): _____

Unusual Conditions (heavy rain, boating, etc.): _____

Filtering Sample (if 50 cc could not be filtered for this sample, indicate amount filtered): _____ (cc)

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Comments:

In the box below draw an outline of your lake (i.e lake map)

❖ On the lake map outline, mark your chlorophyll sampling location (this should be at the deepest basin in the lake) and write in the total LAKE DEPTH at this location.

❖ Surface Area of Lake: _____(acres)

North
↑

❖ Turn in completed data form with frozen chlorophyll samples. Make a copy of the completed data form for your records.

❖ If you entered these field data into the MiCorps online Data Exchange, please provide the name of the person who entered the data, and the date entered:

Name: _____ Date: _____

Data must be entered before October 30!