



CHLOROPHYLL 2026 Data Form 1



Lake Name: _____ County: _____ Township: _____

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

Latitude: _____ Longitude: _____ GPS / Map

Volunteer Monitor Name(s): _____

Sampling Event #1 (May)

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):

Sample 1: _____ (cc) Sample 2: _____ (cc)

Sampling Event #2 (June)

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):

Sample 1: _____ (cc) Sample 2: _____ (cc)

Lake Name, County, and Field ID number: _____

- ❖ In the box below, draw an outline of your lake (i.e., lake map). Or attach a copy of a lake map.
- ❖ On the lake map, mark your chlorophyll sampling location (this should be at the deepest location in your lake) and write the LAKE DEPTH at this location.
- ❖ Surface Area of Lake (if known): _____ (acres)

North

↑

DATA ENTRY

If you can, please enter your field data (i.e., lake name, sample date, etc.) into the MiCorps Data Exchange soon after collecting your samples. After the EGLE lab processes your sample, the sample result will be added to your field data in the Data Exchange by MiCorps staff.

DATA SHEET AND SAMPLE TURN IN

Please do the following:

- (1) Make a copy of your field data sheets to keep for your records
- (2) Put **one copy** in a baggie to keep it dry
- (3) Deliver the frozen chlorophyll samples together with the data sheet to the designated drop-off location on the designated turn-in dates (refer to Chlorophyll Sampling Schedule).