



SECCHI DISK TRANSPARENCY 2026 Data Form



Lake Name: _____ County: _____ Township: _____

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

Latitude: _____ Longitude: _____

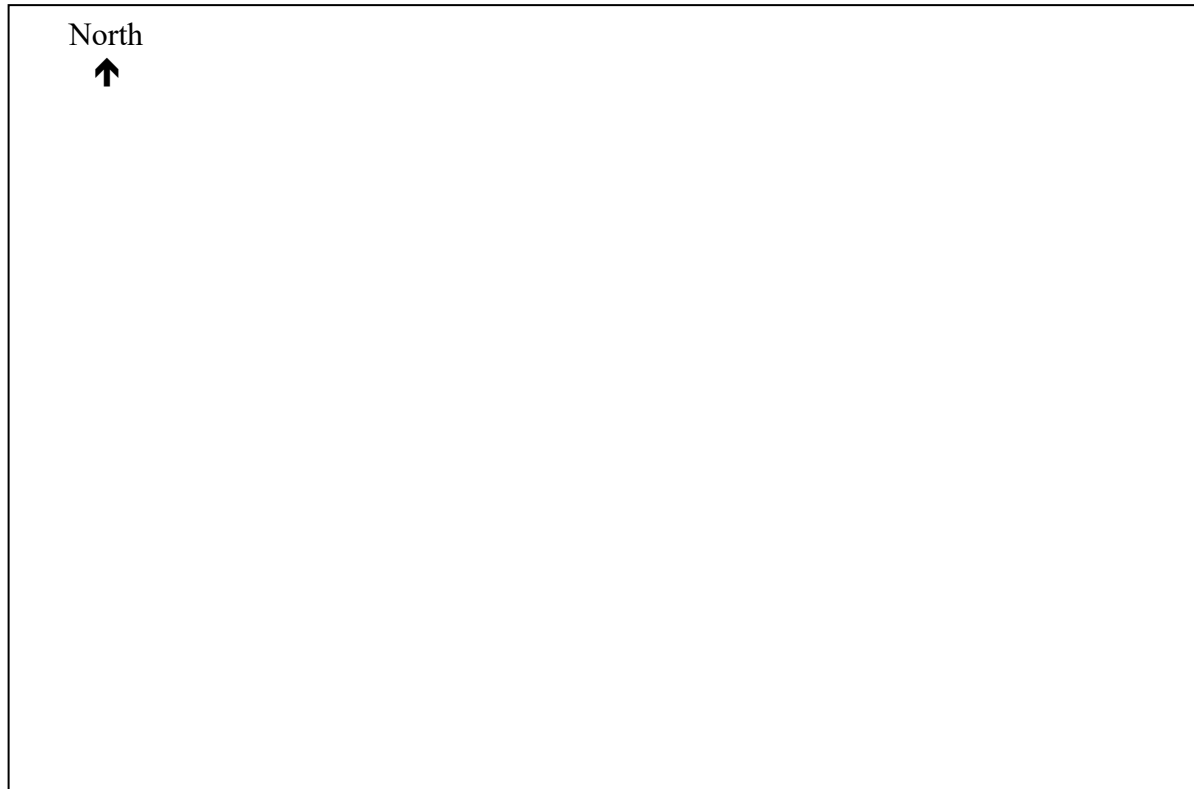
Volunteer Monitor Name(s): _____

WEEKLY SAMPLING INTERVAL	DATE SAMPLED	TIME OF DAY	SECCHI DEPTH (to nearest ½ foot)	WEATHER CONDITIONS (sunny, cloudy, windy)	UNUSUAL CONDITIONS (Secchi disk on bottom of lake, heavy rain, boating, etc.)
May 10-16					
May 17-23					
May 24-30					
May 31-June 6					
June 7-13					
June 14-20					
June 21-27					
June 28-July 4					
July 5-11					
July 12-18					
July 19-25					
July 26- Aug 1					
Aug 2-8					
Aug 9-15					
Aug 16-22					
Aug 23-29					
Aug 30-Sept 5					
Sept 6-12					
Sept 13-19					

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 Secchi disk sampling location (this should be at the deepest location in your lake) and write the LAKE DEPTH at this location (not Secchi depth).
- ❖ Surface Area of Lake (if known): _____ (acres)

North
↑



DATA ENTRY

If you can, please enter your data into the MiCorps Data Exchange by October 31st.

DATA SHEET TURN IN Protocol

Please do the following:

- (1) Make a copy of your field data sheets to keep for your records
- (2) Mail one copy by October 31st to: Michigan State University Extension, 4747 W 48th St, STE 107 Fremont, MI 49412
 - a. **OR**, for electronic submission, send to: MiCorps@msu.edu