



SECCHI DISK TRANSPARENCY 2025 Data Form



Lake Name: _____ County: _____ Township: _____

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

Latitude: _____ Longitude: _____

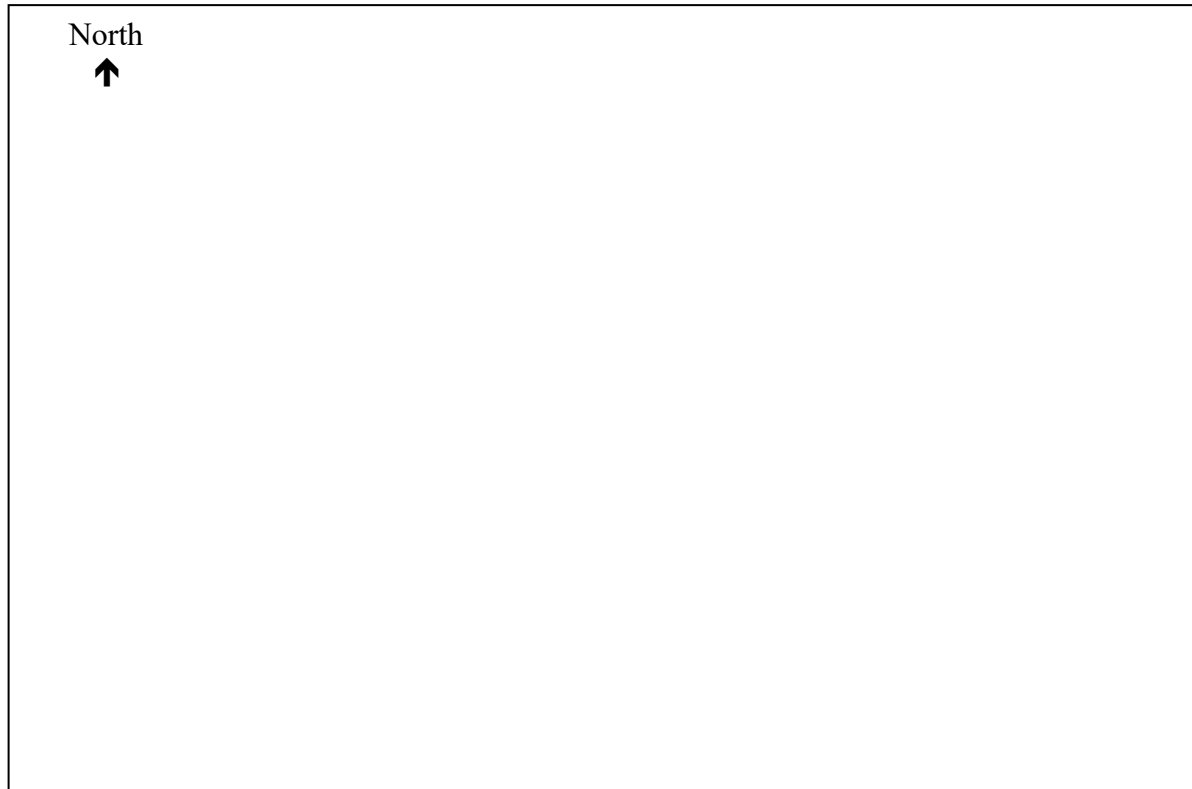
Volunteer Monitor Name(s): _____

| 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 11-17 | | | | | |
| May 18-24 | | | | | |
| May 25-31 | | | | | |
| June 1-7 | | | | | |
| June 8-14 | | | | | |
| June 15-21 | | | | | |
| June 22-28 | | | | | |
| June 29-July 5 | | | | | |
| July 6-12 | | | | | |
| July 13-19 | | | | | |
| July 20-26 | | | | | |
| July 27- Aug 2 | | | | | |
| Aug 3-9 | | | | | |
| Aug 10-16 | | | | | |
| Aug 17-23 | | | | | |
| Aug 24-30 | | | | | |
| Aug 31-Sept 6 | | | | | |
| Sept 7-13 | | | | | |
| Sept 14-20 | | | | | |

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: **MLSA, P.O. Box 303, Long Lake, MI 48743**
 - a. OR, for electronic submission, send to: MiCorps@msu.edu