



CHLOROPHYLL

Data Form 1



Lake Name: _____ County: _____ Township: _____

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

Latitude: _____ Longitude: _____

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)

- ❖ 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 (if known): _____ (acres)

North
↑

DATA ENTRY

Check **ONE** box:

A volunteer has entered the field notes into the MiCorps Data Exchange (before October 30!)

Volunteer Name _____ Date entered _____.

The field notes **have not** been entered into the MiCorps Data Exchange.

DATA SHEET AND SAMPLE TURN IN

No matter what box you check above, please do the following:

Make a copy for your records, put the data sheet in a baggie, and turn in the frozen samples and data sheet as directed by your procedures sheet and chlorophyll schedule.