Lake Name:______________________ County:________________ Township:______________
Lake Sampling Site (Field ID) Number:______________ (see reverse and mark location on map)
Latitude:___________________ Longitude:___________________
Volunteer Monitor Name(s):______________________________________________

**Sampling Event #3 (July)**
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 #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):
Sample 1: ________(cc) Sample 2: ________(cc)

**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):
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)

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 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.