

| General Information | | |
|---|---|--|
| Project: | Survey Crew Lead: | |
| Lake (PALIS): | Survey Crew Assist: | |
| Site Name: | Station Description (If new, describe below and record latitude and longitude) | |
| Date: | | |
| Time (24 hr): | Station Latitude: | Station Longitude: |
| Description of Observed Conditions | | |
| Weather Conditions | <input type="checkbox"/> Clear <input type="checkbox"/> Sunny <input type="checkbox"/> Cloudy <input type="checkbox"/> Overcast <input type="checkbox"/> Fog <input type="checkbox"/> Drizzle <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snow <input type="checkbox"/> Other | |
| Water Surface | <input type="checkbox"/> Calm <input type="checkbox"/> Ripples <input type="checkbox"/> Choppy <input type="checkbox"/> White Caps | |
| Dominant Habitat (Mark habitats >25%) | <input type="checkbox"/> Bedrock <input type="checkbox"/> Boulder <input type="checkbox"/> Cobble <input type="checkbox"/> Gravel <input type="checkbox"/> Sand <input type="checkbox"/> Silt <input type="checkbox"/> Woody Debris <input type="checkbox"/> Organic <input type="checkbox"/> Vegetation <input type="checkbox"/> Other | |
| Water Odor | <input type="checkbox"/> None <input type="checkbox"/> Sulfide <input type="checkbox"/> Fishy <input type="checkbox"/> Sewage <input type="checkbox"/> Effluent <input type="checkbox"/> Chlorine <input type="checkbox"/> Petroleum <input type="checkbox"/> Musty <input type="checkbox"/> Rotten Veg. <input type="checkbox"/> Other | |
| Water Turbidity | <input type="checkbox"/> None <input type="checkbox"/> Slightly Turbid <input type="checkbox"/> Moderately Turbid <input type="checkbox"/> Highly Turbid <input type="checkbox"/> Unobservable | |
| Water Color | <input type="checkbox"/> None <input type="checkbox"/> Grey <input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Dark Tan <input type="checkbox"/> Rusty <input type="checkbox"/> Green <input type="checkbox"/> Other | |
| Objectionable Deposits (Check all that apply) | <input type="checkbox"/> None <input type="checkbox"/> Trash <input type="checkbox"/> Flocculent mass <input type="checkbox"/> Other <input type="checkbox"/> Unobservable Description (details, extent and severity): | |
| Floating Scum (Check all that apply) | <input type="checkbox"/> None <input type="checkbox"/> Oily sheens <input type="checkbox"/> Pollen blankets <input type="checkbox"/> Algal mat <input type="checkbox"/> Foam <input type="checkbox"/> Other <input type="checkbox"/> Unobservable Description (details, extent and severity): | |
| Aesthetics Impaired? | <input type="checkbox"/> YES <input type="checkbox"/> NO i.e., based on water odor, clarity, unnatural color, growths, scum and/or deposits, is the site impaired? | |
| Beneficial Uses (Check all that apply) | <input type="checkbox"/> None <input type="checkbox"/> Swimming <input type="checkbox"/> Boating <input type="checkbox"/> Water Intake <input type="checkbox"/> Fishing <input type="checkbox"/> Other Description (details, extent): | |
| Pollution Sources (Check all that apply) | <input type="checkbox"/> None <input type="checkbox"/> Outfall Pipes <input type="checkbox"/> Road runoff <input type="checkbox"/> Waterfowl <input type="checkbox"/> Land Clearing <input type="checkbox"/> Lawns <input type="checkbox"/> Septic <input type="checkbox"/> Agriculture <input type="checkbox"/> Other Description (details, extent and severity): | |
| Algal Bloom | <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete the next section) | |
| Algal Bloom Observations | | |
| Evidence of Bloom (Check all that apply) | <input type="checkbox"/> Scum <input type="checkbox"/> Color <input type="checkbox"/> Turbidity <input type="checkbox"/> Odor <input type="checkbox"/> Other Bloom Type <input type="checkbox"/> Cyanobacteria <input type="checkbox"/> Green Algae <input type="checkbox"/> Other <input type="checkbox"/> Unknown Description (details, and severity): | |
| Bloom Extent (m) | Lakeward Width <input type="checkbox"/> < 1 <input type="checkbox"/> 1 - 5 <input type="checkbox"/> 5 - 10 <input type="checkbox"/> 10-15 <input type="checkbox"/> >15 | Shoreline Length <input type="checkbox"/> < 1 <input type="checkbox"/> 1 - 5 <input type="checkbox"/> 5 - 10 <input type="checkbox"/> 10-15 <input type="checkbox"/> >15 |
| Bloom Specific Notes | | Bloom Photos <input type="checkbox"/> Yes <input type="checkbox"/> No Number: |

| Sample Data | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|------------------------|---------------------------|----------------------------|------------------|--|----------------------|------------------------------|------------------------------|------------------------------|-----------------------|--------------------|------------------------------|-------------------|-----------------|------------------|----------------------------|---------------|---------------------|-------------------------|----------------|---------|-------------|-----------|-------|--------------------|
| Sample Latitude: | | | | | Sample Longitude: | | | | | | | | | | Lat/Long method: | | | | | | | | | | |
| Bottle Sample(s) collected <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | Field-filtered <input type="checkbox"/> Yes <input type="checkbox"/> No Analyte(s): | | | | | | | | | | | | | | | | | | | | |
| Collected from? <input type="checkbox"/> Shore <input type="checkbox"/> Wading <input type="checkbox"/> Boat <input type="checkbox"/> Other | | | | | Sample Collector: | | | | | | | | | | | | | | | | | | | | |
| General Notes | | | | | | | | | | Sample Specific Notes | | | | | | | | | | | | | | | |
| OWMID # | Sample Time (24 hr) | Sample Depth (m) | | Matrix | | Analyte/Bottle Group | | | | | | | | | | Sample Type (1 per sample) | | | | | | QA/QC | | | Total # of Bottles |
| | | Relative Depth (S, M, NB) | Measured /Integrated depth | SEDIMENT | WATER | Chemistry (C) | Color/turbidity/hardness (R) | Nutrients (N) H2SO4 : Yes No | Bacteria (B) | Chlorophyll a (l) | Algae ID Count (A) | Zooplankton (G) | Microcystins (MC) | Anatoxin a (AT) | Phycocyanin (PC) | Manual Grab | Sampling Pole | Ambient Field Blank | Depth Integrated / tube | Grab Composite | Other : | Field Blank | Duplicate | Other | |
| "X" all applicable boxes Provide sample times for all samples Provide separate OWMID#s for each matrix and sample type, and for QA/QC samples. | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Multi-Probe Data <i>Record last STABLE readings per Multi-probe SOP. For TDS/Salinity in table, circle one as applicable. Make sure to use a different ID# for Multi-probe (or single probe) data.</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| Affix OWMID # Label here | | Sonde #: | | | | | Logger #: | | | | | Depth calibrated at (24 hr): | | | | | | | | | | | | | |
| | | | | | | | | | | | | Manual (watch) Time (24 hr): | | | | | | | | | | | | | |
| Multi-probe Notes: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Time | Temp. (°C) | DO (mg/l) | Depth (meters) | Scond (µS/cm) | pH | % Sat | TDS/Salinity (g/l)/(ppt) | Chlorophyll (ug/l or RFU) | Phycocyanin (ug/l or RFU) | | | | | | | | | | | | | | | | |
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| Cooler Temperature (post sampling at Lab): _____ | | | | | | | | | | | | | | | | | | | | | | | | | |

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| For office use only | | Field Sheet Login # | | | | | | | | | | Unique ID # | | | | | | | | | | | | | | | |