

## MassDEP/DWM/Watershed Planning Program

## LAKES FIELD SHEET (2025)

Crew Lead (initial) \_\_\_\_\_

STATION INFORMATION (fill out prior to departure)	
Field Sheet Login #:	Unique ID: <small>Registered Lat/Long:</small>
Project:	Site Name (STAID):
Waterbody Name:	Town:
GENERAL SITE INFORMATION	
Alternate Station Description (Does site match description?) <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If not, describe below:</i>	
Alt. Field Lat/Long /	Lat/Long Method <input type="checkbox"/> GETAC F110 Tablet <input type="checkbox"/> Handheld GPS <input type="checkbox"/> Other
Survey Crew Lead:	Other Crew:
Date:	Time: <input type="checkbox"/> EST <input type="checkbox"/> EDT
Weather Conditions <input type="checkbox"/> Clear <input type="checkbox"/> Mostly sun <input type="checkbox"/> Mostly cloud <input type="checkbox"/> Overcast <input type="checkbox"/> Fog <input type="checkbox"/> Drizzle <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snow	
Air Temperature <input type="checkbox"/> < 20 °F <input type="checkbox"/> 21-30 °F <input type="checkbox"/> 31-40 °F <input type="checkbox"/> 41-50 °F <input type="checkbox"/> 51-60 °F <input type="checkbox"/> 61-70 °F <input type="checkbox"/> 71-80 °F <input type="checkbox"/> 81-90 °F <input type="checkbox"/> 91-100 °F	
Water Odor	<input type="checkbox"/> None <input type="checkbox"/> Musty <input type="checkbox"/> Petrol <input type="checkbox"/> Sewage <input type="checkbox"/> Effluent <input type="checkbox"/> Sulfide <input type="checkbox"/> Fishy <input type="checkbox"/> Chlorine <input type="checkbox"/> Rotten Veg. <input type="checkbox"/> Other <input type="checkbox"/> Unobservable
Turbidity	<input type="checkbox"/> None <input type="checkbox"/> Slightly Turbid <input type="checkbox"/> Highly Turbid <input type="checkbox"/> Unobservable
Water Color	<input type="checkbox"/> None <input type="checkbox"/> Brownish <input type="checkbox"/> Blackish <input type="checkbox"/> Greenish <input type="checkbox"/> Greyish <input type="checkbox"/> Reddish <input type="checkbox"/> Yellowish <input type="checkbox"/> Other <input type="checkbox"/> Unobservable
Floating Scum	<input type="checkbox"/> None <input type="checkbox"/> Algal mat <input type="checkbox"/> Foam <input type="checkbox"/> Oily sheens <input type="checkbox"/> Pollen blankets <input type="checkbox"/> Sewage <input type="checkbox"/> Other <input type="checkbox"/> Unobservable <u>Description:</u>
General Notes:	
OBSERVATIONS (RIVER AND LAKE)	
Objectionable Deposits	<input type="checkbox"/> None <input type="checkbox"/> Trash <input type="checkbox"/> Flocculent mass <input type="checkbox"/> Other <input type="checkbox"/> Unobservable <u>Description:</u>
Active Shoreline Erosion	<input type="checkbox"/> None <input type="checkbox"/> Slight <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Unobservable <u>Description:</u>
Wildlife	<input type="checkbox"/> None <input type="checkbox"/> Fish <input type="checkbox"/> Mammals <input type="checkbox"/> Birds <input type="checkbox"/> Amphibians <input type="checkbox"/> Other <u>Description:</u>
Beneficial Uses	<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 <u>Description:</u>
Pollution Sources	<input type="checkbox"/> None <input type="checkbox"/> Outfalls <input type="checkbox"/> Garbage <input type="checkbox"/> Road runoff <input type="checkbox"/> Waterfowl <input type="checkbox"/> Land clearing <input type="checkbox"/> Lawns
Aesthetics Impaired? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>Based on water odor, clarity, unnatural color, growths, scum and/or deposits, is the site impaired?</i>	
Water Level	<input type="checkbox"/> Low <input type="checkbox"/> Normal <input type="checkbox"/> High <i>Water level, ft above/below _____ ft</i>
STATION SPECIFIC PLANT DENSITY <u>None</u> 0% <u>Sparse</u> 1-25% <u>Moderate</u> 25-50% <u>Dense</u> 50-75% <u>Very Dense</u> 75-100% <u>Unobservable</u>	
Overall Aquatic Plants	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> VD <input type="checkbox"/> U
Floating Aquatic Plants	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> VD <input type="checkbox"/> U <u>Species:</u>
Emergent Aquatic Plants	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> VD <input type="checkbox"/> U <u>Species:</u>
Submerged Aquatic Plants	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> VD <input type="checkbox"/> U <u>Species:</u>
Duckweed	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> VD <input type="checkbox"/> U
Free-floating algae	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> VD <input type="checkbox"/> U
ALGAL BLOOM	
Algal Bloom Present <input type="checkbox"/> YES <input type="checkbox"/> NO	
Bloom Type	<input type="checkbox"/> Cyanobacteria <input type="checkbox"/> Green Algae <input type="checkbox"/> Other <input type="checkbox"/> Unknown
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	
Lakeward Width (in meters)	<input type="checkbox"/> <1 m <input type="checkbox"/> 1-5 m <input type="checkbox"/> 5-10 m <input type="checkbox"/> 10-15 m <input type="checkbox"/> >15 m
Shoreline Length (in meters)	<input type="checkbox"/> <1 mm <input type="checkbox"/> 1-5 m <input type="checkbox"/> 5-10 m <input type="checkbox"/> 10-15 m <input type="checkbox"/> >15 m
Bloom specific notes:	



Sample-Lab	<Place OWMID Label here>				<Place OWMID Label here>				<Place OWMID Label here>			
Sample Type	<input type="checkbox"/> FQC_BLANK (Blank) <input type="checkbox"/> FQC_BLANKRINS (Equipment Blank) <input type="checkbox"/> FQC_REP (Field Duplicate) <input type="checkbox"/> FS_IVP (Integrated Vertical Profile) <input type="checkbox"/> FS_ROUTINE (Routine Sample) <input type="checkbox"/> Other:				<input type="checkbox"/> FQC_BLANK (Blank) <input type="checkbox"/> FQC_BLANKRINS (Equipment Blank) <input type="checkbox"/> FQC_REP (Field Duplicate) <input type="checkbox"/> FS_IVP (Integrated Vertical Profile) <input type="checkbox"/> FS_ROUTINE (Routine Sample) <input type="checkbox"/> Other:				<input type="checkbox"/> FQC_BLANK (Blank) <input type="checkbox"/> FQC_BLANKRINS (Equipment Blank) <input type="checkbox"/> FQC_REP (Field Duplicate) <input type="checkbox"/> FS_IVP (Integrated Vertical Profile) <input type="checkbox"/> FS_ROUTINE (Routine Sample) <input type="checkbox"/> Other:			
OWMID Parent												
Medium	<input type="checkbox"/> Water <input type="checkbox"/> Sediment <input type="checkbox"/> Other				<input type="checkbox"/> Water <input type="checkbox"/> Sediment <input type="checkbox"/> Other				<input type="checkbox"/> Water <input type="checkbox"/> Sediment <input type="checkbox"/> Other			
Medium (Subdivision)	<input type="checkbox"/> SW (Surface Water) <input type="checkbox"/> MunSewEff (Muni. Sewage Effluent) <input type="checkbox"/> StmW (Stormwater) <input type="checkbox"/> Unknown				<input type="checkbox"/> SW (Surface Water) <input type="checkbox"/> MunSewEff (Muni. Sewage Effluent) <input type="checkbox"/> StmW (Stormwater) <input type="checkbox"/> Unknown				<input type="checkbox"/> SW (Surface Water) <input type="checkbox"/> MunSewEff (Muni. Sewage Effluent) <input type="checkbox"/> StmW (Stormwater) <input type="checkbox"/> Unknown			
Relative Depth	<input type="checkbox"/> Surface <input type="checkbox"/> Mid-Water <input type="checkbox"/> Near Bottom				<input type="checkbox"/> Surface <input type="checkbox"/> Mid-Water <input type="checkbox"/> Near Bottom				<input type="checkbox"/> Surface <input type="checkbox"/> Mid-Water <input type="checkbox"/> Near Bottom			
Start/End Depth	/				/				/			
Start Date/Time	<input type="checkbox"/> EDT <input type="checkbox"/> EST				<input type="checkbox"/> EDT <input type="checkbox"/> EST				<input type="checkbox"/> EDT <input type="checkbox"/> EST			
End Date/Time	<input type="checkbox"/> EDT <input type="checkbox"/> EST				<input type="checkbox"/> EDT <input type="checkbox"/> EST				<input type="checkbox"/> EDT <input type="checkbox"/> EST			
Gear Type	<input type="checkbox"/> Water Bottle <input type="checkbox"/> Tygon Tube <input type="checkbox"/> Sampling Pole <input type="checkbox"/> Auto Sampler <input type="checkbox"/> Van Dorn <input type="checkbox"/> Other <input type="checkbox"/> Basket <input type="checkbox"/> N/A				<input type="checkbox"/> Water Bottle <input type="checkbox"/> Tygon Tube <input type="checkbox"/> Sampling Pole <input type="checkbox"/> Auto Sampler <input type="checkbox"/> Van Dorn <input type="checkbox"/> Other <input type="checkbox"/> Basket <input type="checkbox"/> N/A				<input type="checkbox"/> Water Bottle <input type="checkbox"/> Tygon Tube <input type="checkbox"/> Sampling Pole <input type="checkbox"/> Auto Sampler <input type="checkbox"/> Van Dorn <input type="checkbox"/> Other <input type="checkbox"/> Basket <input type="checkbox"/> N/A			
Gear Serial #												
Composite (Type)	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Flow <input type="checkbox"/> Time <input type="checkbox"/> Depth				<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Flow <input type="checkbox"/> Time <input type="checkbox"/> Depth				<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Flow <input type="checkbox"/> Time <input type="checkbox"/> Depth			
Field Lat/Long	/				/				/			
Field Lat/Long Method	<input type="checkbox"/> GETAC F110 Tablet <input type="checkbox"/> Other: <input type="checkbox"/> Handheld GPS				<input type="checkbox"/> GETAC F110 Tablet <input type="checkbox"/> Other: <input type="checkbox"/> Handheld GPS				<input type="checkbox"/> GETAC F110 Tablet <input type="checkbox"/> Other: <input type="checkbox"/> Handheld GPS			
Sample Notes												
Bottle Group	Planned	Collected	Preserved In Field	Filtered In Field	Planned	Collected	Preserved In Field	Filtered In Field	Planned	Collected	Preserved In Field	Filtered In Field
Bacteria (B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N
Nutrient (N)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N
Nutrient (N2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N
Metals (M)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> HNO <sub>3</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> HNO <sub>3</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> HNO <sub>3</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N
Chloride (CL)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
OrgCarb (OC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> H <sub>3</sub> PO <sub>4</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> H <sub>3</sub> PO <sub>4</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> H <sub>3</sub> PO <sub>4</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N
Nutrient (N3)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
Solids (S)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
Chl a (I)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
Color/Turb (R)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N

Sample-Lab	<Place OWMID Label here>				<Place OWMID Label here>				<Place OWMID Label here>			
Sample Type	<input type="checkbox"/> FQC_BLANK (Blank) <input type="checkbox"/> FQC_BLANKRINS (Equipment Blank) <input type="checkbox"/> FQC_REP (Field Duplicate) <input type="checkbox"/> FS_IVP (Integrated Vertical Profile) <input type="checkbox"/> FS_ROUTINE (Routine Sample) <input type="checkbox"/> Other:				<input type="checkbox"/> FQC_BLANK (Blank) <input type="checkbox"/> FQC_BLANKRINS (Equipment Blank) <input type="checkbox"/> FQC_REP (Field Duplicate) <input type="checkbox"/> FS_IVP (Integrated Vertical Profile) <input type="checkbox"/> FS_ROUTINE (Routine Sample) <input type="checkbox"/> Other:				<input type="checkbox"/> FQC_BLANK (Blank) <input type="checkbox"/> FQC_BLANKRINS (Equipment Blank) <input type="checkbox"/> FQC_REP (Field Duplicate) <input type="checkbox"/> FS_IVP (Integrated Vertical Profile) <input type="checkbox"/> FS_ROUTINE (Routine Sample) <input type="checkbox"/> Other:			
OWMID Parent												
Medium	<input type="checkbox"/> Water <input type="checkbox"/> Sediment <input type="checkbox"/> Other				<input type="checkbox"/> Water <input type="checkbox"/> Sediment <input type="checkbox"/> Other				<input type="checkbox"/> Water <input type="checkbox"/> Sediment <input type="checkbox"/> Other			
Medium (Subdivision)	<input type="checkbox"/> SW (Surface Water) <input type="checkbox"/> MunSewEff (Muni. Sewage Effluent) <input type="checkbox"/> StmW (Stormwater) <input type="checkbox"/> Unknown				<input type="checkbox"/> SW (Surface Water) <input type="checkbox"/> MunSewEff (Muni. Sewage Effluent) <input type="checkbox"/> StmW (Stormwater) <input type="checkbox"/> Unknown				<input type="checkbox"/> SW (Surface Water) <input type="checkbox"/> MunSewEff (Muni. Sewage Effluent) <input type="checkbox"/> StmW (Stormwater) <input type="checkbox"/> Unknown			
Relative Depth	<input type="checkbox"/> Surface <input type="checkbox"/> Mid-Water <input type="checkbox"/> Near Bottom				<input type="checkbox"/> Surface <input type="checkbox"/> Mid-Water <input type="checkbox"/> Near Bottom				<input type="checkbox"/> Surface <input type="checkbox"/> Mid-Water <input type="checkbox"/> Near Bottom			
Start/End Depth	/				/				/			
Start Date/Time	<input type="checkbox"/> EDT <input type="checkbox"/> EST				<input type="checkbox"/> EDT <input type="checkbox"/> EST				<input type="checkbox"/> EDT <input type="checkbox"/> EST			
End Date/Time	<input type="checkbox"/> EDT <input type="checkbox"/> EST				<input type="checkbox"/> EDT <input type="checkbox"/> EST				<input type="checkbox"/> EDT <input type="checkbox"/> EST			
Gear Type	<input type="checkbox"/> Water Bottle <input type="checkbox"/> Tygon Tube <input type="checkbox"/> Sampling Pole <input type="checkbox"/> Auto Sampler <input type="checkbox"/> Van Dorn <input type="checkbox"/> Other <input type="checkbox"/> Basket <input type="checkbox"/> N/A				<input type="checkbox"/> Water Bottle <input type="checkbox"/> Tygon Tube <input type="checkbox"/> Sampling Pole <input type="checkbox"/> Auto Sampler <input type="checkbox"/> Van Dorn <input type="checkbox"/> Other <input type="checkbox"/> Basket <input type="checkbox"/> N/A				<input type="checkbox"/> Water Bottle <input type="checkbox"/> Tygon Tube <input type="checkbox"/> Sampling Pole <input type="checkbox"/> Auto Sampler <input type="checkbox"/> Van Dorn <input type="checkbox"/> Other <input type="checkbox"/> Basket <input type="checkbox"/> N/A			
Gear Serial #												
Composite (Type)	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Flow <input type="checkbox"/> Time <input type="checkbox"/> Depth				<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Flow <input type="checkbox"/> Time <input type="checkbox"/> Depth				<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Flow <input type="checkbox"/> Time <input type="checkbox"/> Depth			
Field Lat/Long	/				/				/			
Field Lat/Long Method	<input type="checkbox"/> GETAC F110 Tablet <input type="checkbox"/> Other: <input type="checkbox"/> Handheld GPS				<input type="checkbox"/> GETAC F110 Tablet <input type="checkbox"/> Other: <input type="checkbox"/> Handheld GPS				<input type="checkbox"/> GETAC F110 Tablet <input type="checkbox"/> Other: <input type="checkbox"/> Handheld GPS			
Sample Notes												
Bottle Group	Planned	Collected	Preserved In Field	Filtered In Field	Planned	Collected	Preserved In Field	Filtered In Field	Planned	Collected	Preserved In Field	Filtered In Field
Bacteria (B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N
Nutrient (N)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N
Nutrient (N2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N
Metals (M)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> HNO <sub>3</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> HNO <sub>3</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> HNO <sub>3</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N
Chloride (CL)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
OrgCarb (OC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> H <sub>3</sub> PO <sub>4</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> H <sub>3</sub> PO <sub>4</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> H <sub>3</sub> PO <sub>4</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N
Nutrient (N3)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
Solids (S)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
Chl a (I)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
Color/Turb (R)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N

Sample-Lab	<Place OWMID Label here>				<Place OWMID Label here>				<Place OWMID Label here>			
Sample Type	<input type="checkbox"/> FQC_BLANK (Blank) <input type="checkbox"/> FQC_BLANKRINS (Equipment Blank) <input type="checkbox"/> FQC_REP (Field Duplicate) <input type="checkbox"/> FS_IVP (Integrated Vertical Profile) <input type="checkbox"/> FS_ROUTINE (Routine Sample) <input type="checkbox"/> Other:				<input type="checkbox"/> FQC_BLANK (Blank) <input type="checkbox"/> FQC_BLANKRINS (Equipment Blank) <input type="checkbox"/> FQC_REP (Field Duplicate) <input type="checkbox"/> FS_IVP (Integrated Vertical Profile) <input type="checkbox"/> FS_ROUTINE (Routine Sample) <input type="checkbox"/> Other:				<input type="checkbox"/> FQC_BLANK (Blank) <input type="checkbox"/> FQC_BLANKRINS (Equipment Blank) <input type="checkbox"/> FQC_REP (Field Duplicate) <input type="checkbox"/> FS_IVP (Integrated Vertical Profile) <input type="checkbox"/> FS_ROUTINE (Routine Sample) <input type="checkbox"/> Other:			
OWMID Parent												
Medium	<input type="checkbox"/> Water <input type="checkbox"/> Sediment <input type="checkbox"/> Other				<input type="checkbox"/> Water <input type="checkbox"/> Sediment <input type="checkbox"/> Other				<input type="checkbox"/> Water <input type="checkbox"/> Sediment <input type="checkbox"/> Other			
Medium (Subdivision)	<input type="checkbox"/> SW (Surface Water) <input type="checkbox"/> MunSewEff (Muni. Sewage Effluent) <input type="checkbox"/> StmW (Stormwater) <input type="checkbox"/> Unknown				<input type="checkbox"/> SW (Surface Water) <input type="checkbox"/> MunSewEff (Muni. Sewage Effluent) <input type="checkbox"/> StmW (Stormwater) <input type="checkbox"/> Unknown				<input type="checkbox"/> SW (Surface Water) <input type="checkbox"/> MunSewEff (Muni. Sewage Effluent) <input type="checkbox"/> StmW (Stormwater) <input type="checkbox"/> Unknown			
Relative Depth	<input type="checkbox"/> Surface <input type="checkbox"/> Mid-Water <input type="checkbox"/> Near Bottom				<input type="checkbox"/> Surface <input type="checkbox"/> Mid-Water <input type="checkbox"/> Near Bottom				<input type="checkbox"/> Surface <input type="checkbox"/> Mid-Water <input type="checkbox"/> Near Bottom			
Start/End Depth	/				/				/			
Start Date/Time	<input type="checkbox"/> EDT <input type="checkbox"/> EST				<input type="checkbox"/> EDT <input type="checkbox"/> EST				<input type="checkbox"/> EDT <input type="checkbox"/> EST			
End Date/Time	<input type="checkbox"/> EDT <input type="checkbox"/> EST				<input type="checkbox"/> EDT <input type="checkbox"/> EST				<input type="checkbox"/> EDT <input type="checkbox"/> EST			
Gear Type	<input type="checkbox"/> Water Bottle <input type="checkbox"/> Tygon Tube <input type="checkbox"/> Sampling Pole <input type="checkbox"/> Auto Sampler <input type="checkbox"/> Van Dorn <input type="checkbox"/> Other <input type="checkbox"/> Basket <input type="checkbox"/> N/A				<input type="checkbox"/> Water Bottle <input type="checkbox"/> Tygon Tube <input type="checkbox"/> Sampling Pole <input type="checkbox"/> Auto Sampler <input type="checkbox"/> Van Dorn <input type="checkbox"/> Other <input type="checkbox"/> Basket <input type="checkbox"/> N/A				<input type="checkbox"/> Water Bottle <input type="checkbox"/> Tygon Tube <input type="checkbox"/> Sampling Pole <input type="checkbox"/> Auto Sampler <input type="checkbox"/> Van Dorn <input type="checkbox"/> Other <input type="checkbox"/> Basket <input type="checkbox"/> N/A			
Gear Serial #												
Composite (Type)	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Flow <input type="checkbox"/> Time <input type="checkbox"/> Depth				<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Flow <input type="checkbox"/> Time <input type="checkbox"/> Depth				<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Flow <input type="checkbox"/> Time <input type="checkbox"/> Depth			
Field Lat/Long	/				/				/			
Field Lat/Long Method	<input type="checkbox"/> GETAC F110 Tablet <input type="checkbox"/> Other: <input type="checkbox"/> Handheld GPS				<input type="checkbox"/> GETAC F110 Tablet <input type="checkbox"/> Other: <input type="checkbox"/> Handheld GPS				<input type="checkbox"/> GETAC F110 Tablet <input type="checkbox"/> Other: <input type="checkbox"/> Handheld GPS			
Sample Notes												
Bottle Group	Planned	Collected	Preserved In Field	Filtered In Field	Planned	Collected	Preserved In Field	Filtered In Field	Planned	Collected	Preserved In Field	Filtered In Field
Bacteria (B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N
Nutrient (N)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N
Nutrient (N2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N
Metals (M)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> HNO <sub>3</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> HNO <sub>3</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> HNO <sub>3</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N
Chloride (CL)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
OrgCarb (OC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> H <sub>3</sub> PO <sub>4</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> H <sub>3</sub> PO <sub>4</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> H <sub>3</sub> PO <sub>4</sub>	<input type="checkbox"/> Y <input type="checkbox"/> N
Nutrient (N3)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
Solids (S)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
Chl a (I)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
Color/Turb (R)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N

