

WIND DIR. CODES		
N = 1 S = 5 NE = 2 SW = 6 E = 3 W = 7 SE = 4 NW = 8 no wind, enter 0	LAKE _____	TOWN _____
	STATION DESCRIPTION _____	COUNTY _____

STATION: LAT _____	LONG _____	DATUM _____	ACCURACY _____	ON TARGET? Y / N		
LAKE	MIDAS	STATION	MONITORS 1 & 2 (Last name, First name)	PROJECT		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	E I 0 3		
MONTH	DAY	YEAR	MILITARY TIME	WIND VELOCITY	WIND DIRECTION	SKY CONDITION AT TIME OF SECCHI READINGS - CIRCLE ONE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	B C O Bright (shadows) Cloudy Bright Overcast

DIRECTIONS: Use this form when obtaining Temp./D.O. profiles. Please fill out completely. Please indicate missing data by filling spaces with 9s. PLEASE HELP US AVOID DUPLICATE DATA IN THE DATASET BY ENTERING SECCHI DATA ON ONLY ONE FORM.	SCOPE TYPE CODES: 1 = None 2 = Flat glass, no mask 3 = Slant glass, no mask 4 = Slant glass & mask 5 = Flat glass & mask 6 = 6" diameter slant glass & mask	SECCHI (meters) <input type="text"/> <input type="text"/>	SCOPE TYPE <input type="text"/> <input type="text"/>	DISK HIT BOT? <input type="text"/> <input type="text"/>	MONITOR'S QA CERTIFICATION # <input type="text"/> <input type="text"/>	READING # (1, 2 etc) <input type="text"/> <input type="text"/>
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TEMPERATURE / DISSOLVED OXYGEN PROFILES	PLEASE CIRCLE D.O. METHOD:	Titration: Hach Kit Lamotte Kit Other Kit: _____	Meter (enter model): YSI Meter _____ Hach Meter _____ Other Meter: _____	METER ID#: _____
CIRCLE DEPTH UNITS: <input type="text"/> METERS / FEET	CIRCLE TEMP. UNITS: <input type="text"/> CENT. / FAREN.			<input type="checkbox"/> Check for D.O. meter calibration

DEPTH	WATER TEMP	OXYGEN (mg/l)	DEPTH	WATER TEMP	OXYGEN (mg/l)	DEPTH	WATER TEMP	OXYGEN (mg/l)
0.	<input type="text"/>	<input type="text"/>	11.	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
1.	<input type="text"/>	<input type="text"/>	12.	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	13.	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	14.	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	15.	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>

Required QA/QC Dups (1 for every 10)		
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

BOTTOM: _____ CORE DEPTH: _____ CHL. #: _____ TP #: _____ AIR TEMP: _____ C / F	PLEASE DATE & INITIAL
COMMENTS: SIGNATURE: _____	Checked - -
	Entered - -
	Proofed - -

