

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 _____
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STATION: LAT _____	LONG _____	DATUM _____	ACCURACY _____	ON TARGET? Y / N
LAKE <input style="width:50px; height:20px;" type="text"/>	MIDAS <input style="width:50px; height:20px;" type="text"/>	STATION <input style="width:50px; height:20px;" type="text"/>	MONITORS 1 & 2 (Last name, First name) <input style="width:100%; height:20px;" type="text"/>	
				PROJECT <input style="width:50px; height:20px;" type="text"/>
MONTH <input style="width:30px; height:20px;" type="text"/>	DAY <input style="width:30px; height:20px;" type="text"/>	YEAR <input style="width:30px; height:20px;" type="text"/>	MILITARY TIME <input style="width:30px; height:20px;" type="text"/>	WIND VELOCITY <input style="width:30px; height:20px;" type="text"/>
			WIND DIRECTION <input style="width:30px; height:20px;" type="text"/>	SKY CONDITION AT TIME OF SECCHI READINGS - CIRCLE ONE
				<input type="radio"/> B <input type="radio"/> C <input type="radio"/> O <small>Bright (shadows) Cloudy Bright Overcast</small>

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 style="width:50px; height:20px;" type="text"/> <input style="width:50px; height:20px;" type="text"/>	SCOPE TYPE <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	DISK HIT BOT? <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	MONITOR'S QA CERTIFICATION # <input style="width:50px; height:20px;" type="text"/> <input style="width:50px; height:20px;" type="text"/>	READING # (1, 2 etc) <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
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TEMPERATURE / DISSOLVED OXYGEN PROFILES CIRCLE DEPTH UNITS: <input style="width:50px; height:20px;" type="text"/> METERS / FEET CIRCLE TEMP. UNITS: <input style="width:50px; height:20px;" type="text"/> CENT. / FAREN.	PLEASE CIRCLE D.O. METHOD: Titration: _____ Hach Kit _____ Lamotte Kit _____ Other Kit: _____ Meter (enter model): _____ YSI Meter _____ Hach Meter _____ Other Meter: _____ METER ID#: _____ <input type="checkbox"/> Check for D.O. meter calibration
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DEPTH	WATER TEMP	OXYGEN (mg/l)	DEPTH	WATER TEMP	OXYGEN (mg/l)	DEPTH	WATER TEMP	OXYGEN (mg/l)
0.	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	11.	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	.	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>
1.	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	12.	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	.	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>
2.	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	13.	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	.	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>
3.	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	14.	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	.	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>
4.	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	15.	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	.	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>
5.	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	.	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	.	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>
6.	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	.	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	.	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>
7.	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	.	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	.	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>
8.	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	.	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	.	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>
9.	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	.	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	.	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>
10.	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	.	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>	.	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>

Required QA/QC Dups (1 for every 10)		
.	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>
.	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>
.	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>
.	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>
.	<input style="width:50px; height:20px;" type="text"/>	<input style="width:50px; height:20px;" type="text"/>

BOTTOM: _____ CORE DEPTH: _____ CHL. #: _____ TP #: _____ AIR TEMP: _____ C / F	PLEASE DATE & INITIAL <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Checked</td> <td style="width:20%;">-</td> <td style="width:20%;">-</td> <td style="width:40%;"></td> </tr> <tr> <td>Entered</td> <td>-</td> <td>-</td> <td></td> </tr> <tr> <td>Proofed</td> <td>-</td> <td>-</td> <td></td> </tr> </table>	Checked	-	-		Entered	-	-		Proofed	-	-	
Checked	-	-											
Entered	-	-											
Proofed	-	-											
COMMENTS:													
SIGNATURE:													