

LAKE: _____ STATION: _____ TOWN: _____ COUNTY: _____

INSTRUCTIONS: Obtain a minimum of two readings each month for five months. Use more than one line to record multiple readings obtained on the same day (e.g., scope comparisons, more than one monitor, or required QA readings). Please fill out form completely. Refer to codes at bottom of this page for wind direction and scope type.

LAKE	MIDAS	STATION	CERTIFIED MONITORS (Last name, First name)	PROJECT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	E I O 3
<input type="text"/>				

MONTH	DAY	YEAR	MILITARY TIME	WIND VELOC. DIR. <small>see note below</small>	CIRCLE ONE:			SECCHI (meters)	SCOPE TYPE	DID DISK HIT BOT? Y/N	QA Certification # of person taking reading (first 2 letters of last name you had when joining VLMP plus 4 digit number)	On two dates each year, please take two readings and record as Reading #1 & 2.	TP Surf. Grab (ppb)	Gloco Category (0-6; Refer to Visual Aid)
					Bright (shadows)	Cloudy	Bright Overcast							
		20			B	C	O							
		20			B	C	O							
		20			B	C	O							
		20			B	C	O							
		20			B	C	O							
		20			B	C	O							
		20			B	C	O							
		20			B	C	O							

WIND VELOCITY ESTIMATES: (Please enter a single number, not a range of numbers)

MPH	EFFECTS OF WIND ON WATER	EFFECTS OF WIND ON LAND
0 - 7	Smooth/small wavelets	Leaves rustle, wind on face
8 - 11	Large wavelets, scattered whitecaps	Leaves and twigs in constant motion, flag waving
12 - 16	Small waves, frequent whitecaps	Raises dust and loose paper, small branches moving
17 - 24	Mod. Crested waves, many whitecaps	Small trees begin to sway
25 - 35	Large waves, foam, blown spray	Whole trees in motion

WIND DIRECTION

N = 1	SE = 4	W = 7
NE = 2	S = 5	NW = 8
E = 3	SW = 6	no wind = 0

SCOPE TYPE

- 1 = No scope used
- 2 = Flat glass, no mask
- 3 = Slant glass, no mask
- 4 = Slant glass & mask
- 5 = Flat glass & mask
- 6 = 6" diameter slant glass & mask

Indicate TP Lab Used:
 HETL: _____ Other: _____

COMMENTS: _____

Signature: _____

DATA PROCESSING STAFF ONLY
 Please Enter Date & Initials
 When Task is Complete.

Task	Date	Initials
Checked	- -	
Entered	- -	
Proofed	- -	