



550 E. 1st St. #103 Whitefish, MT 59937 Phone: 406.862.4327 www.nmln.info

WATER QUALITY DATA COLLECTION FORM FOR VOLUNTEER MONITORS

| | | | | | |
|---|--|---|--|---|--|
| First name | | Last name | | Site | |
| Lake name | | | | Time: (hh:mm) _____:_____ <input type="radio"/> am <input type="radio"/> pm | |
| Date: (mm/dd/yy) ____/____/____ | | | | Water temperature _____ <input type="radio"/> F <input type="radio"/> C | |
| Lake depth (if known) _____ <input type="radio"/> feet <input type="radio"/> meters | | | | Weather conditions | |
| Water conditions | | | | Weather conditions | |
| 1. Water color appears: | | | | 1. Secchi disc measured in: | |
| <input type="radio"/> Clear | | <input type="radio"/> Green | | <input type="radio"/> Strong sunlight | |
| <input type="radio"/> Brown | | <input type="radio"/> Yellow | | <input type="radio"/> Hazy sunlight | |
| <input type="radio"/> Gray | | <input type="radio"/> Blue-Green | | <input type="radio"/> Bright clouds | |
| | | | | <input type="radio"/> Overcast | |
| 2. The amount of suspended sediment is: | | | | 2. The air temperature is: | |
| <input type="radio"/> None | | <input type="radio"/> Moderate | | <input type="radio"/> Cold (<40F) | |
| <input type="radio"/> Minimal | | <input type="radio"/> Substantial | | <input type="radio"/> Cool ((41-60F) | |
| | | | | <input type="radio"/> Warm (61-80F) | |
| | | | | <input type="radio"/> Hot (81-90F) | |
| | | | | <input type="radio"/> Very hot (>90F) | |
| 3. The amount of suspended algae is: | | | | 3. The wind conditions are: | |
| <input type="radio"/> None | | <input type="radio"/> Moderate | | <input type="radio"/> Calm | |
| <input type="radio"/> Minimal | | <input type="radio"/> Substantial | | <input type="radio"/> Breezy | |
| | | | | <input type="radio"/> Strong | |
| 4. The amount of waterfowl activity is: | | | | 4. The wind is generally from: | |
| <input type="radio"/> None | | <input type="radio"/> Moderate | | <input type="radio"/> North | |
| <input type="radio"/> Minimal | | <input type="radio"/> Substantial | | <input type="radio"/> South | |
| | | | | <input type="radio"/> East | |
| | | | | <input type="radio"/> West | |
| 5. The odor of the water is: | | | | 5. The water surface is/has: | |
| <input type="radio"/> None | | <input type="radio"/> Musty | | <input type="radio"/> Calm | |
| <input type="radio"/> Fishy | | <input type="radio"/> Rotten egg-like | | <input type="radio"/> Ripple waves | |
| <input type="radio"/> Septic-like | | | | <input type="radio"/> Small waves | |
| | | | | <input type="radio"/> Moderate waves | |
| | | | | <input type="radio"/> White caps | |
| 6. Other observed substances: | | | | 6. The lake level is: | |
| <input type="radio"/> None | | <input type="radio"/> Algae mats | | <input type="radio"/> Below normal | |
| <input type="radio"/> Dead fish | | <input type="radio"/> Algae clumps | | <input type="radio"/> Normal | |
| <input type="radio"/> Pollen | | <input type="radio"/> Sediment clumps | | <input type="radio"/> Above normal | |
| <input type="radio"/> Oily-film | | <input type="radio"/> Leaves/debris | | <input type="radio"/> Measured | |
| | | | | <input type="radio"/> Feet <input type="radio"/> Meters | |
| | | | | | |
| Secchi Disc: | | Disappear _____ <input type="radio"/> Feet <input type="radio"/> Meters | | Average _____ <input type="radio"/> Feet <input type="radio"/> Meters | |
| | | Reappear _____ <input type="radio"/> Feet <input type="radio"/> Meters | | | |
| | | <input type="checkbox"/> Check here is Secchi still visible at bottom | | | |
| Did you find evidence of aquatic invasive species? If YES or NOT SURE, please go online and submit AIS Form. Thank you! | | | | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure | |
| Please list the number of hours it took for field sampling and administrative tasks for this trip (to be used as a cost share for future grants). | | | | Time: (hh) _____ (round to nearest hour) | |
| Comments: <small>(please limit your comments to 500 characters or less)</small> | | | | | |
| PLEASE MAIL YOUR COMPLETED FORM TO THE ADDRESS LISTED AT TOP OF PAGE. | | | | | |