

LMVP Data Sheet

Lake Name _____ Date _____

Volunteers _____ (names)

Site Number _____

Time _____

Lake Depth (feet) _____

Latitude _____

Longitude _____

OPTIONAL

In the Field

Water Temperature (°F) _____ Secchi Depth (inches) _____

Wave Condition (circle one): Calm Rippled Choppy Rough

In the "Lab"

Nutrient Bottle _____ Write Site # and date on bottle
(check box when filled)

TWO Chlorophyll Filters 1.) _____ (enter volume)

2.) _____ (enter volume)

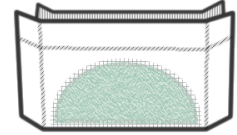
TWO TSS Filters 1.) _____ (filter number) _____ (volume)
if you are filtering TSS

2.) _____ (filter number) _____ (volume)

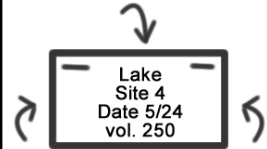
Filter number is written on TSS filter house. Do not alter the filter number!

Filter Folding

Fold filter and "filter house" in half



Fold the sides back,
Fold the top down,
Staple the corners



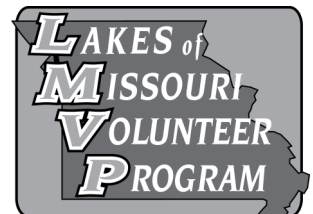
Don't staple the filter!

Comments (lake condition, weather, etc)

Hours and Miles (for grant requirements)

Miles driven/boated _____
(round trip)

_____ X _____ = _____
(# of hours) (# of volunteers) (Total hours)



Please use this box only if sampling on the *same day* as indicated on the other side of this sheet. Otherwise, use a new sheet.

Site Number _____	Time _____	Date _____		
OPTIONAL: Lake Depth (ft) _____	Latitude _____	Longitude _____		
In the Field				
Water Temperature (°F) _____	Secchi Depth (inches) _____			
Waves (circle one):	Calm	Rippled	Choppy	Rough
In the "Lab"				
Nutrient Bottle _____	Write Site # and date on bottle (check box when filled)			
<u>TWO</u> Chlorophyll Filters	1.) _____ #	2.) _____ (enter <u>volume</u> for each filter)		
<u>TWO</u> TSS Filters	1.) _____ #	_____ vol.	Enter <u>filter number</u> and <u>volume</u> for each TSS filter	
if you are filtering TSS	2.) _____ #	_____ vol.		

Please use this box only if sampling on the *same day* as indicated on the other side of this sheet. Otherwise, use a new sheet.

Site Number _____	Time _____	Date _____		
OPTIONAL: Lake Depth (ft) _____	Latitude _____	Longitude _____		
In the Field				
Water Temperature (°F) _____	Secchi Depth (inches) _____			
Waves (circle one):	Calm	Rippled	Choppy	Rough
In the "Lab"				
Nutrient Bottle _____	Write Site # and date on bottle (check box when filled)			
<u>TWO</u> Chlorophyll Filters	1.) _____ #	2.) _____ (enter <u>volume</u> for each filter)		
<u>TWO</u> TSS Filters	1.) _____ #	_____ vol.	Enter <u>filter number</u> and <u>volume</u> for each TSS filter	
if you are filtering TSS	2.) _____ #	_____ vol.		