

# 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) \_\_\_\_\_

Algal Toxin Sample Collected? (circle one) Yes No (also label bottle)

Wave Condition (circle one): Calm Rippled Choppy Rough

## In the "Lab"

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

TWO Chlorophyll Filters 1.) \_\_\_\_\_ (enter volume)

2.) \_\_\_\_\_ (enter volume)

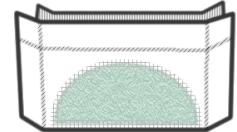
TWO TSS Filters 1.) \_\_\_\_\_ (volume)  
(if filtering TSS) (filter number)

2.) \_\_\_\_\_ (volume)  
(filter number)

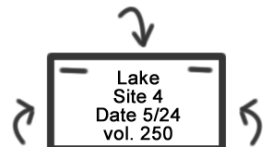
Filter number is written on TSS filter house. Do not alter the filter number!

## Filter Folding

Fold filter and "filter house" in half



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



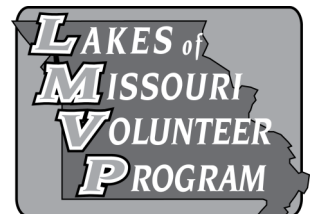
Don't staple the filter!

## 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.

<b>Site Number</b> _____	<b>Time</b> _____	<b>Date</b> _____
<b>OPTIONAL:</b> Lake Depth (ft) _____	Latitude _____	Longitude _____
<b>In the Field</b>		
Water Temp (°F) _____	Secchi (inches) _____	Algal Toxin Sample? <u>Y</u> / <u>N</u>
Waves (circle one):	Calm Rippled	Choppy      Rough
<b>In the "Lab"</b>		
Nutrient Bottle	<input type="checkbox"/>	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 filtering TSS	2.) _____ # _____ vol.	

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<b>Site Number</b> _____	<b>Time</b> _____	<b>Date</b> _____
<b>OPTIONAL:</b> Lake Depth (ft) _____	Latitude _____	Longitude _____
<b>In the Field</b>		
Water Temp (°F) _____	Secchi (inches) _____	Algal Toxin Sample? <u>Y</u> / <u>N</u>
Waves (circle one):	Calm Rippled	Choppy      Rough
<b>In the "Lab"</b>		
Nutrient Bottle	<input type="checkbox"/>	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 filtering TSS	2.) _____ # _____ vol.	