



CHLOROPHYLL 2024 Data Form 1



Lake Name: _____ County: _____ Township: _____

Lake Sampling Site (Field ID) Number: _____ (see reverse and mark location on map)
Circle

Latitude: _____ Longitude: _____ GPS / Map

Volunteer Monitor Name(s): _____

Sampling Event #1 (May)

Date Sampled: _____ Time: _____

Secchi Depth : _____ (feet)

Composite Sample Depth: _____ (feet)

Weather Conditions (sunny, cloudy, windy, etc.): _____

Unusual Conditions (heavy rain, boating, etc.): _____

Filtering Sample (if 50 cc could not be filtered for this sample, indicate amount filtered):

Sample 1: _____ (cc) Sample 2: _____ (cc)

Sampling Event #2 (June)

Date Sampled: _____ Time: _____

Secchi Depth : _____ (feet)

Composite Sample Depth: _____ (feet)

Weather Conditions (sunny, cloudy, windy, etc.): _____

Unusual Conditions (heavy rain, boating, etc.): _____

Filtering Sample (if 50 cc could not be filtered for this sample, indicate amount filtered):

Sample 1: _____ (cc) Sample 2: _____ (cc)

Lake Name, County, and Field ID number: _____

- ❖ In the box below, draw an outline of your lake (i.e., lake map). Or attach a copy of a lake map.
- ❖ On the lake map, mark your chlorophyll sampling location (this should be at the deepest location in your lake) and write the LAKE DEPTH at this location.
- ❖ Surface Area of Lake (if known): _____ (acres)

North
↑

DATA ENTRY

If you can, please enter your data into the MiCorps Data Exchange by October 31st.

DATA SHEET AND SAMPLE TURN IN

Please do the following:

- (1) Make a copy of your field data sheets to keep for your records
- (2) Put **one copy** in a baggie to keep it dry
- (3) Deliver the frozen chlorophyll samples together with the data sheet to the designated drop-off location on the designated turn-in dates (refer to Chlorophyll Sampling Schedule).