

## CHLOROPHYLL 2024 Data Form 2



Lake Name:	County:	Towns	ship:	
Lake Sampling Site (Field ID) Number	:	(see reverse and mark location on map		
Latitude:	Longitu	Longitude:		
Volunteer Monitor Name(s):				
Sampling Event #3 (July)	Date San	npled:	Time:	
Secchi Depth :(feet)	Composite Samp	ole Depth:	_(feet)	
Weather Conditions (sunny, cloudy, wind	dy, etc.):			
Unusual Conditions (heavy rain, boating,	etc.):			
Filtering Sample (if 50 cc could not be filt	ered for this sample, ind	icate amount filtered	i):	
Sample 1: (cc) Samp	ole 2: (cc)			
Sampling Event #4 (August)	Date Sam	npled:	d mark location on map	
Secchi Depth :(feet)	Composi	te Sample Depth:	(feet)	
Weather Conditions (sunny, cloudy, wind	dy, etc.):			
Unusual Conditions (heavy rain, boating,	etc.):			
Filtering Sample (if 50 cc could not be filt	ered for this sample, ind	icate amount filtered	i):	
Sample 1: (cc) Samp	ale 2: (cc)			
Sampling Event #5 (Sept or Aug	Date Sampled:	Tim	ne:	
Secchi Depth :(feet)	Composi	te Sample Depth:	(feet)	
Weather Conditions (sunny, cloudy, wind	dy, etc.):			
Unusual Conditions (heavy rain, boating,	etc.):			
Filtering Sample (if 50 cc could not be filt	•		i):	

In the box below draw an outline of your la	ike (i.e., lake map). Or attach a copy of a lake n	nap.
On the lake map, mark your chlorophyll sain your lake) and write the LAKE DEPTH at t	mpling location (this should be at the deepest labels this location.	loca
Surface Area of Lake (if known):	(acres)	
North		
<b>^</b>		

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).