



Michigan Clean
Water Corps

SECCHI DISK TRANSPARENCY 2024 Data Form



Cooperative Lakes
Monitoring Program

Lake Name: _____ County: _____ Township: _____

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

Latitude: _____ Longitude: _____

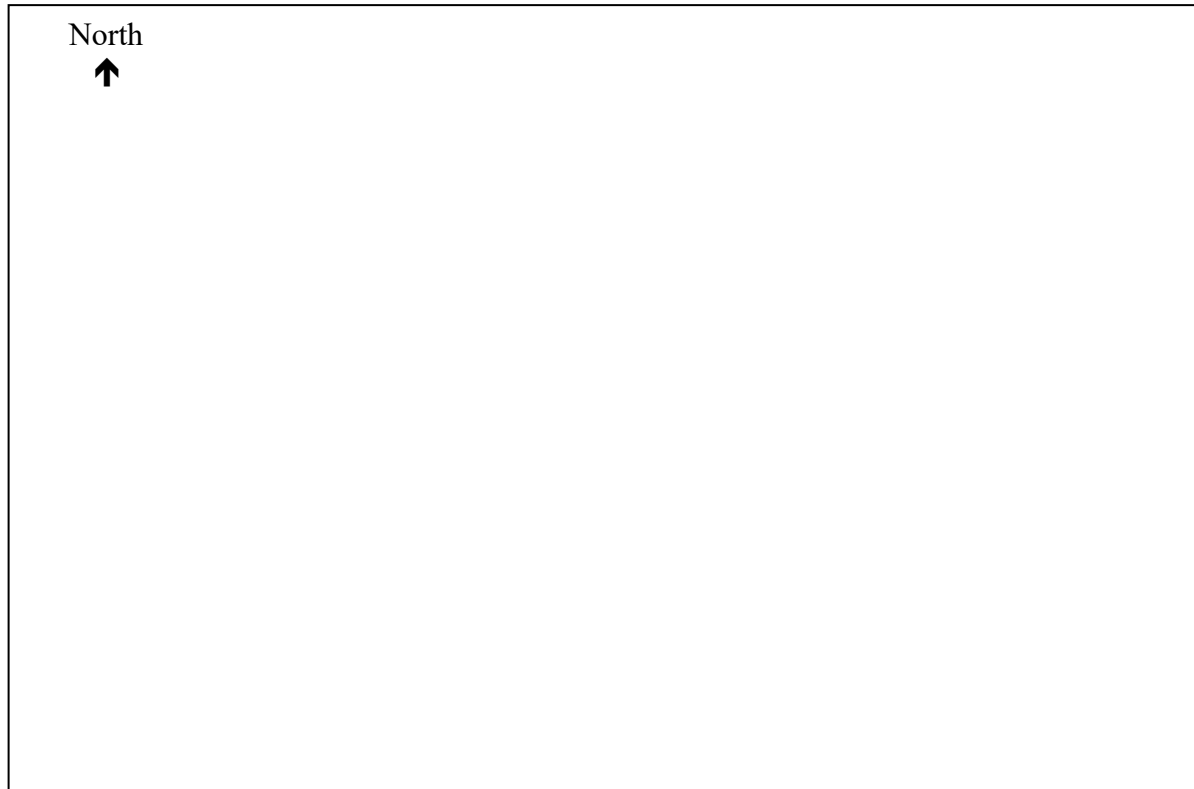
Volunteer Monitor Name(s): _____

WEEKLY SAMPLING INTERVAL	DATE SAMPLED	TIME OF DAY	SECCHI DEPTH (to nearest ½ foot)	WEATHER CONDITIONS (sunny, cloudy, windy)	UNUSUAL CONDITIONS (Secchi disk on bottom of lake, heavy rain, boating, etc.)
May 12-18					
May 19-25					
May 26-June 1					
June 2-8					
June 9-15					
June 16-22					
June 23-29					
June 30-July 6					
July 7-13					
July 14-20					
July 21-27					
July 28- Aug 3					
Aug 4-10					
Aug 11-17					
Aug 18-24					
Aug 25-31					
Sept 1-7					
Sept 8-14					
Sept 15-21					

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 Secchi disk sampling location (this should be at the deepest location in your lake) and write the LAKE DEPTH at this location (not Secchi depth).
- ❖ 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 TURN IN Protocol

Please do the following:

- (1) Make a copy of your field data sheets to keep for your records
- (2) Mail one copy by October 31st to: **MLSA, P.O. Box 303, Long Lake, MI 48743**
 - a. OR, for electronic submission, send to: MiCorps@msu.edu