

Lake Name _____

Date _____

CSLAP FIELD OBSERVATIONS FORM- LAKE PERCEPTION

(A) PLEASE CIRCLE THE ONE NUMBER THAT BEST DESCRIBES THE PHYSICAL CONDITION OF THE LAKE WATER TODAY:

1. Crystal clear water
2. Not quite crystal clear- a little algae visible
3. Definite algae greenness, yellowness, or brownness apparent
4. High algae levels with limited clarity and/or mild odor apparent
5. Severely high algae levels with one or more of the following: massive floating scums or streaks on lake or washed up on shore, strong foul odor, fish kills

(B) PLEASE CIRCLE THE ONE NUMBER THAT BEST DESCRIBES THE AQUATIC PLANT POPULATIONS IN AREAS WHERE PEOPLE SWIM AND BOAT TODAY:

1. No plants visible from the lake surface
2. Some plants are visible underwater, but do not grow to the lake surface
3. Some plants grow to the lake surface
4. There is dense plant growth at the lake surface
5. Dense plant growth completely covers the lake surface except in the deepest areas

(C) PLEASE CIRCLE THE ONE NUMBER THAT BEST DESCRIBES YOUR OPINION OF THE SUITABILITY OF THE LAKE FOR RECREATIONAL ENJOYMENT TODAY:

1. Beautiful, could not be nicer
2. Very minor aesthetic problems- excellent for swimming, boating, and overall use
3. Swimming and aesthetic enjoyment slightly impaired
4. Desire to swim and enjoy the lake substantially reduced, although the lake can be used
5. Swimming and aesthetic enjoyment of the lake impossible

(D) PLEASE CIRCLE ALL NUMBERS THAT AFFECT YOUR OPINION OF RECREATIONAL USE OF THE LAKE TODAY:

0. No problems observed
1. Poor water clarity and/or water color, including turbid water
2. Excessive weed growth (circle all that apply: emergent plants, floating plants, submergent plants)
3. Too much algae and/or odor
4. The lake looks bad
5. Poor weather (windy, overcast, water too cold, etc.)
6. Litter, surface debris, other beached or floating material, including foam and pollen
7. Too many lake users (circle all that apply: boaters, swimmers, jet skiers, other)
8. Other _____

TURN OVER FOR HEALTH AND SAFETY QUESTIONS

Lake Name _____

Date _____

CSLAP FIELD OBSERVATIONS FORM- HEALTH AND SAFETY

(F) DO YOU OBSERVE OR HAVE YOU BEEN MADE AWARE OF ANY OF THE FOLLOWING PROBLEMS AT THIS TIME (PLEASE CIRCLE ALL THAT APPLY)?

0. None of the below
1. Complaints about taste or odor in the drinking water (if the lake is used for drinking)
2. Lake residents who use the lake for drinking or swimmers complaining of gastrointestinal (stomach) illness or animals showing signs of illness from drinking lake water
3. Swimmers complaining of itching or redness, particularly in the lower extremities (swimmers itch), or hay fever-like symptoms
4. Observations of algae blooms or other water discoloration (describe _____)
5. Dead fish (approximate number _____)
6. Unusual wildlife occurrence (leeches, bryozoans, etc) or behavior (fish gasping for air at surface, etc.) (Describe _____)
7. Other _____

Lake location of these occurrences _____

(G) DO YOU OBSERVE OR HAVE YOU BEEN MADE AWARE OF ANY OF THE FOLLOWING PROBLEMS SINCE YOUR LAST SAMPLING SESSION (PLEASE CIRCLE ALL THAT APPLY)?

0. None of the below
1. Complaints about taste or odor in the drinking water (if the lake is used for drinking)
2. Lake residents who use the lake for drinking or swimmers complaining of gastrointestinal (stomach) illness or animals showing signs of illness from drinking lake water
3. Swimmers complaining of itching or redness, particularly in the lower extremities (swimmers itch) or hay fever-like symptoms
4. Observations of algae blooms or other water discoloration (describe _____)
5. Dead fish (approximate number _____)
6. Unusual wildlife occurrence (leeches, bryozoans, etc) or behavior (fish gasping for air at surface, etc.) (Describe _____)
7. Other _____

Lake location of these occurrences _____

Date/Time of observation _____

TURN OVER FOR LAKE PERCEPTION QUESTIONS