CSLAP SAMPLING RECORD FORM

SECTION 1

LAKE NAME	COUNTY	SESSION ID	DATE
		16-____-0___	

SAMPLER(S)

Sample Collection: _____

Secchi Readings: _____

NAMES OF OTHERS WHO ASSISTED TODAY: (Please be sure to send a waiver form for every person)

_____

_____

SECTION 2 – SOUNDING & SECCHI DEPTHS

SOUNDING DEPTH (The total depth of the lake at your sampling location) _____meters

SECCHI READINGS

Reading (1): Disk Lowered Until It Disappears _____meters (on bottom?) YES* NO

Reading (2): Disk Raised Until It Reappears _____meters (on bottom?) YES* NO

* If you circled YES, your Secchi Reading should equal the Sounding Depth above.

SECTION 3 – TIME & TEMPERATURE

TIME (Military Preferred)	AIR TEMPERATURE	WATER SAMPLING DEPTH:	WATER TEMPERATURE
AM ☐	°C	SURFACE SAMPLE _____meters	Surface _____°C
PM ☐		DEEP SAMPLE (if applicable) _____meters*	Deep _____°C
		***H2S ODOR in DEEP SAMPLE (if applicable)?** ____**YES** ____**NO**	

SECTION 4 – WEATHER

CURRENT WEATHER CONDITIONS:

WIND TODAY: CALM MODERATE WINDY

SKY TODAY: CLEAR PARTLY CLOUDY OVERCAST RAINY

WEATHER CONDITIONS OVER THE PAST WEEK:

WIND: CALM MODERATE WINDY

SKY: CLEAR PARTLY CLOUDY OVERCAST RAINY

ANY UNUSUAL WEATHER CONDITIONS? (Major storms, record setting temperatures, etc. Please include date.) Please indicate wind direction.

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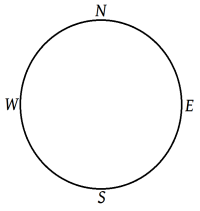

Comments

Please describe any unusual water quality issues; invasive species observations; aquatic plant (or other) management activities taking place on the lake. **We also encourage you to take a digital photograph of any unusual conditions and e-mail them to fola@nysfola.org & scott.kishbaugh@dec.ny.gov or include a copy with your samples (in a separate plastic bag, please).**

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Initials: _____ CHECK HERE IF PHOTO SENT ☐