


CSLAP SAMPLING RECORD FORM

PLEASE PRINT LEGIBLY

SECTION 1 - GENERAL

LAKE NAME AND SITE # (IF APPLICABLE)	COUNTY	CSLAP ROUND #	DATE
SAMPLER(S) Sample Collection: _____ Secchi Readings: _____			
NAMES OF OTHERS WHO ASSISTED TODAY <u>Please be sure to send a waiver form for every person</u>			

SECTION 2 - SECCHI DEPTH & LAKE INFORMATION

SOUNDING DEPTH _____ meters NOTE: The depth to the bottom of the lake at your sampling location.	LAKE LEVEL <input type="checkbox"/> High <input type="checkbox"/> Normal <input type="checkbox"/> Low
READING 1: Secchi Disk Lowered Until it Disappears _____ meters On bottom? <input type="checkbox"/> Yes <input type="checkbox"/> No	
READING 2: Secchi Disk Raised Until it Reappears _____ meters On bottom? <input type="checkbox"/> Yes <input type="checkbox"/> No	
NOTE: The Secchi readings should never be deeper than the Sounding Depth.	

SECTION 3 - SAMPLE TIME & TEMPERATURE

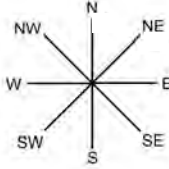
TIME (Military Preferred) AM <input type="checkbox"/> PM <input type="checkbox"/>	AIR TEMPERATURE _____ °C	WATER SAMPLING DEPTH Surface Sample _____ meters Deep Sample (if applicable) _____ meters*	WATER TEMPERATURE Surface _____ °C Deep _____ °C
SULFUR ODOR IN DEEP SAMPLE: If applicable, is there a sulfur odor in your deep sample? <input type="checkbox"/> Yes <input type="checkbox"/> No			

SECTION 4 - HARMFUL ALGAL BLOOM OBSERVATIONS

See HAB Reference Images

CONDITIONS OBSERVED AT CSLAP SITE	<input type="checkbox"/> A. Spilled Paint	<input type="checkbox"/> B. Pea Soup	<input type="checkbox"/> C. Streaks	<input type="checkbox"/> D. Green Dots or Clumps
NOTE: Document shoreline HAB conditions (bloom and no bloom) on the shoreline HAB survey form.	<input type="checkbox"/> E. Bubbling Scum	<input type="checkbox"/> F. Slight Green or Brown Tint	<input type="checkbox"/> G. Duckweed or Watermeal	<input type="checkbox"/> H. Other _____
	<input type="checkbox"/> I. No Evidence of Bloom			

SECTION 5 - WEATHER

CURRENT WEATHER CONDITIONS	WIND TODAY: <input type="checkbox"/> Calm <input type="checkbox"/> Moderate <input type="checkbox"/> Windy	
	SKY TODAY: <input type="checkbox"/> Clear <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Overcast <input type="checkbox"/> Rainy	
WEATHER CONDITIONS OVER THE PAST WEEK	WIND: <input type="checkbox"/> Calm <input type="checkbox"/> Moderate <input type="checkbox"/> Windy	
	SKY: <input type="checkbox"/> Clear <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Overcast <input type="checkbox"/> Rainy	
CURRENT WIND DIRECTION	<input type="checkbox"/> No wind <input type="checkbox"/> Variable <input type="checkbox"/> Indicate direction with arrow	
UNUSUAL WEATHER CONDITIONS (Major storms, record setting temperatures, etc. Please include date.)	_____	

SECTION 6 - COMMENTS

Please describe 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 the photo(s) to foia@nysfoia.org & stephanie.june@dec.ny.gov or include a copy in a separate plastic bag with your samples.

Initials: _____

CHECK HERE IF PHOTO SENT