CSLAP SAMPLING RECORD FORM

SECTION 1

LAKE NAME	COUNTY	DATE

SAMPLER(S)

_____(Sample Collection)

_____ (Secchi Readings)

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

_____

_____

_____

SOUNDING DEPTH (The total depth of the lake at your sampling location) _____ **meters**

SECTION 2 - SECCHI DISK

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

SECTION 4

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 the date.)

_____

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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 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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***H2S ODOR in DEEP SAMPLE (if applicable)? _____YES _____NO**

Initials: _____ CHECK HERE IF PHOTO SENT ☐