

Lake Data Sheet

OLMS / OEPA Division of Surface Water Volunteering Monitoring Program

QDC¹ Name _____ QDC # _____

Monitor Name _____ Phone # _____

Lake Name _____ Date: _____

When applicable. Some volunteers will have multiple sampling locations. Latitude and Longitude for each site location is required.

Site #__ Latitude/Longitude (in decimal degrees): _____⁰N / _____⁰W
 Site #__ Latitude/Longitude (in decimal degrees): _____⁰N / _____⁰W
 Site #__ Latitude/Longitude (in decimal degrees): _____⁰N / _____⁰W
 Site #__ Latitude/Longitude (in decimal degrees): _____⁰N / _____⁰W

Lat/Long Source (topozone, google, GPS unit, USGS map, etc.) _____

Please use checkmarks to indicate the following:

Cloud Cover: () Clear () Hazy () Few Clouds () Many Clouds () Overcast
 Rainfall Occurred: () Today () Yesterday () 2 days prior () 3 days prior
 Wind Direction: () None () N () NE () E () SE () S () SW () W () NW

Lake Data

Lake Level _____ Air Temperature (°F or °C) _____

Please record the following for each site you monitor (and be sure to indicate **(B)** if the disk is seen on the lake bottom).

Site #	Time (am/pm)	Secchi #1 (nearest inch)	Secchi #2 (nearest inch)	Secchi Average	Water Depth (nearest ½ ft)	Water Color (or Color #)	Water Temp (°F or °C)	Waves 1-4 **

** Waves from 1 to 4: 1-calm, 2-ripples, 3-moderate waves, 4-white cap

¹ Qualified Data Collection (State of Ohio, Credible Data Program, Chapter 3745-4 of the Administrative Code)
 [Type text]

Has recent rain or other factors made your site unusually turbid today? () Yes () No

Please describe any recent lake or watershed management techniques (i.e., dredging, chemicals, etc.)
 Type and Date: _____

Indicate with a checkmark whether the lake is suitable for the following purposes during the last two weeks (Please do not include impairment due to weather):

	Excellent, No Problems	Minor Problems	Slight Use Impairment	Substantial Impairment	Total Impair.
Overall Water Quality	()	()	()	()	()
Swimming	()	()	()	()	()
Boating	()	()	()	()	()
Fishing	()	()	()	()	()
Aesthetics	()	()	()	()	()

Indicate with a checkmark the problems on your lake during the last two weeks. Check all that apply.

Algae	()	()	()	()	()
Weeds	()	()	()	()	()
Silt Turbidity	()	()	()	()	()
Boat Congestion	()	()	()	()	()
Personal Watercraft	()	()	()	()	()
Trash	()	()	()	()	()
Other _____	()	()	()	()	()

Note: This section is for people participating in the Ohio Lake Management Society/
 Citizen Lake Assessment Monitoring (OLMS/CLAM) Program

CLAM Volunteer ID# _____

CLAM Lake ID# _____

Mail completed data sheets too:

CLAM & QDC Trainer
Carl Moore
Ohio Lake Management Society
P.O. Box 463
Kent, Ohio

[Type text]