

VOLUNTEER LAKE MONITORING PROGRAM-SECCHI MONITORING

DIRECTIONS: Anchor boat at each monitoring site. Fill out form as completely and neatly as possible.

Lake Name: Highland Date: 5/30/14
 County: Lake Lake Code: RTZP Telephone: 847-548-2401

Please list the First and Last names of ALL individuals that assisted with this monitoring trip

Volunteer Name(s): Mike Kelstrup

Site	Time 24 hr (hh:mm)	Secchi Transparency (in.)	Secchi Visible on Bottom?		Secchi Hidden by Plants?		Color	Total Depth (nearest 1/2 foot)	Aquatic Plants at Site (circle one)				D.O./Temp. taken?		
			Y	N	Y	N			1	2	3	4	Y	N	
1	10:32	68	Y	N	Y	N	17	31.-	0	1	2	3	4	Y	N
2	10:25	63	Y	N	Y	N	12	18.-	0	1	2	3	4	Y	N
3	10:56	57	Y	N	Y	N	12	5.-	0	1	2	3	4	Y	N
4	11:04	64	Y	N	Y	N	12	6.-	0	1	2	3	4	Y	N
5	:		Y	N	Y	N		.	0	1	2	3	4	Y	N
6	:		Y	N	Y	N		.	0	1	2	3	4	Y	N
7	:		Y	N	Y	N		.	0	1	2	3	4	Y	N
8	:		Y	N	Y	N		.	0	1	2	3	4	Y	N
9	:		Y	N	Y	N		.	0	1	2	3	4	Y	N

General Weather Conditions		Cloud Cover (check one)		Waves (check one)	
Amount of Rain in last 48 hrs: <u>0</u> inches	<input checked="" type="checkbox"/> Sunny	<input type="checkbox"/> Hazy	<input checked="" type="checkbox"/> Calm/Ripple	<input type="checkbox"/> Small	<input type="checkbox"/>
Wind is out of the: <u>East 6 mph</u>	<input type="checkbox"/> Partly Cloudy	<input type="checkbox"/> Overcast	<input type="checkbox"/> Moderate	<input type="checkbox"/> White caps	<input type="checkbox"/>

Unusual Weather Conditions and Noticeable Lake Changes since last monitoring.	Lake Level Is: "Normal" or Full _____ Above "normal" by <u>6</u> inches Below "normal" by _____ inches Gage Reading: _____	Additional Observations (e.g., odor, presence/amount of filamentous algae, recreational usage, unusual conditions in the watershed, etc.). <u>Ratt placed in lake on 5/27. Most of CLP located in SW corner of the lake</u>
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Lake/Watershed Management: List all chemical applications and other management techniques since last monitoring (e.g., harvesting, aeration, pumping water into/out of lake, erosion control practices, dredging, fish stocking, etc.). Include dates and descriptions when possible.	Aquatic Exotics: Check all suspected exotics. <input type="checkbox"/> Eurasian Watermilfoil <input type="checkbox"/> Zebra Mussel <input checked="" type="checkbox"/> Curlyleaf Pondweed <input checked="" type="checkbox"/> Common Carp <input type="checkbox"/> Hydrilla <input type="checkbox"/> Grass Carp <input type="checkbox"/> Water Hyacinth <input type="checkbox"/> Asian Carp <input type="checkbox"/> Rusty Crayfish <input type="checkbox"/> Round Goby Other _____
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Percentage of Lake that contains aquatic plants, both surface and submerged (check one) <input type="checkbox"/> Less than 5% <input type="checkbox"/> 51 to 70% <input checked="" type="checkbox"/> 5 to 25% <input type="checkbox"/> Greater than 70% <input type="checkbox"/> 26 to 50%
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Water Quality and Chlorophyll Sampling Programs						
Indicate bottles collected	Bottle w/Acid		Bottle w/o Acid		Chlorophyll	
	Ammonia, TKN, TP	Alk, Chloride, Nitrate-Nitrite, Susp. Solids	Foil Bottle	Sample Depth (ft)	Amount Filtered (mLs)	
Sites	1					
	2					
	3					
Date(s) Sent						

List Aquatic Plants Present: Sago, Chara, Spatterdock, White Water Lily, Floating leaf pondweed

Volunteer Hours

Please Record to the Nearest 1/2 Hour
(Include travel, preparation, monitoring & paperwork time)

Number of Volunteers: 1

Number of hours per volunteer: X 1

Total number of Volunteer Hours: = 1

Datasheet entered online? YES NO