

Lake Data Sheet

OLMS/OEPA Division of Surface Water

CLAM Volunteer Monitoring Program

QDC Name _____ QDC # _____ CLAM ID# _____
 Monitor Name (If different than QDC Name) _____
 Phone # _____ Email _____ Date _____
 Lake Name _____ Lake ID # _____

Please provide latitude and longitude for each site.

Site # ____ Lat/Long (in decimal degrees): _____ °N/ _____ °W
 Site # ____ Lat/Long (in decimal degrees): _____ °N/ _____ °W
 Site # ____ Lat/Long (in decimal degrees): _____ °N/ _____ °W
 Site # ____ Lat/Long (in decimal degrees): _____ °N/ _____ °W

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

Atmospheric Conditions:

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) _____

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

*Indicate (B) if the disk is seen on the lake bottom.

** Waves from 1 to 4: 1- Calm, 2- Ripples, 3- Moderate Waves, 4- White Caps

¹Qualified Data Collection (State of Ohio, Credible Data Program, Chapter 3745-4 of the Ohio Administrative Code): Qualified Data Collectors are responsible for the accuracy and completeness of data sheets.

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, if known: _____

Indicate with a checkmark whether the lake has been suitable for the following purposes, within the last two weeks, if possible. Please do not include impairment due to weather.

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

Indicate with a checkmark the problems on your lake, within the last two weeks, if possible. Check all that apply.

	Excellent, No Problems	Minor Problems	Slight Use Impairment	Substantial Impairment	Total Impairment
Algae					
Weeds					
Silt Turbidity					
Boat Congestion					
Personal Watercraft					
Trash					
Other (including smell or wildlife): _____					

Mail completed data sheets to:
 OLMS/CLAM
 8584 E. Washington St #206
 Chagrin Falls, OH 44023