Standing Water Assessment

* Recommended frequency – monthly from ice-out to freeze-over *

Date	_	Time	
IDAH ₂ O Monitor #	_	# of Adults (including you)	
Site Number	_	# of under 18	
Other Volunteers Involved			
Site Description			
Site Location Open Water Sh	ore or Dock		
PHYSICAL ASSESSMENT			
Weather (check all that apply)			
Sunny Partly Sunny Clo	oudy Rain/Snow	Windy	Calm
Air Temperature °Fahrenheit			
Wind Direction (check one)			
Not applicable	Wind Speed (che	eck one)	
North	Calm (o-5 m	nph, felt on face, leaves rus	tle)
South	Breezy (sus	tained 5-15 mph, small brar	iches move)
East	Gusty (15 +	mph, small trees sway occa	isionally)
West	Strong (sus	tained over 15 mph, small t	rees sway
Northeast	continuo	ously, waves form)	
Northwest			
Southeast			
Southwest			
Secchi Disc Depth meters OR Transparency Tube cm (record whole numbers only)			
Water Temperature °Fahrenheit			
Water Level (check one) Above Normal Normal Below Normal			
Inches above or below normal			
Water Odor (check all that apply)			
None Sewage/Manure Rotten Eggs Petroleum Fishy			

CHEMICAL ASSESSMENT

IMPORTANT: Use point sampling technique!

pH Expiration date on bottom of bottle

check one – 4 _____ 5 ____ 6 ____ 7 ____ 8 ____ 9 ____

Dissolved Oxygen (mg/L) Expiration date on back of color comparator_____

check one – 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 8 ___ 10 ___ 12 ___

Chloride Expiration date on bottom of bottle

_____ mg/L – Convert Quantab Units to mg/L using the chart provided on the bottle

BIOLOGICAL ASSESSMENT

Water Color – Is there an obvious algal bloom? (algal mats present, water appears green or scummy)

_____ No _____ Yes (if yes, please submit a photo record)

BENTHIC MACROINVERTEBRATE ASSESSMENT – Use the Biological Assessment Form to record benthic data.

HABITAT ASSESSMENT

* Conduct only once per year, preferably in July, or if a major land use change occurs *

Describe Lake Banks _____

Describe Adjacent Land Use _____

Other Observations and Notes _____