

Citizen Based Stream Monitoring Program

2009 MONITORING DATA SHEET

CBSM Station ID number: _____ (please get Station Name and ID # from Chris Clayton and use one data sheet for each station)

CBSM Station Name: _____

Organization Name: _____

Team Members: _____

SWIMS Data Entered By: Name: _____ **Email:** _____@_____

If possible, please enter your site's monitoring data in SWIMS each month.

SWIMS Website: <http://prodoasjava.dnr.wi.gov/swims>

SWIMS CBSM Parameters

Monitoring Date:					
Start Time and End Time:	-	-	-	-	-
Data Collectors: (initials are fine)					
Comments: (Stream side observations and past weather, etc...) <i>Please use back for additional comments.</i>					
D.O. Meter Calibrated? (Y/N)					
pH Meter Calibrated? (Y/N)					
Primary, Safety, or Other? (P/S/O)					
H ₂ O Temp (0-32°C) ☺	°C	°C	°C	°C	°C
Dissolved Oxygen (2-18 mg/L) ☺	mg/L	mg/L	mg/L	mg/L	mg/L
D.O. Percent saturation (30-150%) ☺	%	%	%	%	%
pH (6.0-9.0) ☺					
Transparency Tube 1 (≤120 cm) ☺	cm	cm	cm	cm	cm
Transparency Tube 2 (≤120 cm) ☺	cm	cm	cm	cm	cm
Current Weather (sunny, partly sunny, cloudy, rain, snow)					
Water Level (Don't know, High, Low, or Normal)					
Water Clarity (Clear, Stained, or Turbid)					
Additional Data? (Y/N) (Describe on back)					
Date the data was entered in SWIMS:					
QA/QC: (for DNR use only)					

☺ If any parameter's measurement is outside of its expected range, please repeat the measurement. If still outside range, please recalibrate and repeat the measurement. If the value is still outside the expected range, record value and call (608)266-9260 or email Christopher.Clayton@wisconsin.gov with the Station ID, Date, Parameter, & Measurement value. **At end of season, please send all completed data sheets to: Chris Clayton, 101 S. Webster St. WT/3, PO Box 7921, Madison, WI 53707**