Florida LAKEWATCH Freshwater Data Sheet

Waterbody Name:	County:	
Sampler:		
Phone:()	Sampling Date:	
Yes No: Surface Water Collec	ted for Total Phosphorus and Total Nitrogen.	

Yes____ No____: Surface Water Collected for Chlorophyll and Filtered Within 48 Hours.

Yes____ No____: Secchi Depth Reading Taken

Secchi Disc Measurements:

• For **Secchi depth** and **water depth** measurements, please indicate the number of feet and then estimate and circle the appropriate fraction, if needed.

• If your **disc is visible on the bottom** write **B**, if your **disc disappears in the weeds** write **W**, in the **vanishing point** column and the **depth** at which your disc disappears.

Va	nishing Point	Sun Code Number	Sun Code Key Use the codes from below to fill in the Sun Code Number column.	Water Depth	Sampling Time
Sta 1	ft. 1/4 1/2 3/4		1 = full sun	ft. 1/4 1/2 3/4	
Sta 2	ft. 1/4 1/2 3/4		2 = haze over sun	ft. 1/4 1/2 3/4	
Sta 3	ft. 1/4 1/2 3/4		3 = thin cloud	ft. 1/4 1/2 3/4	
Sta 4	ft. 1/4 1/2 3/4		4 = medium cloud cover	ft. 1/4 1/2 3/4	
Sta 5	ft. 1/4 1/2 3/4		5 = heavy cloud cover	ft. 1/4 1/2 3/4	

Date and Time of Chlorophyll Filtration:

Station	Filtering Date	Filtering Time
Sta 1		
Sta 2		
Sta 3		
Sta 4		
Sta 5		

DESCRIBE any unique occurrences since your last sampling date, either in the lake or on the local watershed:

If you wish to record lake levels of your lake, please fill in this last section.
Lake Level Measurements:
Please circle or describe the type of gauge located in the lake and then record the lake level.
Type of Staff Gauge: WMD / City / LCWA / USGS / Other (Please
describe):______
Lake level:______ Rain (in.) since last report: ______