

Marine Resources Council Indian River Lagoonwatch Data Form

Please data-enter data weekly
unless requested to do otherwise.

SITE # _____ YEAR _____ VOLUNTEER NAME: _____

	DATE (mm/dd/year)	TIME (24 hr)	AIR TEMP deg. C	WATER TEMP deg. C	SECCHI DEPTH meters	WATER DEPTH meters	SALINITY ppt.	pH	CON (number)	SUR (number)	COL (number)	WIND (see below)	DIS. OXYGEN mg/L
Week 1													
Week 2													
Week 3													
Week 4													

CON = Weather Conditions: Clear= 1, Partly Cloudy= 2, Overcast= 3, Fog/Haze= 4, Drizzle= 5, Intermittent Rain= 6, Rain= 7

SUR = Water Surface Characteristics: Calm= 1, Water Ripples= 2, Waves= 3, White Caps= 4

COL = Water Color: Normal= 1, Abnormal= 2

WIND = Wind Direction: N, NE, E, SE, S, SW, W, NW or Calm

Note: Secchi = "VAB" if Visible At Bottom

QA: Sample Number: _____ Result: _____ Temp: _____ (for D.O.)

Signature _____ Date _____ Comments: _____

Put any additional comments on back of sheet.

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