

Charlotte Harbor Estuaries Volunteer Water Quality Monitoring Network YSI Field Data Sheet- V. 8/18

Site # _____ Date _____ Time Start _____ Time End _____ Sunrise time _____

Meter Monitor _____ Sample Monitor _____

Estuary Region: (check one) _____ Charlotte Harbor _____ Estero Bay _____ Gasparilla Sound _____ Lemon Bay
 _____ Matlacha Pass _____ Pine Island Sound _____ San Carlos Bay

Waterbody name: _____ YSI ProPlus Meter SN #: _____

Wind Direction:	N	NE	E	SE	S	SW	W	NW	Direction:
Wind Speed:	0-1 mph	4-7 mph	13-18 mph	25-31mph	Speed:				
	2-3 mph	8-12 mph	19-24 mph	≥ 32 mph					
Weather:	1= sunny	3= overcast		5= drizzle		# :			
	2= partly cloudy	4= fog/haze		6= rain					
Precipitation:	(amount in inches for last 24 hours)								Inches:
Air temperature:									°C
Water surface conditions:	1= Calm 2=Ripples 3=Waves 4=White caps								# :
Tide stage:	1= Incoming 2= High Slack 3= Outgoing 4= Low Slack								# :
Secchi Depth:	(to nearest .1 m) <i>Disappear:</i> _____ m <i>Reappear:</i> _____ m								Secchi Average: _____ m
Water depth:	(to nearest .1 m)								Depth: _____ m
Water Temperature:									°C
Dissolved Oxygen:	Barometer reading: _____ mm Hg								Dissolved Oxygen:
	Date	Time	DO mg/L	DO%	Air temp (°C)	Pass (± 0.3, office only)			
Calibrate	_____	_____	Calibrate at 100% humidity		_____			_____ mg/L	
ICV	_____	_____	_____	_____	_____	Y	N	_____ %	
Verify	_____	_____	_____	_____	_____	Y	N	_____ %	
pH:	Lot #s 7:	10:	4:		pH reading:				
	Date	Time	4 buffer	7 buffer	10 buffer	Pass (± 0.2, office only)			
Check	_____	_____	xxxxx	_____	_____	Y	N		
Calibrate	_____	_____	Calibrate with 7 and 10 pH buffers			Y	N	N/A	
ICV	_____	_____	xxxxx	xxxxx	_____	Y	N		
Verify	_____	_____	_____ OR _____	_____ OR _____	_____	Y	N		
Sp. Conductance (ms/cm):	Lot# 50:		10:		Pass (± 5%, office only)		Salinity ppt:		
	Date	Time	50 standard	10 standard					
Check	_____	_____	_____	xxxxx	Y	N			
Calibrate	_____	_____	Calibrate with 50 ms/cm standard			Y	N	N/A	
ICV	_____	_____	_____	xxxxx	Y	N	Sp. Cond. (ms/cm):		
Verify	_____	_____	xxxxx	verify w/ 10	_____	Y	N	_____	
Water Color Observed:	1=Med Brown 3= Red brown 5= Green 7=Yellow Brown 9= Blue # : 2=Dark Brown 4= Green Brown 6= Yellow Green 8=Green Blue 10= Other								
Collect & Ice Chlorophyll a Sample*?	Yes		No		Record same time on all bottles		Samp. Collect. Time:		
Collect & Ice Phosphorus/Nitrogen*?	Yes		No						
Collect & Ice Color/Turbidity Sample*?	Yes		No						
Collect & Ice Entero OR E.Coli Sample*?	Yes		No						

*Surface water collected at 0.5m depth using intermediate plastic bucket

Observations and Comments:

Blank collected?	Y	N	Time:
Duplicate collected?	Y	N	Time:
Collect & Ice Chlorophyll a	Yes	No	circle Y or N
Collect & Ice Phosph./Nitrogen	Yes	No	
Collect & Ice Color/Turbidity	Yes	No	
Collect & Ice Entero OR E.coli	Yes	No	