



# 2011 CSMP Monitoring Data Sheet (100 cm)

## Citizen Stream Monitoring Program (CSMP)

Doc Type: Field Data Sheets

### New Site Information

Your name: \_\_\_\_\_

Stream name: \_\_\_\_\_

Site number: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Transparency tube instructions:

- Make sure back is to the sun when taking a measurement.
- Fill your tube until the symbol disappears.
- Release water until you can **just** make out the symbol. Note depth.
- Release a bit more water until the symbol is visible. Note depth.
- Record the average of the two depths to the nearest centimeter.
- If the symbol is visible the tube is full, record as '>100 cm'.
- Submit this form by **October 31, 2011** (keep the sampling protocol).

← Required →												
No.	Date	Time	Appear ance	Recr. Suit.	Trans 1/ trans 2 (100 cm tube)	Average transparency 100 cm tube (nearest cm)	Trans 1/ trans 2 (60 cm tube)	Average transparency 60 cm tube (nearest cm)	Rainfall event? Yes or No	Stream stage estimate (Low, Normal, High, Z=Noflow, Dry)	Stream Temp. (°F)	Comments/ Picture taken?
Ex.	6/1	11:00 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm	2	3	56 / 52	54 cm	53 / 50	52 cm	<input type="checkbox"/> Yes <input type="checkbox"/> No	N	58	Picture taken
1		<input type="checkbox"/> am <input type="checkbox"/> pm				cm		cm	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2		<input type="checkbox"/> am <input type="checkbox"/> pm				cm		cm	<input type="checkbox"/> Yes <input type="checkbox"/> No			
3		<input type="checkbox"/> am <input type="checkbox"/> pm				cm		cm	<input type="checkbox"/> Yes <input type="checkbox"/> No			
4		<input type="checkbox"/> am <input type="checkbox"/> pm				cm		cm	<input type="checkbox"/> Yes <input type="checkbox"/> No			
5		<input type="checkbox"/> am <input type="checkbox"/> pm				cm		cm	<input type="checkbox"/> Yes <input type="checkbox"/> No			
6		<input type="checkbox"/> am <input type="checkbox"/> pm				cm		cm	<input type="checkbox"/> Yes <input type="checkbox"/> No			
7		<input type="checkbox"/> am <input type="checkbox"/> pm				cm		cm	<input type="checkbox"/> Yes <input type="checkbox"/> No			
8		<input type="checkbox"/> am <input type="checkbox"/> pm				cm		cm	<input type="checkbox"/> Yes <input type="checkbox"/> No			
9		<input type="checkbox"/> am <input type="checkbox"/> pm				cm		cm	<input type="checkbox"/> Yes <input type="checkbox"/> No			
10		<input type="checkbox"/> am <input type="checkbox"/> pm				cm		cm	<input type="checkbox"/> Yes <input type="checkbox"/> No			

No.	Date	Time	Appear ance	Recr. Suit.	Required				Rainfall event? Yes or No	Stream stage estimate (Low, Normal, High, Z=Noflow, Dry)	Stream Temp. (°F)	Comments/ Picture taken?
					Trans 1/ trans 2 (100 cm tube)	Average transparency 100 cm tube (nearest cm)	Trans 1/ trans 2 (60 cm tube)	Average transparency 60 cm tube (nearest cm)				
11		<input type="checkbox"/> am <input type="checkbox"/> pm				cm		cm	<input type="checkbox"/> Yes <input type="checkbox"/> No			
12		<input type="checkbox"/> am <input type="checkbox"/> pm				cm		cm	<input type="checkbox"/> Yes <input type="checkbox"/> No			
13		<input type="checkbox"/> am <input type="checkbox"/> pm				cm		cm	<input type="checkbox"/> Yes <input type="checkbox"/> No			
14		<input type="checkbox"/> am <input type="checkbox"/> pm				cm		cm	<input type="checkbox"/> Yes <input type="checkbox"/> No			
15		<input type="checkbox"/> am <input type="checkbox"/> pm				cm		cm	<input type="checkbox"/> Yes <input type="checkbox"/> No			
16		<input type="checkbox"/> am <input type="checkbox"/> pm				cm		cm	<input type="checkbox"/> Yes <input type="checkbox"/> No			
17		<input type="checkbox"/> am <input type="checkbox"/> pm				cm		cm	<input type="checkbox"/> Yes <input type="checkbox"/> No			
18		<input type="checkbox"/> am <input type="checkbox"/> pm				cm		cm	<input type="checkbox"/> Yes <input type="checkbox"/> No			
19		<input type="checkbox"/> am <input type="checkbox"/> pm				cm		cm	<input type="checkbox"/> Yes <input type="checkbox"/> No			
20		<input type="checkbox"/> am <input type="checkbox"/> pm				cm		cm	<input type="checkbox"/> Yes <input type="checkbox"/> No			
21		<input type="checkbox"/> am <input type="checkbox"/> pm				cm		cm	<input type="checkbox"/> Yes <input type="checkbox"/> No			
22		<input type="checkbox"/> am <input type="checkbox"/> pm				cm		cm	<input type="checkbox"/> Yes <input type="checkbox"/> No			
23		<input type="checkbox"/> am <input type="checkbox"/> pm				cm		cm	<input type="checkbox"/> Yes <input type="checkbox"/> No			
24		<input type="checkbox"/> am <input type="checkbox"/> pm				cm		cm	<input type="checkbox"/> Yes <input type="checkbox"/> No			
25		<input type="checkbox"/> am <input type="checkbox"/> pm				cm		cm	<input type="checkbox"/> Yes <input type="checkbox"/> No			
26		<input type="checkbox"/> am <input type="checkbox"/> pm				cm		cm	<input type="checkbox"/> Yes <input type="checkbox"/> No			
27		<input type="checkbox"/> am <input type="checkbox"/> pm				cm		cm	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Please submit this form by **October 31, 2011** (keep the sampling protocol). Thank you!

### For More Information

Contact the CSMP Coordinator at the phone numbers listed on the bottom of this form or e-mail: [csmp.pca@state.mn.us](mailto:csmp.pca@state.mn.us).