



New Site Information

Your name: _____

Stream name: _____

Site number: _____

E-mail: _____

Secchi tube instructions:

- Make sure back is to the sun.
- Pull string out to remove disk and fill tube to top with water sample.
- Lower disk until it disappears; then raise disk until it reappears.
- Pinch string against side of tube when disk is at midpoint.
- Record depth to the nearest centimeter.
- If the symbol is visible when disk is at bottom, record as '>100 cm'
- Submit this form by **November 1st** (keep the sampling protocol).

The SWAG sent new Secchi tubes to volunteers in March 2012. Did you use a Secchi tube to collect stream transparency data? ☐ Yes ☐ No

Required												
No.	Date	Time	Appearance	Recr. Suit.	Secchi tube depth (cm)	Stream stage estimate (Low, Normal, High, Z=No flow, Dry)	Stream Temp. (°C)	D.O. (mg/L)	pH	Spec. Cond. (umhos/cm)	Photo	Comments
Ex.	6/1	11:00 <input type="checkbox"/> am <input type="checkbox"/> pm	2	3	41 cm	N	58	0.1	2.3	0.8	<input type="checkbox"/> Yes	
1.		<input type="checkbox"/> am <input type="checkbox"/> pm			cm						<input type="checkbox"/> Yes	
2.		<input type="checkbox"/> am <input type="checkbox"/> pm			cm						<input type="checkbox"/> Yes	
3.		<input type="checkbox"/> am <input type="checkbox"/> pm			cm						<input type="checkbox"/> Yes	
4.		<input type="checkbox"/> am <input type="checkbox"/> pm			cm						<input type="checkbox"/> Yes	
5.		<input type="checkbox"/> am <input type="checkbox"/> pm			cm						<input type="checkbox"/> Yes	
6.		<input type="checkbox"/> am <input type="checkbox"/> pm			cm						<input type="checkbox"/> Yes	
7.		<input type="checkbox"/> am <input type="checkbox"/> pm			cm						<input type="checkbox"/> Yes	
8.		<input type="checkbox"/> am <input type="checkbox"/> pm			cm						<input type="checkbox"/> Yes	
9.		<input type="checkbox"/> am <input type="checkbox"/> pm			cm						<input type="checkbox"/> Yes	
10.		<input type="checkbox"/> am <input type="checkbox"/> pm			cm						<input type="checkbox"/> Yes	
11.		<input type="checkbox"/> am <input type="checkbox"/> pm			cm						<input type="checkbox"/> Yes	
12.		<input type="checkbox"/> am <input type="checkbox"/> pm			cm						<input type="checkbox"/> Yes	
13.		<input type="checkbox"/> am <input type="checkbox"/> pm			cm						<input type="checkbox"/> Yes	
14.		<input type="checkbox"/> am <input type="checkbox"/> pm			cm						<input type="checkbox"/> Yes	
15.		<input type="checkbox"/> am <input type="checkbox"/> pm			cm						<input type="checkbox"/> Yes	
16.		<input type="checkbox"/> am <input type="checkbox"/> pm			cm						<input type="checkbox"/> Yes	
17.		<input type="checkbox"/> am <input type="checkbox"/> pm			cm						<input type="checkbox"/> Yes	
18.		<input type="checkbox"/> am <input type="checkbox"/> pm			cm						<input type="checkbox"/> Yes	
19.		<input type="checkbox"/> am <input type="checkbox"/> pm			cm						<input type="checkbox"/> Yes	
20.		<input type="checkbox"/> am <input type="checkbox"/> pm			cm						<input type="checkbox"/> Yes	

To take transparency readings, use a Secchi tube, only!

Please submit this form by **November 1st** (keep the sampling protocol). Thank you!

For more information: Ronald Schwartz at 651-757-2708 or e-mail: ronald.schwartz@state.mn.us.

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21.		<input type="checkbox"/> am <input type="checkbox"/> pm			cm						<input type="checkbox"/> Yes	
22.		<input type="checkbox"/> am <input type="checkbox"/> pm			cm						<input type="checkbox"/> Yes	
23.		<input type="checkbox"/> am <input type="checkbox"/> pm			cm						<input type="checkbox"/> Yes	
24.		<input type="checkbox"/> am <input type="checkbox"/> pm			cm						<input type="checkbox"/> Yes	
25.		<input type="checkbox"/> am <input type="checkbox"/> pm			cm						<input type="checkbox"/> Yes	
26.		<input type="checkbox"/> am <input type="checkbox"/> pm			cm						<input type="checkbox"/> Yes	
27.		<input type="checkbox"/> am <input type="checkbox"/> pm			cm						<input type="checkbox"/> Yes	
28.		<input type="checkbox"/> am <input type="checkbox"/> pm			cm						<input type="checkbox"/> Yes	
29.		<input type="checkbox"/> am <input type="checkbox"/> pm			cm						<input type="checkbox"/> Yes	
30.		<input type="checkbox"/> am <input type="checkbox"/> pm			cm						<input type="checkbox"/> Yes	
31.		<input type="checkbox"/> am <input type="checkbox"/> pm			cm						<input type="checkbox"/> Yes	
32.		<input type="checkbox"/> am <input type="checkbox"/> pm			cm						<input type="checkbox"/> Yes	
33.		<input type="checkbox"/> am <input type="checkbox"/> pm			cm						<input type="checkbox"/> Yes	
34.		<input type="checkbox"/> am <input type="checkbox"/> pm			cm						<input type="checkbox"/> Yes	
35.		<input type="checkbox"/> am <input type="checkbox"/> pm			cm						<input type="checkbox"/> Yes	
36.		<input type="checkbox"/> am <input type="checkbox"/> pm			cm						<input type="checkbox"/> Yes	
37.		<input type="checkbox"/> am <input type="checkbox"/> pm			cm						<input type="checkbox"/> Yes	
38.		<input type="checkbox"/> am <input type="checkbox"/> pm			cm						<input type="checkbox"/> Yes	
39.		<input type="checkbox"/> am <input type="checkbox"/> pm			cm						<input type="checkbox"/> Yes	
40.		<input type="checkbox"/> am <input type="checkbox"/> pm			cm						<input type="checkbox"/> Yes	
41.		<input type="checkbox"/> am <input type="checkbox"/> pm			cm						<input type="checkbox"/> Yes	
42.		<input type="checkbox"/> am <input type="checkbox"/> pm			cm						<input type="checkbox"/> Yes	
43.		<input type="checkbox"/> am <input type="checkbox"/> pm			cm						<input type="checkbox"/> Yes	
44.		<input type="checkbox"/> am <input type="checkbox"/> pm			cm						<input type="checkbox"/> Yes	
45.		<input type="checkbox"/> am <input type="checkbox"/> pm			cm						<input type="checkbox"/> Yes	
46.		<input type="checkbox"/> am <input type="checkbox"/> pm			cm						<input type="checkbox"/> Yes	
47.		<input type="checkbox"/> am <input type="checkbox"/> pm			cm						<input type="checkbox"/> Yes	
48.		<input type="checkbox"/> am <input type="checkbox"/> pm			cm						<input type="checkbox"/> Yes	
49.		<input type="checkbox"/> am <input type="checkbox"/> pm			cm						<input type="checkbox"/> Yes	
50.		<input type="checkbox"/> am <input type="checkbox"/> pm			cm						<input type="checkbox"/> Yes	

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