

Instructions: Bold fields must be completed.

Location Name	WBIC	County	Date(s)	AIS sign?	Secchi (ft or m)	Conductivity (ZV ≥ 99 umhos/cm)	Collector(s)	Start Time	End Time	Total Hours (hrs x # ppl)
DAM LAKE	1596900	ONEIDA	7/1/16	X	4.5		AL WERT TY KRASZCZAK	10:15	10:15	3 HRS

STEP 1: Circle species that you looked for and review the Identification Handout.

AQUATIC PLANTS/ALGAE	Hydrilla	Water hyacinth	Water chestnut	Purple loosestrife	INVERTEBRATES	Faucet snails	Other (please specify)
European frogbit	Curly leaf pondweed	Water lettuce	RIPARIAN PLANTS	Yellow flag iris	Zebra/quagga mussels	Chinese/Banded mystery snails	
Yellow floating heart	Fanwort	Eurasian water milfoil	Flowering rush	Japanese knotweed	Asian clam	Rusty/red swamp crayfish	
Brazilian waterweed	Parrot feather	Didymo	Phragmites	Japanese hop	New Zealand mudsnails	Spiny/fishhook waterflea	

STEP 2: Record locations of sampling sites (in decimal degrees). Indicate whether snorkeled or why not. List AIS found and density at each site or record none. Collect a sample of any new AIS found. Collect five new invasive plant specimens, 20 Dreissenids, and up to 3 of each invertebrate species. Include internal and external labels with WBIC, name of lake, county, sample date, sample type (snails, spiny water flea or zebra mussel) and collector. Legibility is appreciated. If needed, preserve with adequate ethanol.

Site*	Latitude	Longitude	Snorkel (Y/N)	If no, indicate why†	Species name, density (1-5)‡, and live (L) or dead (D)§	Sample (Y/N)	Photo (Y/N)	No AIS	Comments
TS1	N 45.86660	W 89.38391	N	STAINED	2 FLOATING EURASIAN MILFOIL FRAGS	Y	N		EVEN ALREADY PRESENT ON LAKE
TS2	N 45.87178	W 89.34725	N	"				X	
TS3	N 45.88865	W 89.10948	N	"				X	
TS4	N 45.86502	W 89.10151	N	"				X	
TS5	N 45.85965	W 89.58795	N	"				X	

*boat landing (BL), target site (TS), meander survey (MS).

†stained water, turbid water, blue-green bloom, chemical treatment, other (please describe).

‡Density ratings: 1-a few plants or invertebrates, 2-one or a few plant beds or colonies of invertebrates, 3-many small beds or scattered plants or colonies of invertebrates, 4-dense plant, snail, or mussel growth in a while bay or portion of the lake, or 5-dense plant, snail or mussel growth covering most shallow areas.

§Live (L) animals will contain flesh and live plants will generally be rooted. Dead (D) animals will not contain flesh and dead plants include sterile fragments.

STEP 3: Collect Waterflea Tows from the deep hole (DH). Decant water and preserve the sample. Preserve with 4 parts ethanol and 1 part sample. Submit the sample, a completed copy of this data form, and a completed copy of the Water Flea Tow Monitoring Report (3200-128) to DNR Science Services. Legibility is appreciated.

Latitude	Longitude	Method*	Net ring depth (m)	Net diameter†	Ethanol†	Samples combined (Y or N)	Date sent
		DEPTON		50cm	YES	2 CORES	

STEP 4: Collect vertical Veliger Tows from 3 sites; the deep hole (DH) and two other deep areas along the downwind side of the lake. Preserve with 4 parts ethanol and 1 part sample. Submit the sample, a copy of this completed data form, and a completed copy of the Mussel Veliger Tow Monitoring Report (3200-135) to DNR Science Service. Legibility is appreciated.

Latitude	Longitude	Net ring depth (m)	Net diameter†	Ethanol†	Samples combined (Y or N)	Date sent

*Horizontal, oblique, or vertical.

†30 or 50 cm.

#Non-denatured or denatured ethanol.

STEP 5: Coordinate voucher and sample submission and verification with regional DNR staff for all AIS records for the specific region.

- Plants will be compiled and entered into a spreadsheet to be verified and submitted to a herbarium by an in-person appointment. Please indicate which herbarium: Freckmann Herbarium, Wisconsin State Herbarium, Other _____. Date of herbarium meeting _____.
- Snails will be compiled with other regional snail specimens and sent to UW La Crosse. Date sent _____.
- Dreissenids will be sent to Science Services. Date sent 8/1/2016.
- Crayfish compiled and sent to: Craig Roessler or Scott VanEgeren. Date _____.

STEP 6: Data was entered into SWIMS on 8/4/2016 by TY KRAUSEWSKI

Once data is entered, send scans of data sheets to central office (Maureen.Ferry@Wisconsin.gov and Amanda.Perdzock@Wisconsin.gov).

STEP 7: Data was proofed on _____ by _____

Notes:

The purpose of this form is to track the presence/absence of spiny or fishhook water fleas collected using a plankton net during AIS monitoring.

Notice: Information on this voluntary form is collected under ss. 33.02 and 281.11, Wis. Stats. Personally identifiable information collected on this form will be incorporated into the DNR Surface Water Integrated Monitoring System (SWIMS) Database. It is not intended to be used for any other purposes, but may be made available to requesters under Wisconsin's Open Records laws, ss. 19.32 - 19.39, Wis. Stats.

Primary Data Collector			
Name TV KEASER WSKL @ WISCONSIN.GOV		Phone Number 944-9473	Email
Monitoring Location			
Waterbody Name DAM LAKE	WBIC 1596900	County OUELLE	Township Name
Date and Time of Monitoring			
Start Date 7/1/2016	Start Time 11:53	End Date (= Start Date)	End Time
Monitoring Results			
Method used: <input checked="" type="checkbox"/> horizontal tows (near surface) <input type="checkbox"/> oblique tows (thermocline to surface) <input type="checkbox"/> vertical tows (bottom to surface)			
Diameter of plankton net opening 30cm <u>50cm</u> other _____ (circle one)			
Site 1: Latitude (optional): Secchi depth (m) <u>4.5'</u> (optional)		Longitude (optional): Depth sampled (if vertical or oblique tow) _____ ft/m circle one <input checked="" type="checkbox"/> Preservative Added	
Site 2: Latitude (optional): Secchi depth (m) _____ (optional)		Longitude (optional): Depth sampled (if vertical or oblique tow) _____ ft/m circle one <input checked="" type="checkbox"/> Preservative Added	
Site 3: Latitude (optional): Secchi depth (m) _____ (optional)		Longitude (optional): Depth sampled (if vertical or oblique tow) _____ ft/m circle one <input checked="" type="checkbox"/> Preservative Added	
<input type="checkbox"/> Have you consolidated all of your samples into one composite bottle?			
<input type="checkbox"/> Have you sent your samples to the DNR Plymouth Service Center?			
During this monitoring trip, did you find what you suspect are Spiny or Fishhook Waterfleas in this waterbody? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Voucher Sample			
If you found Spiny or Fishhook Water fleas, did you collect a voucher specimen and bring it to your local DNR office? If so, which office?			
<input type="checkbox"/> Rhinelander	<input type="checkbox"/> Spooner	<input type="checkbox"/> Green Bay	<input type="checkbox"/> Oshkosh <input type="checkbox"/> Did not take sample to a DNR office
<input type="checkbox"/> Fitchburg	<input type="checkbox"/> Waukesha	<input type="checkbox"/> Eau Claire	<input type="checkbox"/> Superior <input type="checkbox"/> Other Office: _____

If you find Spiny or Fishhook Water Fleas

Please bring a copy of this form, along with a voucher specimen and if possible, a map showing where you found the suspect waterfleas to your regional Citizen Lake Monitoring Coordinator at the DNR. All initial discoveries should be placed in rubbing alcohol until verification by an expert is obtained.

If you don't Find Spiny or Fishhook Water Fleas

If you submit your data online, that is all you need to do. Otherwise, please mail a copy to your regional DNR Citizen Lake Monitoring coordinator. <http://dnr.wi.gov/lakes/contacts>

For DNR staff to fill out	
Volume of sample that was analyzed (ml)	Date analyzed
Name of plankton sample analyst:	
Name of person or museum who identified the voucher specimen	
Was the specimen confirmed as....?	
Spiny Waterflea? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fishhook Waterflea? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you entered the results of the voucher in SWIMS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DNR staff: Please enter voucher information for new AIS findings into SWIMS under the Incident Report Project for your county (Choose Incident Report Form in SWIMS). Enter date of sampling for "Start Date", Person who identified specimen as "Data Collector", and Monitoring location as "Station".	

Mussel Veliger Tow Monitoring Report

Form 3200-135 (R 02/10)

The purpose of this form is to track the presence/absence of zebra or quagga mussel larvae (veligers) collected using a plankton net during AIS surveillance monitoring.

Notice: Information on this voluntary form is collected under ss. 33.02 and 281.11, Wis. Stats. Personally identifiable information collected on this form will be incorporated into the DNR Surface Water Integrated Monitoring System (SWIMS) Database. Personally identifiable information collected on this form will be incorporated into the DNR aquatic invasive species database. It is not intended to be used for any other purposes, but may be made available to requesters under Wisconsin's Open Records laws, ss. 19.32 - 19.39, Wis. Stats.

Primary Data Collector

Name <u>TY. KRASEULSKI @ WATSONSON.GOV 919-4473</u>	Phone Number	Email
--	--------------	-------

Monitoring Location

Waterbody Name <u>DAM LAKE</u>	WBIC <u>1590900</u>	County <u>ONEIDA</u>	Township Name
-----------------------------------	------------------------	-------------------------	---------------

Date and Time of Monitoring

Start Date <u>7/1/10</u>	Start Time <u>11:58</u>	End Date (= Start Date)	End Time
-----------------------------	----------------------------	-------------------------	----------

Monitoring Results

Guidelines for how many tows to collect: If Secchi depth is >4 m (13 feet) take two 2m deep tows; if Secchi depth is between 2-4 m (6.5-13 feet) take one 2m deep tow; if Secchi depth is <2 m (<6.5 feet) take one 1m tow.

Diameter of zooplankton net opening 30cm 50cm other _____ (circle one)

Site 1: Latitude (optional):	Longitude (optional):	<input checked="" type="checkbox"/> Preservative Added
Secchi depth (m) <u>4.5'</u>	Number of net tows _____	Depth of tows (m) <u>1</u>

Site 2: Latitude (optional):	Longitude (optional):	<input checked="" type="checkbox"/> Preservative Added
Secchi depth (m) <u>"</u>	Number of net tows _____	Depth of tows (m) <u>1</u>

Site 3: Latitude (optional):	Longitude (optional):	<input checked="" type="checkbox"/> Preservative Added
Secchi depth (m) <u>"</u>	Number of net tows _____	Depth of tows (m) <u>1</u>

☒ Have you consolidated all of your samples into one composite bottle?

☐ Have you sent your samples to the DNR Plymouth Service Center?

COMMENTS/OBSERVATIONS:

For DNR staff to fill out

Volume of sample that was analyzed (ml)	Date analyzed
---	---------------

Name of plankton sample analyst:

Name of person or museum who identified the voucher specimen:

Did the samples contain zebra mussel veligers? ☐ Yes ☐ No

Have you entered the results of the samples in SWIMS? ☐ Yes ☐ No

DNR staff: Please enter voucher information for new AIS findings into SWIMS under the Incident Report Project for your county (Choose Incident Report Form in SWIMS). Enter date of sampling for "Start Date", Person who identified specimen as "Data Collector", and Monitoring location as "Station".

Instructions: Bold fields must be completed.

Location Name	WBIC	County	Date(s)	AIS sign?	Secchi (ft or m)	Conductivity (ZM \geq 99 μ mhos/cm)	Collector(s)	Start Time	End Time	Total Hours (hrs x # ppl)
SADD LAKES	1597000	ONEIDA	7/7/16	Y	4.5'	—	AL WERT TU KASIMUSKI	9:17	10:45	2 HRS

STEP 1: Circle species that you looked for and review the Identification Handout.

AQUATIC PLANTS/ALGAE	Hydrilla	Water hyacinth	Water chestnut	Purple loosestrife	INVERTEBRATES	Faucet snails	Other (please specify)
European frogbit	Curly leaf pondweed	Water lettuce	RIPARIAN PLANTS	Yellow flag iris	Zebra/quagga mussels	Chinese/Banded mystery snails	
Yellow floating heart	Fanwort	Eurasian water milfoil	Flowering rush	Japanese knotweed	Asian clam	Rusty/red swamp crayfish	
Brazilian waterweed	Parrot feather	Didymo	Phragmites	Japanese hop	New Zealand mudsnails	Spiny/fishhook waterflea	

STEP 2: Record locations of sampling sites (in decimal degrees). Indicate whether snorkeled or why not. List AIS found and density at each site or record none. Collect a sample of any new AIS found. Collect five new invasive plant specimens, 20 Dreissenids, and up to 3 of each invertebrate species. Include internal and external labels with WBIC, name of lake, county, sample date, sample type (snails, spiny water flea or zebra mussel) and collector. Legibility is appreciated. If needed, preserve with adequate ethanol.

Site*	Latitude	Longitude	Snorkel (Y/N)	If no, indicate why†	Species name, density (1-5)‡, and live (L) or dead (D) §	Sample (Y/N)	Photo (Y/N)	No AIS	Comments
TS 1	N 45.84029	W 69.57718	N	NO SNORKEL		—	—	X	
TS 2	N 45.84518	W 69.58317	L	"				X	
TS 3	N 46.04360	W 69.40370	L	"				X	
TS 4	N 46.85176	W 69.40379	L	"				X	
	N 45.85081	W 69.28175	L	"				X	
			L	"					

*boat landing (BL), target site (TS), meander survey (MS).

†Stained water, turbid water, blue-green bloom, chemical treatment, other (please describe).

‡Density ratings: 1-a few plants or invertebrates, 2-one or a few plant beds or colonies of invertebrates, 3-many small beds or scattered plants or colonies of invertebrates, 4-dense plant, snail, or mussel growth in a while bay or portion of the lake, or 5-dense plant, snail or mussel growth covering most shallow areas.

§Live (L) animals will contain flesh and live plants will generally be rooted. Dead (D) animals will not contain flesh and dead plants include sterile fragments.

STEP 3: Collect Waterflea Tows from the deep hole (DH). Decant water and preserve the sample. Preserve with 4 parts ethanol and 1 part sample. Submit the sample, a completed copy of this data form, and a completed copy of the Water Flea Tow Monitoring Report (3200-128) to DNR Science Services. Legibility is appreciated.

Latitude	Longitude	Method*	Net ring depth (m)	Net diameter†	Ethanol‡	Samples combined (Y or N)	Date sent

STEP 4: Collect vertical Veiliger Tows from 3 sites; the deep hole (DH) and two other deep areas along the downwind side of the lake. Preserve with 4 parts ethanol and 1 part sample. Submit the sample, a copy of this completed data form, and a completed copy of the Mussel Veiliger Tow Monitoring Report (3200-135) to DNR Science Service. Legibility is appreciated.

Latitude	Longitude	Net ring depth (m)	Net diameter†	Ethanol‡	Samples combined (Y or N)	Date sent

*Horizontal, oblique, or vertical.

†30 or 50 cm.

‡Non-denatured or denatured ethanol.

STEP 5: Coordinate voucher and sample submission and verification with regional DNR staff for all AIS records for the specific region.

- Plants will be compiled and entered into a spreadsheet to be verified and submitted to a herbarium by an in-person appointment. Please indicate which herbarium: Freckmann Herbarium, Wisconsin State Herbarium, Other _____ Date of herbarium meeting _____.
- Snails will be compiled with other regional snail specimens and sent to UW La Crosse. Date sent _____.
- Dreissenids will be sent to Science Services. Date sent 8/1/2016.
- Crayfish compiled and sent to: Craig Roesler or Scott VanEgeren. Date _____.

STEP 6: Data was entered into SWIMS on 8/4/2016 by Ty KENSEWICK

Once data is entered, send scans of data sheets to central office (Maureen.Ferry@Wisconsin.gov and Amanda.Perdock@Wisconsin.gov).

STEP 7: Data was proofed on _____ by _____

Notes:

The purpose of this form is to track the presence/absence of zebra or quagga mussel larvae (veligers) collected using a plankton net during AIS surveillance monitoring.

Notice: Information on this voluntary form is collected under ss. 33.02 and 281.11, Wis. Stats. Personally identifiable information collected on this form will be incorporated into the DNR Surface Water Integrated Monitoring System (SWIMS) Database. Personally identifiable information collected on this form will be incorporated into the DNR aquatic invasive species database. It is not intended to be used for any other purposes, but may be made available to requesters under Wisconsin's Open Records laws, ss. 19.32 - 19.39, Wis. Stats.

Primary Data Collector

Name TY KRASEWSKI	Phone Number 944-9475	Email TY.KRASEWSKI@WI.EDU
----------------------	--------------------------	------------------------------

Monitoring Location

Waterbody Name SAWD	WBIC 1597000	County ONEIDA	Township Name
------------------------	-----------------	------------------	---------------

Date and Time of Monitoring

Start Date 7/7/16	Start Time 9:30	End Date (= Start Date) 7/7/16	End Time 9:40
----------------------	--------------------	-----------------------------------	------------------

Monitoring Results

Guidelines for how many tows to collect: If Secchi depth is >4 m (13 feet) take two 2m deep tows; if Secchi depth is between 2-4 m (6.5-13 feet) take one 2m deep tow; if Secchi depth is <2 m (<6.5 feet) take one 1m tow

Diameter of zooplankton net opening 30cm (50cm) other _____ (circle one)

Site 1: Latitude (optional):	Longitude (optional):	<input checked="" type="checkbox"/> Preservative Added
Secchi depth (m) 4.5'	Number of net tows 1	Depth of tows (m) 1

Site 2: Latitude (optional):	Longitude (optional):	<input checked="" type="checkbox"/> Preservative Added
Secchi depth (m) "	Number of net tows 1	Depth of tows (m) 1

Site 3: Latitude (optional):	Longitude (optional):	<input checked="" type="checkbox"/> Preservative Added
Secchi depth (m) "	Number of net tows 1	Depth of tows (m) 1

☒ Have you consolidated all of your samples into one composite bottle?

☐ Have you sent your samples to the DNR Plymouth Service Center?

COMMENTS/OBSERVATIONS:

For DNR staff to fill out

Volume of sample that was analyzed (ml)	Date analyzed
---	---------------

Name of plankton sample analyst:

Name of person or museum who identified the voucher specimen:

Did the samples contain zebra mussel veligers? ☐ Yes ☐ No

Have you entered the results of the samples in SWIMS? ☐ Yes ☐ No

DNR staff: Please enter voucher information for new AIS findings into SWIMS under the Incident Report Project for your county (Choose Incident Report Form in SWIMS). Enter date of sampling for "Start Date", Person who identified specimen as "Data Collector", and Monitoring location as "Station".

The purpose of this form is to track the presence/absence of spiny or fishhook water fleas collected using a plankton net during AIS monitoring.

Notice: Information on this voluntary form is collected under ss. 33.02 and 281.11, Wis. Stats. Personally identifiable information collected on this form will be incorporated into the DNR Surface Water Integrated Monitoring System (SWIMS) Database. It is not intended to be used for any other purposes, but may be made available to requesters under Wisconsin's Open Records laws, ss. 19.32 - 19.39, Wis. Stats.

Primary Data Collector			
Name TV KEASEBURI		Phone Number 944-4173	Email TV.KEASEBURI@WI.DNR.GOV
Monitoring Location			
Waterbody Name SAUD	WBIC 1597000	County ONEIDA	Township Name
Date and Time of Monitoring			
Start Date 7/7/10	Start Time 9:30	End Date (= Start Date) 7/7/10	End Time 9:40
Monitoring Results			
Method used: <input checked="" type="checkbox"/> horizontal tows (near surface) <input type="checkbox"/> oblique tows (thermocline to surface) <input type="checkbox"/> vertical tows (bottom to surface)			
Diameter of plankton net opening 30cm <u>50cm</u> other _____ (circle one)			
Site 1: Latitude (optional):		Longitude (optional):	<input checked="" type="checkbox"/> Preservative Added
Secchi depth (m) <u>4.5'</u> (optional)		Depth sampled (if vertical or oblique tow) _____ ft/m circle one	
Site 2: Latitude (optional):		Longitude (optional):	<input checked="" type="checkbox"/> Preservative Added
Secchi depth (m) <u>11</u> (optional)		Depth sampled (if vertical or oblique tow) _____ ft/m circle one	
Site 3: Latitude (optional):		Longitude (optional):	<input checked="" type="checkbox"/> Preservative Added
Secchi depth (m) <u>11</u> (optional)		Depth sampled (if vertical or oblique tow) _____ ft/m circle one	
<input checked="" type="checkbox"/> Have you consolidated all of your samples into one composite bottle?			
<input type="checkbox"/> Have you sent your samples to the DNR Plymouth Service Center?			
During this monitoring trip, did you find what you suspect are Spiny or Fishhook Waterfleas in this waterbody? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Voucher Sample			
If you found Spiny or Fishhook Water fleas, did you collect a voucher specimen and bring it to your local DNR office? If so, which office?			
<input type="checkbox"/> Rhinelander	<input type="checkbox"/> Spooner	<input type="checkbox"/> Green Bay	<input type="checkbox"/> Oshkosh <input type="checkbox"/> Did not take sample to a DNR office
<input type="checkbox"/> Fitchburg	<input type="checkbox"/> Waukesha	<input type="checkbox"/> Eau Claire	<input type="checkbox"/> Superior <input type="checkbox"/> Other Office: _____

If you find Spiny or Fishhook Water Fleas

Please bring a copy of this form, along with a voucher specimen and if possible, a map showing where you found the suspect waterfleas to your regional Citizen Lake Monitoring Coordinator at the DNR. All initial discoveries should be placed in rubbing alcohol until verification by an expert is obtained.

If you don't Find Spiny or Fishhook Water Fleas

If you submit your data online, that is all you need to do. Otherwise, please mail a copy to your regional DNR Citizen Lake Monitoring coordinator. <http://dnr.wi.gov/lakes/contacts>

For DNR staff to fill out			
Volume of sample that was analyzed (ml)		Date analyzed	
Name of plankton sample analyst:			
Name of person or museum who identified the voucher specimen			
Was the specimen confirmed as....?			
Spiny Waterflea? <input type="checkbox"/> Yes <input type="checkbox"/> No		Fishhook Waterflea? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you entered the results of the voucher in SWIMS? <input type="checkbox"/> Yes <input type="checkbox"/> No			
DNR staff: Please enter voucher information for new AIS findings into SWIMS under the Incident Report Project for your county (Choose Incident Report Form in SWIMS). Enter date of sampling for "Start Date", Person who identified specimen as "Data Collector", and Monitoring location as "Station".			

Instructions: Bold fields must be completed.

Location Name	WBIC	County	Date(s)	AIS sign?	Secchi (ft or m)	Conductivity (2M ≥ 99 umhos/cm)	Collector(s)	Start Time	End Time	Total Hours (hrs x # ppl)
ECUO LAKE	597800	OWSEA	7/6/16	N	4.5'		AL WERT TU KALISCHKI	10:30	12:30	2 HRS

STEP 1: Circle species that you looked for and review the Identification Handout.

AQUATIC PLANTS/ALGAE	Hydrilla	Water hyacinth	Water lettuce	Eurasian water milfoil	Water chestnut	Purple loosestrife	INVERTEBRATES	Faucet snails	Other (please specify)
European frogbit	Curly leaf pondweed				RIPARIAN PLANTS	Yellow flag iris	Zebra/quagga mussels	Chinese/Banded mystery snails	
Yellow floating heart	Fanwort				Flowering rush	Japanese knotweed	Asian clam	Rusty/red swamp crayfish	
Brazilian waterweed	Parrot feather		Didymo		Phragmites	Japanese hop	New Zealand mudsnails	Spiny/fishhook waterflea	

STEP 2: Record locations of sampling sites (in decimal degrees). Indicate whether snorkeled or why not. List AIS found and density at each site or record none. Collect a sample of any new AIS found. Collect five new invasive plant specimens, 20 Dreissenids, and up to 3 of each invertebrate species. Include internal and external labels with WBIC, name of lake, county, sample date, sample type (snails, spiny water flea or zebra mussel) and collector. Legibility is appreciated. If needed, preserve with adequate ethanol.

Site #	Latitude	Longitude	Snorkel (Y/N)	If no, indicate why†	Species name, density (1-5)‡, and live (L) or dead (D)§	Sample (Y/N)	Photo (Y/N)	No AIS	Comments
TS1	45.927164	89.37733	N	TOO MUCKY	PURPLE LOOSESTRIFE, WATER LILY	N	Y		PL IS SPARSELY SPREAD OUT.
TG2	45.924465	89.38018	N	"				X	
TS3	45.922116	89.38252	N	"				X	
TG4	45.92704	89.38204	N	"				X	
TS5	45.92020	89.38216	N	"				X	

*boat landing (BL), target site (TS), meander survey (MS).

†Stained water, turbid water, blue-green bloom, chemical treatment, other (please describe).

‡Density ratings: 1-a few plants or invertebrates, 2-one or a few plant beds or colonies of invertebrates, 3-many small beds or scattered plants or colonies of invertebrates, 4-dense plant, snail, or mussel growth in a while bay or portion of the lake, or 5-dense plant, snail or mussel growth covering most shallow areas.

§Live (L) animals will contain flesh and live plants will generally be rooted. Dead (D) animals will not contain flesh and dead plants include sterile fragments.

STEP 3: Collect Waterflea Tows from the deep hole (DH). Decant water and preserve the sample. Preserve with 4 parts ethanol and 1 part sample. Submit the sample, a completed copy of this data form, and a completed copy of the Water Flea Tow Monitoring Report (3200-128) to DNR Science Services. Legibility is appreciated.

Latitude	Longitude	Method*	Net ring depth (m)	Net diameter†	Ethanol‡	Samples combined (Y or N)	Date sent

STEP 4: Collect vertical Veiliger Tows from 3 sites; the deep hole (DH) and two other deep areas along the downwind side of the lake. Preserve with 4 parts ethanol and 1 part sample. Submit the sample, a copy of this completed data form, and a completed copy of the Mussel Veiliger Tow Monitoring Report (3200-135) to DNR Science Service. Legibility is appreciated.

Latitude	Longitude	Net ring depth (m)	Net diameter†	Ethanol‡	Samples combined (Y or N)	Date sent

*Horizontal, oblique, or vertical.

†30 or 50 cm.

‡Non-denatured or denatured ethanol.

STEP 5: Coordinate voucher and sample submission and verification with regional DNR staff for all AIS records for the specific region.

- Plants will be compiled and entered into a spreadsheet to be verified and submitted to a herbarium by an in-person appointment. Please indicate which herbarium: Freckmann Herbarium, Wisconsin State Herbarium, Other _____ Date of herbarium meeting _____.
- Snails will be compiled with other regional snail specimens and sent to UW La Crosse. Date sent _____.
- Dreissenids will be sent to Science Services. Date sent 8/1/2016.
- Crayfish compiled and sent to: Craig Roesler or Scott VanEgeren. Date _____

STEP 6: Data was entered into SWIMS on 8/4/2016 by TY KCHENSKI

Once data is entered, send scans of data sheets to central office (Maureen.Ferry@Wisconsin.gov and Amanda.Perdzock@Wisconsin.gov).

STEP 7: Data was proofed on _____ by _____

Notes:

The purpose of this form is to track the presence/absence of spiny or fishhook water fleas collected using a plankton net during AIS monitoring.

Notice: Information on this voluntary form is collected under ss. 33.02 and 281.11, Wis. Stats. Personally identifiable information collected on this form will be incorporated into the DNR Surface Water Integrated Monitoring System (SWIMS) Database. It is not intended to be used for any other purposes, but may be made available to requesters under Wisconsin's Open Records laws, ss. 19.32 - 19.39, Wis. Stats.

Primary Data Collector			
Name _____			
Phone Number _____			
Email _____			
Monitoring Location			
Waterbody Name _____		WBIC _____	
County _____		Township Name _____	
Date and Time of Monitoring			
Start Date _____		End Date (= Start Date) _____	
Start Time _____		End Time _____	
Monitoring Results			
Method used: <input checked="" type="checkbox"/> horizontal tows (near surface) <input type="checkbox"/> oblique tows (thermocline to surface) <input type="checkbox"/> vertical tows (bottom to surface)			
Diameter of plankton net opening 30cm <input checked="" type="checkbox"/> 50cm <input type="checkbox"/> other _____ (circle one)			
Site 1: Latitude (optional): _____		Longitude (optional): _____	
Secchi depth (m) _____		Depth sampled (if vertical or oblique tow) _____ f/m circle one	
Site 2: Latitude (optional): _____		Longitude (optional): _____	
Secchi depth (m) _____		Depth sampled (if vertical or oblique tow) _____ f/m circle one	
Site 3: Latitude (optional): _____		Longitude (optional): _____	
Secchi depth (m) _____		Depth sampled (if vertical or oblique tow) _____ f/m circle one	
<input checked="" type="checkbox"/> Have you consolidated all of your samples into one composite bottle?			
<input type="checkbox"/> Have you sent your samples to the DNR Plymouth Service Center?			
During this monitoring trip, did you find what you suspect are Spiny or Fishhook Waterfleas in this waterbody? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Voucher Sample			
If you found Spiny or Fishhook Water fleas, did you collect a voucher specimen and bring it to your local DNR office? If so, which office?			
<input type="checkbox"/> Rhinelander		<input type="checkbox"/> Spooner	
<input type="checkbox"/> Fitchburg		<input type="checkbox"/> Waukesha	
<input type="checkbox"/> Eau Claire		<input type="checkbox"/> Superior	
<input type="checkbox"/> Oshkosh		<input type="checkbox"/> Did not take sample to a DNR office	
<input type="checkbox"/> Other Office: _____			

If you find Spiny or Fishhook Water Fleas
Please bring a copy of this form, along with a voucher specimen and if possible, a map showing where you found the suspect waterfleas to your regional Citizen Lake Monitoring Coordinator at the DNR. All initial discoveries should be placed in rubbing alcohol until verification by an expert is obtained.

If you don't find Spiny or Fishhook Water Fleas
If you submit your data online, that is all you need to do. Otherwise, please mail a copy to your regional DNR Citizen Lake Monitoring coordinator. <http://dnr.wi.gov/lakes/contacts>

For DNR staff to fill out	
Volume of sample that was analyzed (ml)	Date analyzed _____
Name of plankton sample analyst: _____	
Name of person or museum who identified the voucher specimen _____	
Was the specimen confirmed as....?	
Spiny Waterflea? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fishhook Waterflea? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you entered the results of the voucher in SWIMS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DNR staff: Please enter voucher information for new AIS findings into SWIMS under the Incident Report Project for your county (Choose Incident Report Form in SWIMS). Enter date of sampling for "Start Date", Person who identified specimen as "Data Collector", and Monitoring location as "Station".	

Mussel Veiliger Tow Monitoring Report

State of Wisconsin
Department of Natural Resources
Wisconsin Lakes Partnership

The purpose of this form is to track the presence/absence of zebra or quagga mussel larvae (veiligers) collected using a plankton net during AIS surveillance monitoring.

Notice: Information on this voluntary form is collected under ss. 33.02 and 281.11, Wis. Stats. Personally identifiable information collected on this form will be incorporated into the DNR Surface Water Integrated Monitoring System (SWIMS) Database. Personally identifiable information collected on this form will be incorporated into the DNR aquatic invasive species database. It is not intended to be used for any other purposes, but may be made available to requesters under Wisconsin's Open Records laws, ss. 19.32 - 19.39, Wis. Stats.

Primary Data Collector			
Name		TV KASPERSKI	
Phone Number		944-4475	
Email		tv.kasperski@dnr.wisconsin.gov	
Monitoring Location			
Waterbody Name		ECHU	
WBIC		1597900	
County		ONEIDA	
Township Name			
Date and Time of Monitoring			
Start Date		7/8/10	
End Date (Start Date)			
End Time		11:00	
Monitoring Results			
Guidelines for how many tows to collect: If Secchi depth is >4 m (13 feet) take two 2m deep tows; if Secchi depth is between 2-4 m (6.5-13 feet) take one 2m deep tow; if Secchi depth is <2 m (<6.5 feet) take one 1m tow.			
Diameter of zooplankton net opening 30cm (50cm) other (circle one)			
Site 1: Latitude (optional):	Longitude (optional):	Number of net tows	Depth of tows (m)
4.51		1	3
<input checked="" type="checkbox"/> Preservative Added			
Site 2: Latitude (optional):	Longitude (optional):	Number of net tows	Depth of tows (m)
		1	5
<input checked="" type="checkbox"/> Preservative Added			
Site 3: Latitude (optional):	Longitude (optional):	Number of net tows	Depth of tows (m)
		1	3
<input checked="" type="checkbox"/> Preservative Added			
<input checked="" type="checkbox"/> Have you consolidated all of your samples into one composite bottle? <input type="checkbox"/> Have you sent your samples to the DNR Plymouth Service Center?			
COMMENTS/OBSERVATIONS:			
For DNR staff to fill out			
Volume of sample that was analyzed (ml)		Date analyzed	
Name of plankton sample analyst:			
Name of person or museum who identified the voucher specimen:			
Did the samples contain zebra mussel veiligers? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you entered the results of the samples in SWIMS? <input type="checkbox"/> Yes <input type="checkbox"/> No			
DNR staff: Please enter voucher information for new AIS findings into SWIMS under the Incident Report Project for your county (Choose Incident Report Form in SWIMS). Enter date of sampling for "Start Date", Person who identified specimen as "Data Collector", and Monitoring location as "Station".			

Instructions: **Bold** fields must be completed.

Location Name	WBIC	County	Date(s)	AIS sign?	Secchi (ft or m)	Conductivity (2M ≥ 99 umhos/cm)	Collector(s)	Start Time	End Time	Total Hours* (hrs x # ppl)
CHICK	1596000	ONEIDA	7/8/16	N	4.5'		AN UERT TV KENTZUSKE	9:00	10:30	1.5 HRS

STEP 1: Circle species that you looked for and review the Identification Handout.

AQUATIC PLANTS/ALGAE	Hydrilla	Curly leaf pondweed	Water hyacinth	Water lettuce	Eurasian water milfoil	Water chestnut	RIPARIAN PLANTS	Purple loosestrife	Yellow flag iris	Japanese knotweed	INVERTEBRATES	Faucet snails	Chinese/Banded mystery snails	Rusty/red swamp crayfish	Spiny/fishhook waterflea	Other (please specify)
European frogbit											Zebra/quagga mussels					
Yellow floating heart		Fanwort									Asian clam					
Brazilian waterweed		Parrot feather			Didymo						New Zealand mudsnails					

STEP 2: Record locations of sampling sites (in decimal degrees). Indicate whether snorkeled or why not. List AIS found and density at each site or record none. Collect a sample of any new AIS found. Collect five new invasive plant specimens, 20 Dreissenids, and up to 3 of each invertebrate species. Include internal and external labels with WBIC, name of lake, county, sample date, sample type (snails, spiny water flea or zebra mussel) and collector. Legibility is appreciated. If needed, preserve with adequate ethanol.

Site*	Latitude	Longitude	Snorkel (Y/N)	If no, indicate why†	Species name, density (1-5)‡, and live (L) or dead (D)§	Sample (Y/N)	Photo (Y/N)	No AIS	Comments
BL	N	N	N	Too murky				X	
TS 1	45.8491	89.56575	"	"				X	
TS 2	45.8453	89.5657	"	"				X	
TS 3	45.85094	89.56786	"	"				X	
TS 4	46.83710	89.57035	"	"				X	
TS 5	45.85965	89.87360	"	"				X	

*boat landing (BL), target site (TS), meander survey (MS).

†Stained water, turbid water, blue-green bloom, chemical treatment, other (please describe).

‡Density ratings: 1-a few plants or invertebrates, 2-one or a few plant beds or colonies of invertebrates, 3-many small beds or scattered plants or colonies of invertebrates, 4-dense plant, snail, or mussel growth in a while bay or portion of the lake, or 5-dense plant, snail or mussel growth covering most shallow areas.

§Live (L) animals will contain flesh and live plants will generally be rooted. Dead (D) animals will not contain flesh and dead plants include sterile fragments.

STEP 3: Collect Waterflea Tows from the deep hole (DH). Decant water and preserve the sample. Preserve with 4 parts ethanol and 1 part sample. Submit the sample, a completed copy of this data form, and a completed copy of the Water Flea Tow Monitoring Report (3200-128) to DNR Science Services. Legibility is appreciated.

Latitude	Longitude	Method*	Net ring depth (m)	Net diameter†	Ethanol‡	Samples combined (Y or N)	Date sent

STEP 4: Collect vertical Veiliger Tows from 3 sites; the deep hole (DH) and two other deep areas along the downwind side of the lake. Preserve with 4 parts ethanol and 1 part sample. Submit the sample, a copy of this completed data form, and a completed copy of the Mussel Veiliger Tow Monitoring Report (3200-135) to DNR Science Service. Legibility is appreciated.

Latitude	Longitude	Net ring depth (m)	Net diameter†	Ethanol‡	Samples combined (Y or N)	Date sent

*Horizontal, oblique, or vertical.

†30 or 50 cm.

‡Non-denatured or denatured ethanol.

STEP 5: Coordinate voucher and sample submission and verification with regional DNR staff for all AIS records for the specific region.

- Plants will be compiled and entered into a spreadsheet to be verified and submitted to a herbarium by an in-person appointment. Please indicate which herbarium: Freckmann Herbarium, Wisconsin State Herbarium, Other _____. Date of herbarium meeting _____.
- Snails will be compiled with other regional snail specimens and sent to UW La Crosse. Date sent _____.
- Dreissenids will be sent to Science Services. Date sent 8/1/2016.
- Crayfish compiled and sent to: Craig Roesler or Scott VanEgeren. Date _____.

STEP 6: Data was entered into SWIMS on 8/14/2016 by ty KERRICK

Once data is entered, send scans of data sheets to central office (Maureen.Ferry@Wisconsin.gov and Amanda.Perdzock@Wisconsin.gov).

STEP 7: Data was proofed on _____ by _____

Notes:

Mussel Veliger Tow Monitoring Report

Form 3200-135 (R 02/10)

The purpose of this form is to track the presence/absence of zebra or quagga mussel larvae (veligers) collected using a plankton net during AIS surveillance monitoring.

Notice: Information on this voluntary form is collected under ss. 33.02 and 281.11, Wis. Stats. Personally identifiable information collected on this form will be incorporated into the DNR Surface Water Integrated Monitoring System (SWIMS) Database. Personally identifiable information collected on this form will be incorporated into the DNR aquatic invasive species database. It is not intended to be used for any other purposes, but may be made available to requesters under Wisconsin's Open Records laws, ss. 19.32 - 19.39, Wis. Stats.

Primary Data Collector			
Name TY KRASEWSKI		Phone Number 944-4472	Email TY.KRASEWSKI@WI.GOV
Monitoring Location			
Waterbody Name CHAIN	WBIC 1599000	County ONEIDA	Township Name
Date and Time of Monitoring			
Start Date 7/8/16	Start Time 9:00	End Date (= Start Date)	End Time 9:15
Monitoring Results			
Guidelines for how many tows to collect: If Secchi depth is >4 m (13 feet) take two 2m deep tows; if Secchi depth is between 2-4 m (6.5-13 feet) take one 2m deep tow; if Secchi depth is <2 m (<6.5 feet) take one 1m tow.			
Diameter of zooplankton net opening 30cm 50cm other _____ (circle one)			
Site 1: Latitude (optional):		Longitude (optional):	<input checked="" type="checkbox"/> Preservative Added
Secchi depth (m) 4.5'		Number of net tows 1	Depth of tows (m) 1
Site 2: Latitude (optional):		Longitude (optional):	<input checked="" type="checkbox"/> Preservative Added
Secchi depth (m) "		Number of net tows 1	Depth of tows (m) 1
Site 3: Latitude (optional):		Longitude (optional):	<input checked="" type="checkbox"/> Preservative Added
Secchi depth (m) "		Number of net tows 1	Depth of tows (m) 1
<input checked="" type="checkbox"/> Have you consolidated all of your samples into one composite bottle?			
<input type="checkbox"/> Have you sent your samples to the DNR Plymouth Service Center?			
COMMENTS/OBSERVATIONS:			
For DNR staff to fill out			
Volume of sample that was analyzed (ml)		Date analyzed	
Name of plankton sample analyst:			
Name of person or museum who identified the voucher specimen:			
Did the samples contain zebra mussel veligers? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you entered the results of the samples in SWIMS? <input type="checkbox"/> Yes <input type="checkbox"/> No			
DNR staff: Please enter voucher information for new AIS findings into SWIMS under the Incident Report Project for your county (Choose Incident Report Form in SWIMS). Enter date of sampling for "Start Date", Person who identified specimen as "Data Collector", and Monitoring location as "Station".			

The purpose of this form is to track the presence/absence of spiny or fishhook water fleas collected using a plankton net during AIS monitoring.

Notice: Information on this voluntary form is collected under ss. 33.02 and 281.11, Wis. Stats. Personally identifiable information collected on this form will be incorporated into the DNR Surface Water Integrated Monitoring System (SWIMS) Database. It is not intended to be used for any other purposes, but may be made available to requesters under Wisconsin's Open Records laws, ss. 19.32 - 19.39, Wis. Stats.

Primary Data Collector			
Name TY KRAJEWSKI		Phone Number 914-4473	Email TY.KRAJEWSKI@WI.GOV
Monitoring Location			
Waterbody Name CROWN LAKE	WBIC 1598000	County ONEIDA	Township Name
Date and Time of Monitoring			
Start Date 7/8/10	Start Time 9:00	End Date (= Start Date)	End Time 9:15
Monitoring Results			
Method used: <input checked="" type="checkbox"/> horizontal tows (near surface) <input type="checkbox"/> oblique tows (thermocline to surface) <input type="checkbox"/> vertical tows (bottom to surface)			
Diameter of plankton net opening 30cm <u>50cm</u> other _____ (circle one)			
Site 1: Latitude (optional):		Longitude (optional): <input checked="" type="checkbox"/> Preservative Added	
Secchi depth (m) <u>4.5'</u> (optional)		Depth sampled (if vertical or oblique tow) _____ ft/m circle one	
Site 2: Latitude (optional):		Longitude (optional): <input checked="" type="checkbox"/> Preservative Added	
Secchi depth (m) <u>4.5'</u> (optional)		Depth sampled (if vertical or oblique tow) _____ ft/m circle one	
Site 3: Latitude (optional):		Longitude (optional): <input checked="" type="checkbox"/> Preservative Added	
Secchi depth (m) <u>4.5'</u> (optional)		Depth sampled (if vertical or oblique tow) _____ ft/m circle one	
<input checked="" type="checkbox"/> Have you consolidated all of your samples into one composite bottle?			
<input type="checkbox"/> Have you sent your samples to the DNR Plymouth Service Center?			
During this monitoring trip, did you find what you suspect are Spiny or Fishhook Waterfleas in this waterbody? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Voucher Sample			
If you found Spiny or Fishhook Water fleas, did you collect a voucher specimen and bring it to your local DNR office? If so, which office?			
<input type="checkbox"/> Rhinelander	<input type="checkbox"/> Spooner	<input type="checkbox"/> Green Bay	<input type="checkbox"/> Oshkosh <input type="checkbox"/> Did not take sample to a DNR office
<input type="checkbox"/> Fitchburg	<input type="checkbox"/> Waukesha	<input type="checkbox"/> Eau Claire	<input type="checkbox"/> Superior <input type="checkbox"/> Other Office: _____

If you find Spiny or Fishhook Water Fleas

Please bring a copy of this form, along with a voucher specimen and if possible, a map showing where you found the suspect waterfleas to your regional Citizen Lake Monitoring Coordinator at the DNR. All initial discoveries should be placed in rubbing alcohol until verification by an expert is obtained.

If you don't Find Spiny or Fishhook Water Fleas

If you submit your data online, that is all you need to do. Otherwise, please mail a copy to your regional DNR Citizen Lake Monitoring coordinator. <http://dnr.wi.gov/lakes/contacts>

For DNR staff to fill out			
Volume of sample that was analyzed (ml)		Date analyzed	
Name of plankton sample analyst:			
Name of person or museum who identified the voucher specimen			
Was the specimen confirmed as....?			
Spiny Waterflea? <input type="checkbox"/> Yes <input type="checkbox"/> No		Fishhook Waterflea? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you entered the results of the voucher in SWIMS? <input type="checkbox"/> Yes <input type="checkbox"/> No			
DNR staff: Please enter voucher information for new AIS findings into SWIMS under the Incident Report Project for your county (Choose Incident Report Form in SWIMS). Enter date of sampling for "Start Date", Person who identified specimen as "Data Collector", and Monitoring location as "Station".			

Instructions: **Bold** fields must be completed.

Location Name	WBIC	County	Date(s)	AIS sign?	Secchi (ft or m)	Conductivity (2M ≥ 99 umhos/cm)	Collector(s)	Start Time	End Time	Total Hours (hrs x # ppl)
STONE LAKE	1507600	ONEIDA	7/7/16	Y	4.5'	—	RL WEFET TV KRAUSE ET	11:15	12:30	1.25 hrs

STEP 1: Circle species that you looked for and review the Identification Handout.

AQUATIC PLANTS/ALGAE	Hydrilla	Water hyacinth	Water chestnut	Purple loosestrife	INVERTEBRATES	Faucet snails	Other (please specify)
European frogbit	Curl leaf pondweed	Water lettuce	RIPARIAN PLANTS	Yellow flag iris	Zebra/quagga mussels	Chinese/Banded mystery snails	
Yellow floating heart	Fanwort	Eurasian water milfoil	Flowering rush	Japanese knotweed	Asian clam	Rusty/red swamp crayfish	
Brazilian waterweed	Parrot feather	Didymo	Phragmites	Japanese hop	New Zealand mudsnails	Spiny/fishhook waterflea	

STEP 2: Record locations of sampling sites (in decimal degrees). Indicate whether snorkeled or why not. List AIS found and density at each site or record none. Collect a sample of any new AIS found. Collect five new invasive plant specimens, 20 Dreissenids, and up to 3 of each invertebrate species. Include internal and external labels with WBIC, name of lake, county, sample date, sample type (snails, spiny water flea or zebra mussel) and collector. Legibility is appreciated. If needed, preserve with adequate ethanol.

Site #	Latitude	Longitude	Snorkel (Y/N)	If no, indicate why†	Species name, density (1-5)‡, and live (L) or dead (D)§	Sample (Y/N)	Photo (Y/N)	No AIS	Comments
TS1	45.81785	89.39693	N	too murky				X	
2	45.81559	89.39472	N	"				X	
3	45.81125	89.410696	N	"				X	
4	45.81622	89.410569	N	"				X	
5	45.820910	89.410566	N	"				X	
BL	45.81358	89.39678	N	"				X	

*boat landing (BL), target site (TS), meander survey (MS).

†Stained water, turbid water, blue-green bloom, chemical treatment, other (please describe).

‡Density ratings: 1-a few plants or invertebrates, 2-one or a few plant beds or colonies of invertebrates, 3-many small beds or scattered plants or colonies of invertebrates, 4-dense plant, snail, or mussel growth in a whole bay or portion of the lake, or 5-dense plant, snail or mussel growth covering most shallow areas.

§Live (L) animals will contain flesh and live plants will generally be rooted. Dead (D) animals will not contain flesh and dead plants include sterile fragments.

Mussel Veliger Tow Monitoring Report

Form 3200-135 (R 02/10)

The purpose of this form is to track the presence/absence of zebra or quagga mussel larvae (veligers) collected using a plankton net during AIS surveillance monitoring.

Notice: Information on this voluntary form is collected under ss. 33.02 and 281.11, Wis. Stats. Personally identifiable information collected on this form will be incorporated into the DNR Surface Water Integrated Monitoring System (SWIMS) Database. Personally identifiable information collected on this form will be incorporated into the DNR aquatic invasive species database. It is not intended to be used for any other purposes, but may be made available to requesters under Wisconsin's Open Records laws, ss. 19.32 - 19.39, Wis. Stats.

Primary Data Collector			
Name TY KRASEWICKI		Phone Number 944-4172	Email TY.KRASEWICKI@WI.DNR.GOV
Monitoring Location			
Waterbody Name STONE LAKE	WBIC 1597000	County ONEIDA	Township Name
Date and Time of Monitoring			
Start Date 7/7/10	Start Time 12:50	End Date (= Start Date) 7/7/10	End Time 1:00 PM
Monitoring Results			
Guidelines for how many tows to collect: If Secchi depth is >4 m (13 feet) take two 2m deep tows; if Secchi depth is between 2-4 m (6.5-13 feet) take one 2m deep tow; if Secchi depth is <2 m (<6.5 feet) take one 1m tow.			
Diameter of zooplankton net opening 30cm (50cm) other _____ (circle one)			
Site 1: Latitude (optional):		Longitude (optional):	<input checked="" type="checkbox"/> Preservative Added
Secchi depth (m) 4.5'		Number of net tows 1	Depth of tows (m) 1
Site 2: Latitude (optional):		Longitude (optional):	<input checked="" type="checkbox"/> Preservative Added
Secchi depth (m) 4.5'		Number of net tows 1	Depth of tows (m) 1
Site 3: Latitude (optional):		Longitude (optional):	<input checked="" type="checkbox"/> Preservative Added
Secchi depth (m) 4.5'		Number of net tows 1	Depth of tows (m) 1
<input checked="" type="checkbox"/> Have you consolidated all of your samples into one composite bottle?			
<input type="checkbox"/> Have you sent your samples to the DNR Plymouth Service Center?			
COMMENTS/OBSERVATIONS:			
For DNR staff to fill out			
Volume of sample that was analyzed (ml)		Date analyzed	
Name of plankton sample analyst:			
Name of person or museum who identified the voucher specimen:			
Did the samples contain zebra mussel veligers? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you entered the results of the samples in SWIMS? <input type="checkbox"/> Yes <input type="checkbox"/> No			
DNR staff: Please enter voucher information for new AIS findings into SWIMS under the Incident Report Project for your county (Choose Incident Report Form in SWIMS). Enter date of sampling for "Start Date", Person who identified specimen as "Data Collector", and Monitoring location as "Station".			

The purpose of this form is to track the presence/absence of spiny or fishhook water fleas collected using a plankton net during AIS monitoring.

Notice: Information on this voluntary form is collected under ss. 33.02 and 281.11, Wis. Stats. Personally identifiable information collected on this form will be incorporated into the DNR Surface Water Integrated Monitoring System (SWIMS) Database. It is not intended to be used for any other purposes, but may be made available to requesters under Wisconsin's Open Records laws, ss. 19.32 - 19.39, Wis. Stats.

Primary Data Collector			
Name TY KRZEWICKI		Phone Number 949-4475	Email
Monitoring Location			
Waterbody Name STONE LAKE	WBIC 1597600	County ONEIDA	Township Name
Date and Time of Monitoring			
Start Date 7/7/16	Start Time 12:50	End Date (= Start Date) 7/7/16	End Time 1:00 PM
Monitoring Results			
Method used: <input checked="" type="checkbox"/> horizontal tows (near surface) <input type="checkbox"/> oblique tows (thermocline to surface) <input type="checkbox"/> vertical tows (bottom to surface)			
Diameter of plankton net opening 30cm <input checked="" type="checkbox"/> 50cm other _____ (circle one)			
Site 1: Latitude (optional): Secchi depth (m) 4.5' (optional)		Longitude (optional): Depth sampled (if vertical or oblique tow) _____ ft/m circle one	<input checked="" type="checkbox"/> Preservative Added
Site 2: Latitude (optional): Secchi depth (m) 1' (optional)		Longitude (optional): Depth sampled (if vertical or oblique tow) _____ ft/m circle one	<input checked="" type="checkbox"/> Preservative Added
Site 3: Latitude (optional): Secchi depth (m) 1' (optional)		Longitude (optional): Depth sampled (if vertical or oblique tow) _____ ft/m circle one	<input checked="" type="checkbox"/> Preservative Added
<input checked="" type="checkbox"/> Have you consolidated all of your samples into one composite bottle?			
<input type="checkbox"/> Have you sent your samples to the DNR Plymouth Service Center?			
During this monitoring trip, did you find what you suspect are Spiny or Fishhook Waterfleas in this waterbody? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Voucher Sample			
If you found Spiny or Fishhook Water fleas, did you collect a voucher specimen and bring it to your local DNR office? If so, which office?			
<input type="checkbox"/> Rhinelander	<input type="checkbox"/> Spooner	<input type="checkbox"/> Green Bay	<input type="checkbox"/> Oshkosh <input type="checkbox"/> Did not take sample to a DNR office
<input type="checkbox"/> Fitchburg	<input type="checkbox"/> Waukesha	<input type="checkbox"/> Eau Claire	<input type="checkbox"/> Superior <input type="checkbox"/> Other Office: _____

If you find Spiny or Fishhook Water Fleas

Please bring a copy of this form, along with a voucher specimen and if possible, a map showing where you found the suspect waterfleas to your regional Citizen Lake Monitoring Coordinator at the DNR. All initial discoveries should be placed in rubbing alcohol until verification by an expert is obtained.

If you don't Find Spiny or Fishhook Water Fleas

If you submit your data online, that is all you need to do. Otherwise, please mail a copy to your regional DNR Citizen Lake Monitoring coordinator. <http://dnr.wi.gov/lakes/contacts>

For DNR staff to fill out			
Volume of sample that was analyzed (ml)		Date analyzed	
Name of plankton sample analyst:			
Name of person or museum who identified the voucher specimen			
Was the specimen confirmed as....?			
Spiny Waterflea? <input type="checkbox"/> Yes <input type="checkbox"/> No		Fishhook Waterflea? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you entered the results of the voucher in SWIMS? <input type="checkbox"/> Yes <input type="checkbox"/> No			
DNR staff: Please enter voucher information for new AIS findings into SWIMS under the Incident Report Project for your county (Choose Incident Report Form in SWIMS). Enter date of sampling for "Start Date", Person who identified specimen as "Data Collector", and Monitoring location as "Station".			

