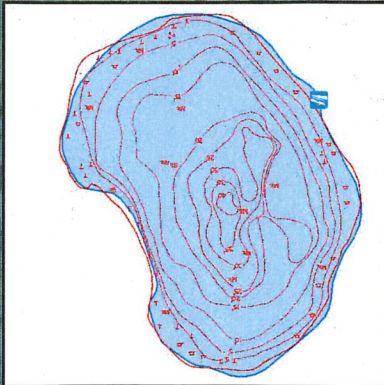
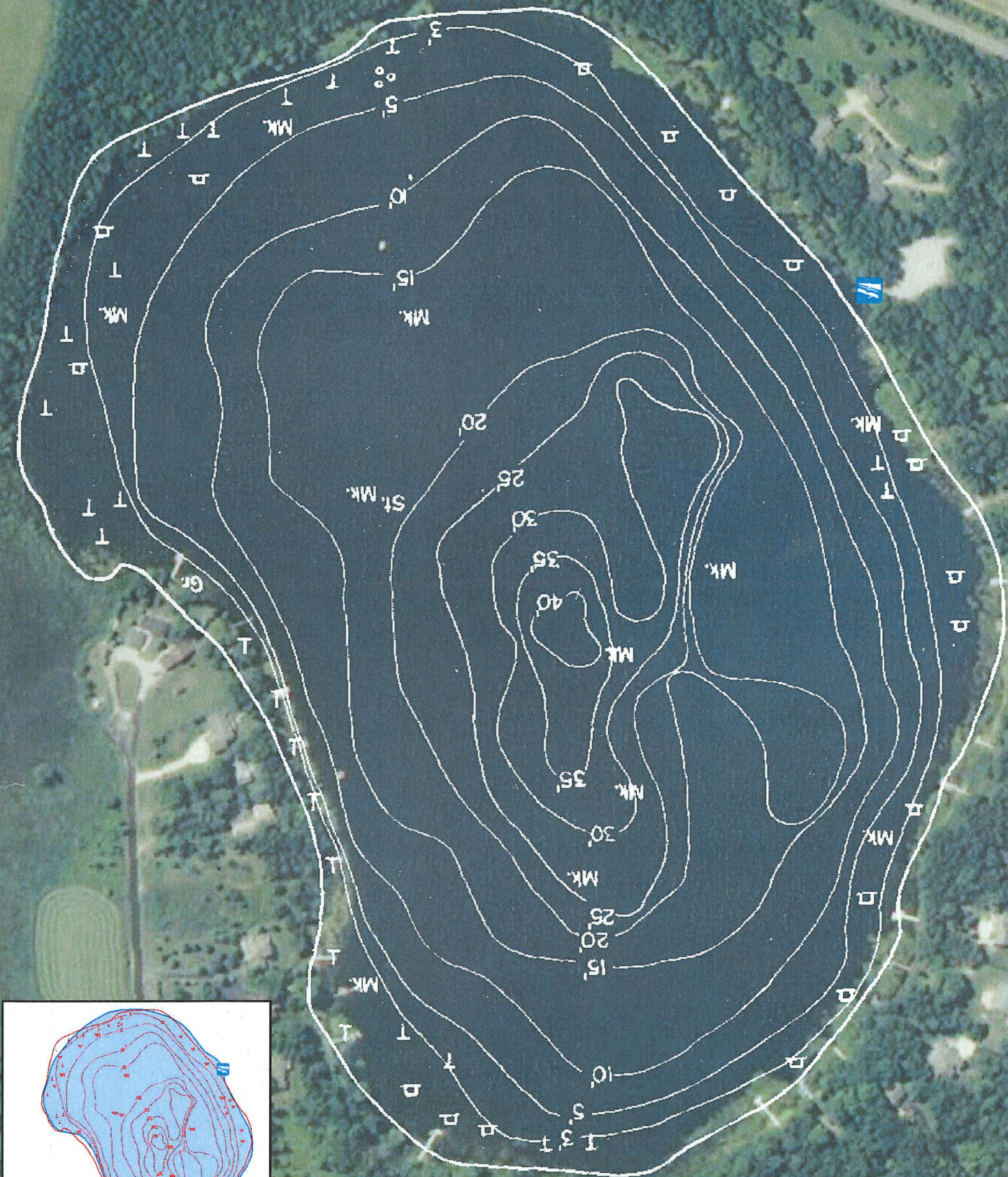


OFFICIAL_NAME	Bullhead Lake (none)
WBIC	68300
Lead	
COUNTY	Manitowoc
SIZE(ACRES)	69.52
Latitude	44.10333
Longitude	-88.0372
MAX_DEPTH (FEET)	40
WATERBODY_TYPE_CODE	ED Lake Survey
LANDINGCOUNT	1
Beach/Public/Park Count	
Secchi Depth (Ft)	6
AIS Present	Banded Mystery Snail, Chinese Mystery Snail, Curly-Leaf Pondweed, Eurasian Water-Milfoil, Hybrid Milfoil
Needed Vouchers	Giant hogweed -picture only
Boating Ords	
Last Monitoring Event	
Notes	Received a grant to develop a lake management plan. Onterra out there monitoring too. They could use your survey data in their updated plan report.
Volunteers	7/17/17







Instructions: Bold fields must be completed.

Location Name	WBIC	County	Date(s)	AIS sign?	Secchi (ft or m)	Conductivity (ZM $\geq$ 99 $\mu$ mhos/cm)	Collector(s)	Start Time	End Time	Total Hours (hrs x # ppl)
Bullhead	68300	Manitowoc	7/17/17	Y	2.5 ft		Amy Kretlow Alex Seile	1:30pm	3:15pm	

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

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

STEP 2: Record locations of sampling sites (in decimal degrees). While snorkeling is optional, please indicate whether snorkeled or why not. List AIS found and density at each site or record none. Collect photographs and samples of any new AIS found. Include internal and external labels with WBIC, name of lake, county, sample date, 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
1	44.10371	88.04047	N	BG-algae	CLP (1) - turion found 2 operculums found but no snails				water clarity very low due to BG-algae
2	44.10592	88.03586	N	↓	BMS (1) - Dead				
3	44.10345	88.03499	N	↓	BMS (1) live + dead				
4	44.10193	88.03349	N	↓	BMS (1)				
5	44.10044	88.03632	N	↓					
BL	44.10186	-88.03901	N	↓					

\*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.

Site #1 - Bottom blanketed w/ filamentous algae from rock pulls

**STEP 3:** Regional verifier examination specimen(s) and photographs and provide identification results. Submit to next verifier. Create ROI and attach documents.

Species	Specimen (Y/N)	Photo Name	Sent to	Date sent	Comments	This section is completed by the verifier(s)					
						Verifier #1	Date	ID	Verifier #2	Date	ID

**STEP 4:** For new aquatic invasive species populations, collect photographs and samples. Provide photos, preserved specimens, and copies of the datasheet to the regional DNR verifier. Name photos with the SPSCODE\_YYYYMMDD\_WBIC or STATIONID or LAT LONG\_COLLECTOR.

**STEP 5:** Data was entered into SWIMS on 7/17/17 by Alex Scille

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

**STEP 6:** Data was proofed on 10/23/2017 by Amy Kretlow

## 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		Phone Number	Email
Monitoring Location			
Waterbody Name <u>Bullhead Lake</u>	WBIC <u>68300</u>	County <u>Manitowoc</u>	Township Name
Date and Time of Monitoring			
Start Date <u>7/17/17</u>	Start Time <u>1:30</u>	End Date (= Start Date)	End Time
Monitoring Results			
<b>Guidelines for how many tows to collect:</b> 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 <u>50cm</u> other _____ (circle one)			
Site 1: Latitude (optional): <u>44.10384</u>		Longitude (optional): <u>-88.03739</u> <input type="checkbox"/> Preservative Added	
Secchi depth (m) <u>2.5ft</u>		Number of net tows <u>3</u>	Depth of tows (m) <u>4m</u>
Site 2: Latitude (optional):		Longitude (optional): <input type="checkbox"/> Preservative Added	
Secchi depth (m) _____		Number of net tows _____	Depth of tows (m) _____
Site 3: Latitude (optional):		Longitude (optional): <input type="checkbox"/> Preservative Added	
Secchi depth (m) _____		Number of net tows _____	Depth of tows (m) _____
<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?			
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		Phone Number	Email
Monitoring Location			
Waterbody Name <u>Bullhead Lake</u>	WBIC <u>68300</u>	County <u>Manitowac</u>	Township Name
Date and Time of Monitoring			
Start Date <u>7/17/17</u>	Start Time <u>1:30pm</u>	End Date (= Start Date)	End Time
Monitoring Results			
Method used: <input type="checkbox"/> horizontal tows (near surface) <input type="checkbox"/> oblique tows (thermocline to surface) <input checked="" type="checkbox"/> <u>Eckman Dredge</u> vertical tows (bottom to surface)			
Diameter of plankton net opening 30cm 50cm other _____ (circle one) <u>Eckman dredge</u>			
Site 1: Latitude (optional): <u>44.10384</u>		Longitude (optional): <u>88.03729</u> <input type="checkbox"/> Preservative Added	
Secchi depth (m) <u>2.5ft</u> (optional)		Depth sampled (if vertical or oblique tow) <u>38</u> ft/m circle one <u>Eckman dredge</u>	
Site 2: Latitude (optional):		Longitude (optional): <input type="checkbox"/> Preservative Added	
Secchi depth (m) _____ (optional)		Depth sampled (if vertical or oblique tow) _____ ft/m circle one	
Site 3: Latitude (optional):		Longitude (optional): <input type="checkbox"/> Preservative Added	
Secchi depth (m) _____ (optional)		Depth sampled (if vertical or oblique tow) _____ ft/m circle one	
<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".			