

# Water Level Monitoring Data Sheet



## Lake Information

Lake Name \_\_\_\_\_ Station ID \_\_\_\_\_ County \_\_\_\_\_

Local Coordinator and Organization (if known) \_\_\_\_\_

Monitoring Site Description \_\_\_\_\_

## Data Collectors

Primary Data Collector \_\_\_\_\_ Email \_\_\_\_\_ Phone No. \_\_\_\_\_ Organization \_\_\_\_\_  
 ( ) - \_\_\_\_\_

Additional Data Collector(s) \_\_\_\_\_

Date	Time	Water Level Reading	Has the Gauge Moved?	Comments
__/__/____	__:__ AM/PM	_____ ft	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
__/__/____	__:__ AM/PM	_____ ft	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
__/__/____	__:__ AM/PM	_____ ft	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
__/__/____	__:__ AM/PM	_____ ft	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
__/__/____	__:__ AM/PM	_____ ft	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
__/__/____	__:__ AM/PM	_____ ft	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
__/__/____	__:__ AM/PM	_____ ft	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
__/__/____	__:__ AM/PM	_____ ft	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
__/__/____	__:__ AM/PM	_____ ft	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
__/__/____	__:__ AM/PM	_____ ft	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
__/__/____	__:__ AM/PM	_____ ft	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
__/__/____	__:__ AM/PM	_____ ft	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
__/__/____	__:__ AM/PM	_____ ft	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

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__/__/__	__:__ AM/PM	_____ ft	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
__/__/__	__:__ AM/PM	_____ ft	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
__/__/__	__:__ AM/PM	_____ ft	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
__/__/__	__:__ AM/PM	_____ ft	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
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__/__/__	__:__ AM/PM	_____ ft	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
__/__/__	__:__ AM/PM	_____ ft	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
__/__/__	__:__ AM/PM	_____ ft	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____