Wisconsin Department of Natural Resources SWIMS Project Summary

General Project Information

Project ID: CLMN-20100725-Eagle River

Citizen Lake Monitoring Training - Eagle River - 07/24/2010 Name:

Type: Citizen Lake Monitoring

Subtype: Training Sessions and Workshops

Status: **COMPLETE**

Start Date: 7/24/2010 **End Date:** 12/31/2099

When: 9:00-11:00 am Where: Cloverland Hall, 5860 Perch Lake Road, EagleRiver Purpose:

Contact Justine White-Richards at (715)479-1187 orjrwrtravelnurse@frontiernet.net for more information. Description ofworkshops: The Citizen Lake Monitoring Network Aquatic Invasive Species(AIS) monitoring workshop speakers provide details on aquatic invasivespecies identification and life cycles; instructions on how to organize an effective monitoring team; where and when to look for the invasives; as well as what to do if you suspect that you have found an invasiveplant or animal. Most workshops will offer hands-on training forinvasive species identification. Workshop hosts will offer participantsa monitoring kit at no charge (one free kit per lake). Additional kitsand supplies helpful in assisting you in collection and identification of the plants and animals may be offered "for sale" at the workshops. These materials are optional, but many volunteer found them useful. Formore information on the

CLMN program, visit:http://www.uwsp.edu/cnr/uwexlakes/clmn.

Objective:

Comments: Training took place at Cloverland Hall, 5860 Perch Lake Road, Eagle River

Outcome:

Study Design:

QA Measures:

People						
Name	Role	Status	Start Date	End Date	Organization	Comments
White-Richards, Justine	TRAINER	COMPLETE	7/24/2010	12/31/2099		

Project S	Statuses		
Date	Reported By	Status	

Date	Reported By	Status Comme		nts			
Actions							
Action		Detailed Description		Start Date	End Date	Status	

Action	Detailed Description	Start Date	End Date	Status
Train Volunteers to Monitor Lakes for Invasive Species	CLMN-20100725-Eagle River	7/24/2010		COMPLETE
Hold Workshops		7/24/2010	7/25/2010	COMPLETE

Station ID Name **Comments**

Ass	essm	ent	Units

WBIC	Segment	Local Name	Official Name

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Lab Account Codes						
Account Code	ode Description					
Forms						
Form Code	Form Code Form Name					
Methods						
Method Code	Method Description					
AIS_MON_CLMN_2011	AIS CLMN Monitoring Procedures 2011					
Fieldwork Events						

Station ID **Station Name Start Date** Status Field ID

Documents

Published Comments Title Description Author

Budget

Combined Budgets:

Combined WSLH:

Combined Total: \$0.00

Funding					
Organization	Source	Туре	Amount	Start Date	End Date

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