

Instructions: Bold fields must be completed.

Location Name	WBIC	County	Date(s)	AIS sign?	Secchi (ft or m)	Conductivity (ZM ≥ 99 umhos/cm)	Collector(s)	Start Time	End Time	Total Hours (hrs x # ppl)
Long Lake	2918200	Polk	6-29-18 7-3-18	yes	9 ft		KA, BE, JW	10:00 AM 9:30 AM	11:00 AM 11:30	6 hrs

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

AQUATIC PLANTS/ALGAE	European frogbit	Parrot feather	Water chestnut	Phragmites	Japanese hop	New Zealand mudsnails	Faucet snails
Starry stonewort	Hydrilla	Water hyacinth	Didymo	Purple loosestrife	INVERTEBRATES	Chinese/Banded mystery snails	Other
Yellow floating heart	Curly leaf pondweed	Water lettuce	RIPARIAN PLANTS	Yellow flag iris	Zebra/quagga mussels	Rusty/red swamp crayfish	
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
MS1	45.45686	-92.52541	N		CUP=1	N	N		
MS2	45.45909	-92.52527			CUP=2	N	N		
TS1	45.45304	-92.51344			CMS=1(D)				
TS2	45.44849	-92.51064			MSA CMS=1(D)				
TS3	45.44817	-92.49408			CUP=4				
TS4	45.45271	-92.50641			CUP=1				
TS5	45.45645	-92.51487			MIT			X	
BL2	45.45454	-92.52273			CMS=1(D)				
BL2	45.45278	-92.51110			CMS=1(D)				

*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.

MS3 45.45261 -92.51775 CUP=1

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	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_YYMMDD_WBIC or STATIONID or LAT LONG_COLLECTOR.

STEP 5: Data was entered into SWIMS on _____ by _____
 Once data is entered, send scans of data sheets to central office (Maureen.Ferry@Wisconsin.gov).
STEP 6: Data was proofed on _____ by _____

Notes:

Katelin Anderson
100 Polk County Plaza, Ste 120
Balsam Lake WI 54810
katelin.anderson@co.polk.wi.us
715-485-8637 – PHONE
715-485-8642 - FAX

presence/absence of zebra or quagga mussel larvae (veligers) collected using a plankton

under ss. 33.02 and 281.11, Wis. Stats. Personally identifiable information collected on this form will be stored in the Wisconsin Monitoring System (SWIMS) Database. Personally identifiable information collected on this form is not intended to be used for any other purposes, but may be made available to the public under ss. 19.32 - 19.39, Wis. Stats.

	Phone Number	Email
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Monitoring Location

Waterbody Name <i>Long</i>	WBIC <i>2478200</i>	County <i>Polk</i>	Township Name <i>Balsam Lake</i>
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Date and Time of Monitoring

Start Date <i>7-3-18</i>	Start Time <i>10:40</i>	End Date (= Start Date) <i>7-3-18</i>	End Time
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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): *45.45287* Longitude (optional): *-92.5112* Preservative Added
 Secchi depth (m) *9.1* Number of net tows *1* Depth of tows (m) *2M*

Site 2: Latitude (optional): _____ Longitude (optional): _____ Preservative Added
 Secchi depth (m) _____ Number of net tows _____ Depth of tows (m) _____

Site 3: Latitude (optional): _____ Longitude (optional): _____ Preservative Added
 Secchi depth (m) _____ Number of net tows _____ Depth of tows (m) _____

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".

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presence/absence of spiny or fishhook water fleas collected using a plankton net

Under ss. 33.02 and 281.11, Wis. Stats. Personally identifiable information collected on this form is stored in the Wisconsin Citizen Lake Monitoring System (SWIMS) Database. It is not intended to be used for any other purpose than the Wisconsin's Open Records laws, ss. 19.32 - 19.39, Wis. Stats.

Phone Number	Email
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Monitoring Location

Waterbody Name <i>Long</i>	WBIC <i>2478200</i>	County <i>Polk</i>	Township Name <i>Balsam Lake</i>
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Date and Time of Monitoring

Start Date	Start Time	End Date (= Start Date)	End Time
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Monitoring Results

Method used: horizontal tows (near surface) oblique tows (thermocline to surface) vertical tows (bottom to surface)

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

Site 1: Latitude (optional): _____ Longitude (optional): _____ Preservative Added
 Secchi depth (m) _____ (optional) Depth sampled (if vertical or oblique tow) _____ ft/m circle one

Site 2: Latitude (optional): _____ Longitude (optional): _____ Preservative Added
 Secchi depth (m) _____ (optional) Depth sampled (if vertical or oblique tow) _____ ft/m circle one

Site 3: Latitude (optional): _____ Longitude (optional): _____ Preservative Added
 Secchi depth (m) _____ (optional) Depth sampled (if vertical or oblique tow) _____ ft/m circle one

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

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? Yes 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? Yes No Fishhook Waterflea? Yes No

Have you entered the results of the voucher 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".