

me

Bunker

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

3

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

1. Your name:	Maria DeBaker	2. Station name:	Bay Beach 3		
3. Monitoring date:	9/11/2015	4. Start time (include AM/PM):	13:15pm		
5. Water conditions:	Calm	Slight movement	Moderate flow or waves	Rough or fast flowing	
6. Water level:	High	Normal	Low		
7. Overall, how aesthetically pleasing do you find the site?					
Circle one of the following:	Very pleasing	Somewhat pleasing	Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing
Please describe. List any factors that make it pleasing or not pleasing.	waves breaking on shore				
8a. Is the color or clarity of the water unattractive?					
	Yes	No			
If yes, please describe:	Brown cast & Low clarity				
8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?					
	Yes	No			
9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.					
A. Water Color:	Colorless	Red	Green	Brown	Other (please indicate)
B. Water Clarity:	Completely clear	Fairly clear	Fairly cloudy	Completely cloudy	
C. Water Surface:	Normal	Oily sheen	Foamy	Floating aquatic plants	
(Circle all that apply)	Natural debris	Neon green sheen	Other (please indicate)		
10a. Is there floating or submerged garbage present in the water?					
	Yes	No			
If yes, circle visible item(s):	Building materials	Medical items	Household waste	Sewage-related litter	
	Food-related litter	Fishing-related litter	Other (please indicate)		
10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?					
	Yes	No			
11a. Are any other substances present in the water that are not specifically mentioned on this form?					
	Yes	No			
If yes, list what:					
11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?					
	Yes	No			

Form revision date: 02/17/15

Overall aesthetic impression of site

Objectonable deposits in characteristics of the water

12a. Is there garbage along the shoreline?

Yes

No

If yes, circle type(s):

Building materials

Medical items

Household waste

Sewage-related litter

Food-related litter

Fishing-related litter

Other (please indicate)

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes

No

13a. Along the shoreline, are there problem animals or problems caused by animals?

Yes

No

If yes, list type(s):

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes

No

14a. Is there nuisance vegetation along the shoreline?

Yes

No

If yes, list type if known and amount:

*Phragmites*

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes

No

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

Yes

No

If yes, list type(s):

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes

No

16. Have you previously evaluated this station?

Yes

No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

*Water levels are much higher*

Comments: Please include anything else you thought should be reported while completing this survey.

*Better suited for Duck hunting than a swimming beach*

17. END TIME:

*13:30*

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

*10-16-15*

Check box if data sheet meets quality control requirements



Aesthetic impression score:

*1*

Assessment score:

*1*

Objectionable deposits on the shoreline

Additional feedback

QA/QC

Entered

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

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1. Your name:	Kathy Thomas		2. Station name:	Beach Beach	
3. Monitoring date:	05/24/15		4. Start time (include AM/PM):	3:34 pm	
5. Water conditions:	Calm	<u>Slight movement</u>	Moderate flow or waves	Rough or fast flowing	
6. Water level:	High	Normal	<u>Low</u>		
7. Overall, how aesthetically pleasing do you find the site?					
Circle <u>one</u> of the following:	Very pleasing <input type="radio"/>	Somewhat pleasing <input type="radio"/>	Neither pleasing nor displeasing <input checked="" type="radio"/> <sup>2</sup>	Somewhat displeasing <input checked="" type="radio"/> <sup>3</sup>	
Please describe. List any factors that make it pleasing or not pleasing.	Water seems very low - a lot of silt, strain with rocks				
8a. Is the color or clarity of the water unattractive?					
If yes, please describe:	<u>Yes</u> looks good but cannot get near due to steep rocks				
8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?					
	<u>No</u>				
9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.					
A. Water Color:	Colorless	Red	Green	Brown	Other (please indicate) <u>can't tell</u>
B. Water Clarity:	<u>Completely clear</u>	Fairly clear	Fairly cloudy	Completely cloudy	<u>can't tell</u>
C. Water Surface: (Circle all that apply)	<u>Normal</u>	Oily sheen	Foamy	Floating aquatic plants	
	Natural debris	Neon green sheen	Other (please indicate) _____		
10a. Is there floating or submerged garbage present in the water?					
If yes, circle visible item(s):	<u>No</u>				
	Building materials	Medical items	Household waste	Sewage-related litter	
	Food-related litter	Fishing-related litter	Other (please indicate) _____		
10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?					
	<u>No</u>				
11a. Are any other substances present in the water that are not specifically mentioned on this form?					
If yes, list what:	<u>No</u>				
11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?					
	<u>No</u>				

Form revision: date: 02/17/15

Overall aesthetic impression of site

Observable deposits in/characteristics of the water

12a. Is there garbage along the shoreline?

Yes  No

If yes, circle type(s):

Building materials      Medical Items      Household waste      Sewage-related litter  
Food-related litter      Fishing-related litter      Other (please indicate)

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes  No

13a. Along the shoreline, are there problem animals or problems caused by animals?

Yes  No

If yes, list type(s):

Moderate geese/pigeon poop on lawn

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes  No

14a. Is there nuisance vegetation along the shoreline?

Yes  No

If yes, list type if known and amount:

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes  No

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

Yes  No

If yes, list type(s):

Large sleep rocks - can not access water

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes  No

16. Have you previously evaluated this station?

Yes  No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

Very well used site.

17. END TIME:

3:50pm

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

8/24/18  
Andrew Chaves

Check box if data sheet meets quality control requirements

Aesthetic Impression score:

3

Assessment score:

1

Objectionable deposits on the shoreline

Additional feedback

QA/QC

ms

entered

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	Madeline Sweeney		<b>2. Station name:</b>	Bay Beach	
<b>3. Monitoring date:</b>	10/13/14/15		<b>4. Start time (include AM/PM):</b>	1:00	
<b>5. Water conditions:</b>	Calm	Slight movement	Moderate flow or waves	Rough or fast flowing	
<b>6. Water level:</b>	High	Normal		Low	
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle <u>one</u> of the following:	Very pleasing	Somewhat pleasing	Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing
Please describe. List any factors that make it pleasing or not pleasing.	Nice view, Good Path (weeds = displeasing)				
<b>8a. Is the color or clarity of the water unattractive?</b>					
If yes, please describe:	Yes		No		
	Brown / dirty				
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>					
	Yes		No		
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	Colorless	Red	Green	Brown	Other (please indicate) _____
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	Fairly cloudy	Completely cloudy	
<b>C. Water Surface:</b> (Circle all that apply)	Normal	Oily sheen	Foamy	Floating aquatic plants	
	Natural debris	Neon green sheen		Other (please indicate) _____	
<b>10a. Is there floating or submerged garbage present in the water?</b>					
If yes, circle visible item(s):	Yes		No		
	Building materials	Medical items	Household waste	Sewage-related litter	
	Food-related litter	Fishing-related litter		Other (please indicate) _____	
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
	Yes		No		
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
If yes, list what:	Yes		No		
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
	Yes		No		

Form revision date: 02/17/15

Overall aesthetic impression of site

Objectionable deposits in/ characteristics of the water

12a. Is there garbage along the shoreline?

Yes

No

If yes, circle type(s):

Building materials

Medical items

Household waste

Sewage-related litter

Food-related litter

Fishing-related litter

Other (please indicate)

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes

No

13a. Along the shoreline, are there problem animals or problems caused by animals?

Yes

No

If yes, list type(s):

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes

No

14a. Is there nuisance vegetation along the shoreline?

Yes

No

If yes, list type if known and amount:

Phragmites,  
large Pickers weeds in rocks

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes

No

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

Yes

No

If yes, list type(s):

Rocks

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes

No

16. Have you previously evaluated this station?

Yes

No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

17. END TIME:

1:20

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

11-5-15

Check box if data sheet meets quality control requirements



Aesthetic impression score:

1

Assessment score:

2

Objectionable deposits on the shoreline

Additional feedback

04/06

new

entered

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

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If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	Kristina Kleson	<b>2. Station name:</b>	Bay Beach	Form revision date: 02/17/15		
<b>3. Monitoring date:</b>	10/13/15	<b>4. Start time (Include AM/PM):</b>	1:00			
<b>5. Water conditions:</b>	Calm    Slight movement <u>Moderate flow or waves</u> Rough or fast flowing					
<b>6. Water level:</b>	High    Normal <u>Low</u>					
<b>7. Overall, how aesthetically pleasing do you find the site?</b>						
Circle <u>one</u> of the following:	Very pleasing	<u>Somewhat pleasing</u>	Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing	Overall/aesthetic impression of site
Please describe. List any factors that make it pleasing or not pleasing.	Beautiful view, Awesome Park, Good path Displeasing - Weeds					
<b>8a. Is the color or clarity of the water unattractive?</b>						
	<u>Yes</u>			No		
If yes, please describe:	Brown, Dirty					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>						
	<u>Yes</u>			No		
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance.</b>						
<b>For water surface, please circle all applicable attributes.</b>						
<b>A. Water Color:</b>	Colorless	Red	Green	<u>Brown</u>	Other (please indicate)	
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	<u>Fairly cloudy</u>	<u>Completely cloudy</u>		
<b>C. Water Surface:</b> (Circle all that apply)	<u>Normal</u>	Oily sheen	Foamy	<u>Floating aquatic plants</u>		
	<u>Natural debris</u>	Neon green sheen		Other (please indicate)		
<b>10a. Is there floating or submerged garbage present in the water?</b>						
	<u>Yes</u>			<u>No</u>		
If yes, circle visible item(s):	Building materials    Medical Items    Household waste    Sewage-related litter Food-related litter    Fishing-related litter    Other (please indicate)					
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>						
	<u>Yes</u>			No		
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>						
	<u>Yes</u>			<u>No</u>		
If yes, list what:						
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>						
	<u>Yes</u>			No		

Objectionable deposits in characteristics of the water

12a. Is there garbage along the shoreline?

Yes

No

If yes, circle type(s):

Building materials

Medical items

Household waste

Sewage-related litter

Food-related litter

Fishing-related litter

Other (please indicate) \_\_\_\_\_

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes

No

13a. Along the shoreline, are there problem animals or problems caused by animals?

Yes

No

If yes, list type(s):

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes

No

14a. Is there nuisance vegetation along the shoreline?

Yes

No

If yes, list type if known and amount:

Phragmites, large Pickers, weeds in rocks

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes

No

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

Yes

No

If yes, list type(s):

ROCKS

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes

No

16. Have you previously evaluated this station?

Yes

No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

We'd love to see a beach @ bay beach

17. END TIME:

1:20

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

11-5-15

Check box if data sheet meets quality control requirements



Aesthetic impression score:

1

Assessment score:

2

Objectionable deposits on the shoreline

Additional feedback

QA/QC



entered

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

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If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	PAUL WEISS		<b>2. Station name:</b>	<del>GREEN BAY BEACH</del>	
<b>3. Monitoring date:</b>	8/19/15 mm/dd/yy		<b>4. Start time (include AM/PM):</b>	2:15 PM	
<b>5. Water conditions:</b>	Calm	Slight movement	<u>Moderate flow or waves</u>		Rough or fast flowing
<b>6. Water level:</b>	<u>High</u>	Normal		Low	
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle <u>one</u> of the following:	<u>Very pleasing</u>	Somewhat pleasing	Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing
Please describe. List any factors that make it pleasing or not pleasing.	PARTLY CLOUDY, SOUTH WIND DUCKS, EGRETS ISLAND LOOKS GREAT & GREEN				
<b>8a. Is the color or clarity of the water unattractive?</b>					
Yes No <u>No</u>					
If yes, please describe:					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>					
Yes No					
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	Colorless	Red	Green	<u>Brown</u>	Other (please indicate) _____
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	<u>Fairly cloudy</u>	Completely cloudy	
<b>C. Water Surface:</b> (Circle all that apply)	<u>Normal</u>	Oily sheen	Foamy	Floating aquatic plants	
	Natural debris	Neon green sheen	Other (please indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>					
Yes No <u>No</u>					
If yes, circle visible item(s):	Building materials	Medical items	Household waste	Sewage-related litter	
	Food-related litter	Fishing-related litter	Other (please indicate) _____		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
Yes No					
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
Yes No <u>No</u>					
If yes, list what:					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
Yes No					

Form/revision date: 02/17/15

Overall/aesthetic impression of site

Objectionable deposits in/characteristics of the water

12a. Is there garbage along the shoreline?

If yes, circle type(s):

<input type="radio"/> Yes	<input type="radio"/> No
Building materials	Medical Items Household waste Sewage-related litter
Food-related litter	Fishing-related litter Other (please indicate) _____

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

13a. Along the shoreline, are there problem animals or problems caused by animals?

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

16. Have you previously evaluated this station?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
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If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

PLEASANT AFTERNOON @ BAY BEACH  
KID'S TRAINS ARE OPERATING  
KID'S VOICES IN BACKGROUND

17. END TIME:

2:30 PM

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	9-3-15	Check box if data sheet meets quality control requirements	<input checked="" type="checkbox"/>
Aesthetic impression score:	0		
Assessment score:	0		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

3

new

Entered

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

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<b>1. Your name:</b>	Tom SCHUBER		<b>2. Station name:</b>	BAY BEACH	
<b>3. Monitoring date:</b>	9-1-15 m/d d/yy		<b>4. Start time (include AM/PM):</b>	3:40 p	
<b>5. Water conditions:</b>	Calm	<input checked="" type="radio"/> Slight movement	Moderate flow or waves	<input type="radio"/> Rough or fast flowing	
<b>6. Water level:</b>	<input checked="" type="radio"/> High	<input type="radio"/> Normal	<input type="radio"/> Low		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle <u>one</u> of the following:	<input checked="" type="radio"/> Very pleasing	<input type="radio"/> Somewhat pleasing	<input type="radio"/> Neither pleasing nor displeasing	<input type="radio"/> Somewhat displeasing	<input type="radio"/> Very displeasing
Please describe. List any factors that make it pleasing or not pleasing.	Quite clear - My dog liked to walk on the Break wall.				
<b>8a. Is the color or clarity of the water unattractive?</b>					
	<input type="radio"/> Yes		<input checked="" type="radio"/> No		
If yes, please describe:					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>					
	<input type="radio"/> Yes		<input type="radio"/> No		
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	<input type="radio"/> Colorless	<input type="radio"/> Red	<input checked="" type="radio"/> Green	<input type="radio"/> Brown	<input type="radio"/> Other (please indicate) _____
<b>B. Water Clarity:</b>	<input type="radio"/> Completely clear	<input checked="" type="radio"/> Fairly clear	<input type="radio"/> Fairly cloudy	<input type="radio"/> Completely cloudy	
<b>C. Water Surface:</b>	<input checked="" type="radio"/> Normal	<input type="radio"/> Oily sheen	<input type="radio"/> Foamy	<input type="radio"/> Floating aquatic plants	
(Circle all that apply)	<input type="radio"/> Natural debris	<input type="radio"/> Neon green sheen	<input type="radio"/> Other (please indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>					
	<input type="radio"/> Yes		<input checked="" type="radio"/> No		
If yes, circle visible item(s):	<input type="radio"/> Building materials	<input type="radio"/> Medical items	<input type="radio"/> Household waste	<input type="radio"/> Sewage-related litter	
	<input type="radio"/> Food-related litter	<input type="radio"/> Fishing-related litter	<input type="radio"/> Other (please indicate) _____		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
	<input type="radio"/> Yes		<input type="radio"/> No		
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
	<input checked="" type="radio"/> Yes		<input type="radio"/> No		
If yes, list what:	LOTS of Reeds. Very High				
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
	<input checked="" type="radio"/> Yes		<input type="radio"/> No		

Form revision date: 02/17/15

Overall aesthetic impression of site

Objectonable deposits in characteristics of the water

12a. Is there garbage along the shoreline?

Yes  No

If yes, circle type(s):

Building materials      Medical items      Household waste      Sewage-related litter  
Food-related litter      Fishing-related litter      Other (please indicate) \_\_\_\_\_

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes  No

13a. Along the shoreline, are there problem animals or problems caused by animals?

Yes  No

If yes, list type(s):

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes  No

14a. Is there nuisance vegetation along the shoreline?

Yes  No

If yes, list type if known and amount:

Lots of tall weeds. LOTS!

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes  No  no dense area

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

Yes  No

If yes, list type(s):

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes  No

16. Have you previously evaluated this station?

Yes  No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

THE area in front of the pavillion is pretty clear BUT the rest of the shore is occluded with the BIG weeds (HAD LIKED THIS!)

17. END TIME:

4:00 P.M.

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

9-10-15

Check box if data sheet meets quality control requirements

Aesthetic Impression score:

0

Assessment score:

1 NO

Objectionable deposits on the shoreline

Additional feedback

04/06

Entered

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

1. Your name:	<u>Kathy Thunes</u>	2. Station name:	<u>Community Park</u>
3. Monitoring date:	<u>8/1/18</u>	4. Start time (include AM/PM):	<u>4:03pm</u>
5. Water conditions:	<input type="checkbox"/> Calm	<input type="checkbox"/> Slight movement	<input checked="" type="checkbox"/> Moderate flow or waves
6. Water level:	<input type="checkbox"/> High	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Low
7. Overall, how aesthetically pleasing do you find the site?			
Circle <u>one</u> of the following:	<input type="checkbox"/> Very pleasing	<input checked="" type="checkbox"/> Somewhat pleasing	<input type="checkbox"/> Neither pleasing nor displeasing
Please describe. List any factors that make it pleasing or not pleasing.	<u>Suber large rocks near shore</u>		
8a. Is the color or clarity of the water unattractive?			
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please describe:	<u>brown, cloudy</u>		
8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?			
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
9. For water color and clarity, please circle the answer choice that best describes the present appearance.			
For water surface, please circle all applicable attributes.			
A. Water Color:	<input type="checkbox"/> Colorless	<input type="checkbox"/> Red	<input checked="" type="checkbox"/> Green
	<input type="checkbox"/> Brown		<input type="checkbox"/> Other (please indicate)
B. Water Clarity:	<input type="checkbox"/> Completely clear	<input type="checkbox"/> Fairly clear	<input checked="" type="checkbox"/> Fairly cloudy
	<input type="checkbox"/> Completely cloudy		
C. Water Surface:	<input type="checkbox"/> Normal	<input type="checkbox"/> Oily sheen	<input type="checkbox"/> Foamy
(Circle all that apply)	<input type="checkbox"/> Natural debris	<input type="checkbox"/> Neon green sheen	<input checked="" type="checkbox"/> Other (please indicate) <u>bubbles</u>
10a. Is there floating or submerged garbage present in the water?			
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
If yes, circle visible item(s):	<input type="checkbox"/> Building materials	<input type="checkbox"/> Medical items	<input type="checkbox"/> Household waste
	<input type="checkbox"/> Food-related litter	<input type="checkbox"/> Fishing-related litter	<input type="checkbox"/> Sewage-related litter
	<input type="checkbox"/> Other (please indicate)		
10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?			
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
11a. Are any other substances present in the water that are not specifically mentioned on this form?			
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
If yes, list what:			
11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?			
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

Form revision  
State 02/17/15

Overall aesthetic  
impression of site

Objectionable deposits in/characteristics of the water

12a. Is there garbage along the shoreline?

If yes, circle type(s):

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Building materials	Medical Items <del>Very little</del>
Food-related litter	Household waste
Fishing-related litter	Sewage-related litter
	Other (please indicate) <u>Cigarettes, clippers</u>

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes  No

13a. Along the shoreline, are there problem animals or problems caused by animals?

If yes, list type(s):

Yes  No

Bird (geese poop) + feathers

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes  No

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

Yes  No

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes  No

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

If yes, list type(s):

Yes  No

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

~~Yes~~  No

16. Have you previously evaluated this station?

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

Yes  No

Large rocks near shore makes it hard to get to water. Numerous people enjoying site. Invisiting - can see myself spraying for a while. Facilities present.

17. END TIME:

4:08 pm

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	Andrew Chuen 8/24/15	Check box if data sheet meets quality control requirements	<input checked="" type="checkbox"/>
Aesthetic impression score:	1		
Assessment score:	1		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

new

entered

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b> PAUL WEISS		<b>2. Station name:</b> COMMUNITY PARK		Form revision date: 02/17/15				
<b>3. Monitoring date:</b> 8/19/2015 mm/dd/yy		<b>4. Start time (include AM/PM):</b> 10 AM						
<b>5. Water conditions:</b> <input checked="" type="radio"/> Calm    Slight movement    Moderate flow or waves    Rough or fast flowing								
<b>6. Water level:</b> <input checked="" type="radio"/> High    Normal    Low								
<b>7. Overall, how aesthetically pleasing do you find the site?</b>								
Circle <u>one</u> of the following:		<input checked="" type="radio"/> Very pleasing	<input type="radio"/> Somewhat pleasing	<input type="radio"/> Neither pleasing nor displeasing	<input type="radio"/> Somewhat displeasing	<input type="radio"/> Very displeasing	Overall/aesthetic impression of site	
Please describe. List any factors that make it pleasing or not pleasing.								
<b>8a. Is the color or clarity of the water unattractive?</b>								
If yes, please describe:		<input type="radio"/> Yes		<input checked="" type="radio"/> No				
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>								
		<input type="radio"/> Yes		<input type="radio"/> No				
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>								
<b>A. Water Color:</b>		Colorless	Red	Green	Brown	Other (please indicate) _____		Objectable deposits/in/characteristics of the water
<b>B. Water Clarity:</b>		Completely clear	<input checked="" type="radio"/> Fairly clear	Fairly cloudy	Completely cloudy			
<b>C. Water Surface:</b> (Circle all that apply)		Normal	Oily sheen	Foamy	Floating aquatic plants			
		Natural debris	<input checked="" type="radio"/> Neon green sheen	Other (please indicate) _____				
<b>10a. Is there floating or submerged garbage present in the water?</b>								
If yes, circle visible item(s):		<input type="radio"/> Yes		<input checked="" type="radio"/> No				
		Building materials	Medical items	Household waste	Sewage-related litter			
		Food-related litter	Fishing-related litter	Other (please indicate) _____				
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>								
		<input type="radio"/> Yes		<input type="radio"/> No				
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>								
If yes, list what:		<input type="radio"/> Yes		<input checked="" type="radio"/> No				
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>								
		<input type="radio"/> Yes		<input type="radio"/> No				

12a. Is there garbage along the shoreline?

Yes <sup>1</sup> SLIGHT No

If yes, circle type(s):

Building materials Medical Items Household waste Sewage-related litter  
Food-related litter Fishing-related litter Other (please indicate)

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes No

13a. Along the shoreline, are there problem animals or problems caused by animals?

Yes No

If yes, list type(s):

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes No

14a. Is there nuisance vegetation along the shoreline?

Yes No

If yes, list type if known and amount:

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes No

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

Yes No

If yes, list type(s):

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes No

16. Have you previously evaluated this station?

Yes No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

"MEMORIAL" TO MURDER VICTIM

17. END TIME:

10:10 AM

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

Check box if data sheet meets quality control requirements

Aesthetic impression score:

Assessment score:

Objectionable deposits on the shoreline

Additional feedback

QA/QC



24

WCO

entered

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

1. Your name: TOM SCHOBBER 2. Station name: Common University Park

3. Monitoring date: 9-1-18 m/dd/yy 4. Start time (include AM/PM): 4:00 PM

5. Water conditions: Calm Slight movement Moderate flow or waves Rough or fast flowing

6. Water level: High Normal Low

7. Overall, how aesthetically pleasing do you find the site?

Circle one of the following: Very pleasing Somewhat pleasing Neither pleasing nor displeasing Somewhat displeasing Very displeasing

Please describe. List any factors that make it pleasing or not pleasing.  
CLEAN; NOT TOO MUCH Vegetation

8a. Is the color or clarity of the water unattractive?

If yes, please describe: Yes No

8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?

Yes No

9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.

A. Water Color: Colorless Red Green Brown Other (please indicate)

B. Water Clarity: Completely clear Fairly clear Fairly cloudy Completely cloudy

C. Water Surface: (Circle all that apply) Normal Oily sheen Foamy Floating aquatic plants  
Natural debris Neon green sheen Other (please indicate)

10a. Is there floating or submerged garbage present in the water?

If yes, circle visible item(s): Yes No  
Building materials Medical Items Household waste Sewage-related litter  
Food-related litter Fishing-related litter Other (please indicate)

10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?

Yes No

11a. Are any other substances present in the water that are not specifically mentioned on this form?

If yes, list what: Yes No

11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?

Yes No

Form revision date: 02/07/15

Overall aesthetic impression of site

Objectionable deposits or characteristics of the water

12a. Is there garbage along the shoreline?

Yes

No

If yes, circle type(s):

Building materials

Medical items

Household waste

Sewage-related litter

Food-related litter

Fishing-related litter

Other (please indicate)

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes

No

13a. Along the shoreline, are there problem animals or problems caused by animals?

Yes

No

If yes, list type(s):

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes

No

14a. Is there nuisance vegetation along the shoreline?

Yes

No

If yes, list type if known and amount:

Reeds, High

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes

No

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

Yes

No

If yes, list type(s):

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes

No

16. Have you previously evaluated this station?

Yes

No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

Great place. Near my house!  
DOGS LOVE it

17. END TIME:

4:20 PM

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

9-10-15

Check box if data sheet meets quality control requirements



Aesthetic impression score:

0

Assessment score:

0

Objectionable deposits on the shoreline

Additional feedback

QA/QC

new entered

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	Kristine Klaseen	<b>2. Station name:</b>	Community Park	Form revision date: 02/17/15		
<b>3. Monitoring date:</b>	09/13/15	<b>4. Start time (include AM/PM):</b>	11:00			
<b>5. Water conditions:</b>	Calm      Slight movement <u>Moderate flow or waves</u> Rough or fast flowing					
<b>6. Water level:</b>	High <u>Normal</u> Low					
<b>7. Overall, how aesthetically pleasing do you find the site?</b>						
Circle <u>one</u> of the following:	<u>Very pleasing</u>	Somewhat pleasing	Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing	Overall aesthetic impression of site
Please describe. List any factors that make it pleasing or not pleasing.	Quiet small park atmosphere.					
<b>8a. Is the color or clarity of the water unattractive?</b>						
	Yes		<u>No</u>			Objectionable deposits in/characteristics of the water
If yes, please describe:						
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>						
	Yes		No			
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance.</b>						
<b>For water surface, please circle all applicable attributes.</b>						
<b>A. Water Color:</b>	<u>Colorless</u>	Red	Green	Brown	Other (please indicate) _____	
<b>B. Water Clarity:</b>	Completely clear	<u>Fairly clear</u>	Fairly cloudy	Completely cloudy		
<b>C. Water Surface:</b> (Circle all that apply)	Normal	Oily sheen	<u>Foamy</u>	<u>Floating aquatic plants</u>		
	Natural debris	Neon green sheen	Other (please indicate) _____			
<b>10a. Is there floating or submerged garbage present in the water?</b>						
	Yes		<u>No</u>			Objectionable deposits in/characteristics of the water
If yes, circle visible item(s):	Building materials	Medical items	Household waste	Sewage-related litter		
	Food-related litter	Fishing-related litter	Other (please indicate) _____			
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>						
	Yes		No			
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>						
	Yes		<u>No</u>			Objectionable deposits in/characteristics of the water
If yes, list what:						
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>						
	Yes		No			

12a. Is there garbage along the shoreline?

Yes

No

If yes, circle type(s):

Building materials

Medical items

Household waste

Sewage-related litter

Food-related litter

Fishing-related litter

Other (please indicate) \_\_\_\_\_

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes

No

13a. Along the shoreline, are there problem animals or problems caused by animals?

Yes

No

If yes, list type(s):

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes

No

14a. Is there nuisance vegetation along the shoreline?

Yes

No

If yes, list type if known and amount:

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes

No

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

Yes

No

If yes, list type(s):

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes

No

16. Have you previously evaluated this station?

Yes

No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

17. END TIME:

11:15

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

11-5-15

Check box if data sheet meets quality control requirements



Aesthetic impression score:

0

Assessment score:

0

Objectionable deposits on the shoreline

Additional feedback

QA/QC

met

entered

4

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	Mark DeBaker		<b>2. Station name:</b>	4 Comm University PK		Form revision date: 02/17/15
<b>3. Monitoring date:</b>	9/19/2015		<b>4. Start time (include AM/PM):</b>	12:30 PM		
<b>5. Water conditions:</b>	Calm	Slight movement	Moderate flow or waves	<input checked="" type="checkbox"/>	Rough or fast flowing	
<b>6. Water level:</b>	High	<input checked="" type="checkbox"/>	Normal		Low	
<b>7. Overall, how aesthetically pleasing do you find the site?</b>						
Circle <u>one</u> of the following: Very pleasing <u>Somewhat pleasing</u> Neither pleasing nor displeasing    Somewhat displeasing    Very displeasing						
Please describe. List any factors that make it pleasing or not pleasing. Brush along breakwater						
<b>8a. Is the color or clarity of the water unattractive?</b>						
If yes, please describe: <u>Yes</u> No Brown cast & limited clarity						
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>						
Yes <u>No</u>						
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance.</b>						
<b>For water surface, please circle all applicable attributes.</b>						
<b>A. Water Color:</b>	Colorless	Red	Green	<u>Brown</u>	Other (please indicate) _____	Overall aesthetic impression of site
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	Fairly cloudy	<input checked="" type="checkbox"/>	Completely cloudy	
<b>C. Water Surface:</b> (Circle all that apply)	<u>Normal</u>	Oily sheen	Foamy	Floating aquatic plants		
	Natural debris	Neon green sheen	Other (please indicate) _____			
<b>10a. Is there floating or submerged garbage present in the water?</b>						
If yes, circle visible item(s): <u>Yes</u> <u>No</u>						
	Building materials	Medical items	Household waste	Sewage-related litter		
	Food-related litter	Fishing-related litter		Other (please indicate) _____		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>						
Yes <u>No</u>						
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>						
If yes, list what: <u>Yes</u> <u>No</u>						
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>						
Yes    No						

Objectable deposits / Characteristics of the water

12a. Is there garbage along the shoreline?

Yes

No

If yes, circle type(s):

Building materials

Medical items

Household waste

Sewage-related litter

Food-related litter

Fishing-related litter

Other (please indicate) \_\_\_\_\_

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes

No

13a. Along the shoreline, are there problem animals or problems caused by animals?

Yes

No

If yes, list type(s):

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes

No

14a. Is there nuisance vegetation along the shoreline?

Yes

No

If yes, list type if known and amount:

*Phragmites on South wooded Area*

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes

No

15a. Are there any other shoreline substances that are not specifically mentioned on this form ?

Yes

No

If yes, list type(s):

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes

No

16. Have you previously evaluated this station?

Yes

No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

*old coverlet used as Rip Rap is a bit rough to access water*

17. END TIME:

*13:00*

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

*10-16-15*

Check box if data sheet meets quality control requirements



Aesthetic Impression score:

*1*

Assessment score:

*0*

Objectionable deposits on the shoreline

Additional feedback

QA/QC

Entered  
1/25

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	Madeleine Sweeney	<b>2. Station name:</b>	Light Park
<b>3. Monitoring date:</b>	10/25/18	<b>4. Start time (include AM/PM):</b>	11:35
<b>5. Water conditions:</b>	Calm <u>Slight movement</u> Moderate flow or waves Rough or fast flowing		
<b>6. Water level:</b>	High <u>Normal</u> Low		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>			
Circle <u>one</u> of the following:	Very pleasing	Somewhat pleasing	Neither pleasing nor displeasing <u>Somewhat displeasing</u> Very displeasing
Please describe. List any factors that make it pleasing or not pleasing.	Smelly - (Industrial) Trash		
<b>8a. Is the color or clarity of the water unattractive?</b>			
If yes, please describe:	<u>Yes</u>	No	
	cloudy		
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>			
	<u>Yes</u>	No	
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>			
<b>A. Water Color:</b>	Colorless	Red	<u>Green</u> Brown Other (please indicate)
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	Fairly cloudy <u>Completely cloudy</u>
<b>C. Water Surface:</b> (Circle all that apply)	Normal <u>Natural debris</u>	Oily sheen Neon green sheen	Foamy Floating aquatic plants Other (please indicate)
<b>10a. Is there floating or submerged garbage present in the water?</b>			
If yes, circle visible item(s):	<u>Yes</u>	No	
	Building materials	Medical items	Household waste Sewage-related litter
	Food-related litter	Fishing-related litter	Other (please indicate)
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>			
	<u>Yes</u>	No	
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>			
If yes, list what:	<u>Yes</u>	No	
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>			
	<u>Yes</u>	No	

Form revision  
date: 02/17/15

Overall aesthetic  
impression of site

Objectionable deposits in/ characteristics of the water

12a. Is there garbage along the shoreline?

Yes No

If yes, circle type(s):

Building materials Medical items Household waste Sewage-related litter  
Food-related litter Fishing-related litter Other (please indicate)

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes No

13a. Along the shoreline, are there problem animals or problems caused by animals?

Yes No

If yes, list type(s):

Geese  
Goose poop

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes No

14a. Is there nuisance vegetation along the shoreline?

Yes No

If yes, list type if known and amount:

Weeds

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes No

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

Yes No

If yes, list type(s):

Electrical  
Boxes

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes No

16. Have you previously evaluated this station?

Yes No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

17. END TIME:

11:55

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	11-5-15	Check box if data sheet meets quality control requirements	<input checked="" type="checkbox"/>
Aesthetic impression score:	1		
Assessment score:	1		

Objectionable deposits on the shoreline

Additional feedback

QA/QC



MCT  
Entered

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	Kelly Schumacher	<b>2. Station name:</b>	Leicht Memorial Park	Form revision date: 02/17/15		
<b>3. Monitoring date:</b>	10/31/15 mm/dd/yy	<b>4. Start time (include AM/PM):</b>	12:30pm			
<b>5. Water conditions:</b>	Calm      Slight movement <u>Moderate flow or waves</u> Rough or fast flowing					
<b>6. Water level:</b>	High <u>Normal</u> Low					
<b>7. Overall, how aesthetically pleasing do you find the site?</b>						
Circle <u>one</u> of the following:	Very pleasing	Somewhat pleasing	Neither pleasing nor displeasing	<u>Somewhat displeasing</u>	Very displeasing	Overall aesthetic impression of site
Please describe. List any factors that make it pleasing or not pleasing.	Color, smen, dirty					
<b>8a. Is the color or clarity of the water unattractive?</b>						
	<u>Yes</u>		No			
If yes, please describe:	It looks dirty					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>						
	<u>Yes</u>		No			
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>						
<b>A. Water Color:</b>	Colorless	Red	Green	<u>Brown</u>	Other (please indicate) _____	
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	<u>Fairly cloudy</u>	Completely cloudy		
<b>C. Water Surface:</b> (Circle all that apply)	<u>Normal</u>	Oily sheen	Foamy	Floating aquatic plants		
	<u>Natural debris</u>	Neon green sheen	Other (please indicate) _____			
<b>10a. Is there floating or submerged garbage present in the water?</b>						
	<u>Yes</u>		<u>No</u>			
If yes, circle visible item(s):	Building materials	Medical items	Household waste	Sewage-related litter		
	Food-related litter	Fishing-related litter		Other (please indicate) _____		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>						
	<u>Yes</u>		No			
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>						
	<u>Yes</u>		<u>No</u>			
If yes, list what:						
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>						
	<u>Yes</u>		No			

Objectionable deposits in characteristics of the water

12a. Is there garbage along the shoreline?

Yes

No

If yes, circle type(s):

Building materials

Medical items

Household waste

Sewage-related litter

Food-related litter

Fishing-related litter

Other (please indicate)

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes

No

13a. Along the shoreline, are there problem animals or problems caused by animals?

Yes

No

If yes, list type(s):

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes

No

14a. Is there nuisance vegetation along the shoreline?

Yes

No

If yes, list type if known and amount:

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes

No

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

Yes

No

If yes, list type(s):

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes

No

16. Have you previously evaluated this station?

Yes

No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

Very smelly.

17. END TIME:

12:45 pm.

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

11-5-15

Check box if data sheet meets quality control requirements



Aesthetic impression score:

3

Assessment score:

0

Objectionable deposits on the shoreline

Additional feedback

QA/QC

11/15

Entered

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.

DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	Kennedy Corpus	<b>2. Station name:</b>	Leicht Memorial Park	Form revision date: 02/17/15	
<b>3. Monitoring date:</b>	10/11/15 mm/dd/yy	<b>4. Start time (include AM/PM):</b>	12:30pm		
<b>5. Water conditions:</b>	Calm	Slight movement	Moderate flow or waves		Rough or fast flowing
<b>6. Water level:</b>	High	Normal	Low		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle <u>one</u> of the following:	Very pleasing	Somewhat pleasing	Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing
Please describe. List any factors that make it pleasing or not pleasing.	Color not appealing, bad odor				Overall aesthetic impression of site
<b>8a. Is the color or clarity of the water unattractive?</b>	Yes No				
If yes, please describe:	greenish brown color - cant see to bottom in shallow area				
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>	Yes No				
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	Colorless	Red	Green	Brown	Other (please indicate)
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	Fairly cloudy	Completely cloudy	
<b>C. Water Surface:</b> (Circle all that apply)	Normal	Oily sheen	Foamy	Floating aquatic plants	
	Natural debris	Neon green sheen	Other (please indicate)		
<b>10a. Is there floating or submerged garbage present in the water?</b>					
	Yes No				
If yes, circle visible item(s):	Building materials	Medical items	Household waste	Sewage-related litter	
	Food-related litter	Fishing-related litter	Other (please indicate)		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
	Yes No				
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
	Yes No				
If yes, list what:					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
	Yes No				

Objectable deposits / characteristics of the water

12a. Is there garbage along the shoreline?

If yes, circle type(s):

Yes		No	
Building materials	Medical items	Household waste	Sewage-related litter
<u>Food-related litter</u>	Fishing-related litter	Other (please indicate) _____	

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

<u>Yes</u>	No
------------	----

13a. Along the shoreline, are there problem animals or problems caused by animals?

If yes, list type(s):

Yes	<u>No</u>
-----	-----------

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes	No
-----	----

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

Yes	<u>No</u>
-----	-----------

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes	No
-----	----

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

If yes, list type(s):

Yes	<u>No</u>
-----	-----------

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes	No
-----	----

16. Have you previously evaluated this station?

Yes	<u>No</u>
-----	-----------

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

Additional feedback

17. END TIME:

12:45 pm

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	11-5-15	Check box if data sheet meets quality control requirements	<input type="checkbox"/>
Aesthetic impression score:	3		
Assessment score:	2		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

new entered

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

8

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	Mark De Bekar		<b>2. Station name:</b>	Leicht Park	Form revision date: 02/17/15					
<b>3. Monitoring date:</b>	09/18/2015		<b>4. Start time (include AM/PM):</b>							
<b>5. Water conditions:</b>	Calm	Slight movement	Moderate flow or waves	Rough or fast flowing						
<b>6. Water level:</b>	High	Normal	Low		Overall aesthetic impression of site					
<b>7. Overall, how aesthetically pleasing do you find the site?</b>	Circle <u>one</u> of the following: <table border="0" style="width:100%; text-align:center;"> <tr> <td><input checked="" type="radio"/> Very pleasing</td> <td><input type="radio"/> Somewhat pleasing</td> <td><input type="radio"/> Neither pleasing nor displeasing</td> <td><input type="radio"/> Somewhat displeasing</td> <td><input type="radio"/> Very displeasing</td> </tr> </table>					<input checked="" type="radio"/> Very pleasing	<input type="radio"/> Somewhat pleasing	<input type="radio"/> Neither pleasing nor displeasing	<input type="radio"/> Somewhat displeasing	<input type="radio"/> Very displeasing
<input checked="" type="radio"/> Very pleasing	<input type="radio"/> Somewhat pleasing	<input type="radio"/> Neither pleasing nor displeasing	<input type="radio"/> Somewhat displeasing	<input type="radio"/> Very displeasing						
Please describe. List any factors that make it pleasing or not pleasing.	Clear blue / Rock Breakers too is clean + clean									
<b>8a. Is the color or clarity of the water unattractive?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No									
If yes, please describe:	Brown + debris									
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No									
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>										
<b>A. Water Color:</b>	Colorless	Red	Green	<input checked="" type="radio"/> Brown	Other (please indicate) _____					
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	<input checked="" type="radio"/> Fairly cloudy	Completely cloudy						
<b>C. Water Surface:</b> (Circle all that apply)	<input checked="" type="radio"/> Normal	Oily sheen	Foamy	Floating aquatic plants						
	Natural debris	Neon green sheen	Other (please indicate) _____							
<b>10a. Is there floating or submerged garbage present in the water?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No									
If yes, circle visible item(s):	Building materials	Medical items	Household waste	Sewage-related litter						
	Food-related litter	Fishing-related litter	Other (please indicate) _____							
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>	<input type="radio"/> Yes <input type="radio"/> No									
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No									
If yes, list what:										
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>	<input type="radio"/> Yes <input type="radio"/> No									

Objectionable deposits in/ characteristics of the water

12a. Is there garbage along the shoreline?

Yes  No

If yes, circle type(s):

Building materials      Medical items      Household waste      Sewage-related litter  
Food-related litter      Fishing-related litter      Other (please indicate) \_\_\_\_\_

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes  No

13a. Along the shoreline, are there problem animals or problems caused by animals?

Yes  No

If yes, list type(s):

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes  No

14a. Is there nuisance vegetation along the shoreline?

Yes  No

If yes, list type if known and amount:

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes  No

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

Yes  No

If yes, list type(s):

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes  No

16. Have you previously evaluated this station?

Yes  No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

*Neat & Clean - reasonably good water quality for Fox River*

17. END TIME:

*4:50*

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

*10-16-15*

Check box if data sheet meets quality control requirements



Aesthetic Impression score:

*0*

Assessment score:

*0*

Objectionable deposits on the shoreline

Additional feedback

QA/QC

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

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DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

*Entered*

**1. Your name:** Tom Schwaab **2. Station name:** LEICHT PARK

**3. Monitoring date:** 9-2-15 **4. Start time (include AM/PM):** 10:15 A

**5. Water conditions:** Calm  Slight movement Moderate flow or waves Rough or fast flowing

**6. Water level:** High  Normal Low

**7. Overall, how aesthetically pleasing do you find the site?**

Circle one of the following: Very pleasing  Somewhat pleasing  Neither pleasing nor displeasing  Somewhat displeasing  Very displeasing

Please describe. List any factors that make it pleasing or not pleasing.  
*BIRDS + geese.*

**8a. Is the color or clarity of the water unattractive?**

Yes  No

If yes, please describe:  
*natural algae.*

**8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?**

Yes  No

**9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.**

**A. Water Color:** Colorless  Red  Green  Brown  Other (please indicate) \_\_\_\_\_

**B. Water Clarity:** Completely clear  Fairly clear  Fairly cloudy  Completely cloudy

**C. Water Surface:** Normal  Oily sheen  Foamy  Floating aquatic plants

(Circle all that apply) Natural debris  Neon green sheen  Other (please indicate) \_\_\_\_\_

**10a. Is there floating or submerged garbage present in the water?**

Yes  No

If yes, circle visible item(s):  
Building materials  Medical items  Household waste  Sewage-related litter   
Food-related litter  Fishing-related litter  Other (please indicate) \_\_\_\_\_

**10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?**

Yes  No

**11a. Are any other substances present in the water that are not specifically mentioned on this form?**

Yes  No

If yes, list what:

**11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?**

Yes  No

Fair revision date: 02/27/15

Overall aesthetic impression of site

Objectable deposits/characteristics of the water

12a. Is there garbage along the shoreline?

Yes

No

If yes, circle type(s):

Building materials

Medical items

Household waste

Sewage-related litter

Food-related litter

Fishing-related litter

Other (please indicate)

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes

No

13a. Along the shoreline, are there problem animals or problems caused by animals?

Yes

No

If yes, list type(s):

Geese (I counted 35) yoooping.  
also hundreds of shore birds.

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes

No

14a. Is there nuisance vegetation along the shoreline?

Yes

No

If yes, list type if known and amount:

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes

No

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

Yes

No

If yes, list type(s):

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes

No

16. Have you previously evaluated this station?

Yes

No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

Some one should SCARE these geese. My sheepdog will do in 2 months. (JUST BORN!)

17. END TIME:

10:40 AM

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

9-10-15

Check box if data sheet meets quality control requirements



Aesthetic impression score:

1

Assessment score:

1

Objectionable deposits on the shoreline

Additional feedback

QA/QC



entered

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.

DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	PAUL WEISS		<b>2. Station name:</b>	LEICHT MEMORIAL PARK	
<b>3. Monitoring date:</b>	8/8/15 mm/dd/yy		<b>4. Start time (include AM/PM):</b>	8:45 AM	
<b>5. Water conditions:</b>	Calm	Slight movement	<u>Moderate flow or waves</u>	Rough or fast flowing	
<b>6. Water level:</b>	<u>High</u>	Normal		Low	
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle <u>one</u> of the following:	<u>Very pleasing</u>	Somewhat pleasing	Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing
Please describe. List any factors that make it pleasing or not pleasing.	OPEN, LARGE, FISHERMEN				
<b>8a. Is the color or clarity of the water unattractive?</b>					
	Yes		<u>No</u>		
If yes, please describe:	O.K. GREENISH, BROWN				
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>					
	Yes		No		
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	Colorless	Red	<u>Green</u>	<u>Brown</u>	Other (please indicate)
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	<u>Fairly cloudy</u>	Completely cloudy	
<b>C. Water Surface:</b> (Circle all that apply)	<u>Normal</u>	Oily sheen	Foamy	Floating aquatic plants	
	Natural debris	Neon green sheen	Other (please indicate)		
<b>10a. Is there floating or submerged garbage present in the water?</b>					
	Yes		<u>No</u>		
If yes, circle visible item(s):	Building materials	Medical items	Household waste	Sewage-related litter	
	Food-related litter	Fishing-related litter		Other (please indicate)	
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
	Yes		No		
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
	Yes		<u>No</u>		
If yes, list what:					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
	Yes		No		

Form revision date: 02/17/15

Overall aesthetic impression of site

Objectable deposits in/characteristics of the water

12a. Is there garbage along the shoreline?

Yes

No HARDLY ANY

If yes, circle type(s):

Building materials

Medical items

Household waste

Sewage-related litter

Food-related litter

Fishing-related litter

Other (please indicate)

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes

No

13a. Along the shoreline, are there problem animals or problems caused by animals?

Yes

No ONE

If yes, list type(s):

DOG POOP

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes

No

14a. Is there nuisance vegetation along the shoreline?

Yes

No

If yes, list type if known and amount:

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes

No

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

Yes

No

If yes, list type(s):

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes

No

16. Have you previously evaluated this station?

Yes

No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

17. END TIME:

9:00 AM

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

9-3-15

Check box if data sheet meets quality control requirements



Aesthetic impression score:

0

Assessment score:

0

Objectional deposits on the shoreline

Additional feedback

QA/QC

Interview

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.

DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	<i>Kathy Thunes</i>	<b>2. Station name:</b>	<i>Leicht Memorial</i>	Form ID: 02/17/15	
<b>3. Monitoring date:</b>	<i>08/28/2015</i>	<b>4. Start time (include AM/PM):</b>	<i>12:05pm</i>		
<b>5. Water conditions:</b>	Calm	<input checked="" type="radio"/> Slight movement	Moderate flow or waves		Rough or fast flowing
<b>6. Water level:</b>	High	<input checked="" type="radio"/> Normal	Low		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle <u>one</u> of the following:	<input checked="" type="radio"/> Very pleasing	<input type="radio"/> Somewhat pleasing	<input type="radio"/> Neither pleasing nor displeasing	<input type="radio"/> Somewhat displeasing	<input type="radio"/> Very displeasing
Please describe. List any factors that make it pleasing or not pleasing.	<i>Benches, green space, trees, nice walkway, nice skyline in background, safe</i>				
<b>8a. Is the color or clarity of the water unattractive?</b>					
	<input type="radio"/> Yes		<input checked="" type="radio"/> No		
If yes, please describe:					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>					
	<input type="radio"/> Yes		<input checked="" type="radio"/> No		
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	Colorless	Red	<input checked="" type="radio"/> Green	Brown	Other (please indicate) _____
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	<input checked="" type="radio"/> Fairly cloudy	Completely cloudy	
<b>C. Water Surface:</b>	<input checked="" type="radio"/> Normal	Oily sheen	Foamy	Floating aquatic plants	
(Circle all that apply)	<input checked="" type="radio"/> Natural debris	Neon green sheen	Other (please indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>					
	<input type="radio"/> Yes		<input checked="" type="radio"/> No		
If yes, circle visible item(s):	Building materials	Medical items	Household waste	Sewage-related litter	
	Food-related litter	Fishing-related litter	Other (please indicate) _____		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
	<input type="radio"/> Yes		<input checked="" type="radio"/> No		
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
	<input type="radio"/> Yes		<input checked="" type="radio"/> No		
If yes, list what:					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
	<input type="radio"/> Yes		<input checked="" type="radio"/> No		

Overall aesthetic impression of site  
Objectionable deposits/characteristics of the water

DK

12a. Is there garbage along the shoreline?

If yes, circle type(s):

Yes		No	
Building materials	Medical Items	Household waste	Sewage-related litter
Food-related litter	Fishing-related litter	Other (please indicate)	

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes	No
-----	----

13a. Along the shoreline, are there problem animals or problems caused by animals?

If yes, list type(s):

Yes	No
<i>Some geese/ goose poop</i>	

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes	No
-----	----

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

Yes	No
-----	----

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes	No
-----	----

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

If yes, list type(s):

Yes	No
-----	----

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes	No
-----	----

16. Have you previously evaluated this station?

Yes	No
-----	----

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

*Slight odor, number of people fishing off pier present. Very pleasant place to sit and enjoy nature. Access place for boats to tie up. Can use restroom facilities*

*12:15 PM*

17. END TIME:

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	<i>Andrea [Signature]</i>	Check box if data sheet meets quality control requirements	<input checked="" type="checkbox"/>
Aesthetic impression score:	<i>0</i>		
Assessment score:	<i>0</i>		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

18

entered

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	Tom Scheler		<b>2. Station name:</b>	FOX POINT LAUNCH	
<b>3. Monitoring date:</b>	9-2-13 m/dd/yy		<b>4. Start time (include AM/PM):</b>	12 AM	
<b>5. Water conditions:</b>	<input checked="" type="radio"/> Calm	<input type="radio"/> Slight movement	<input type="radio"/> Moderate flow or waves	<input type="radio"/> Rough or fast flowing	
<b>6. Water level:</b>	<input checked="" type="radio"/> High	<input type="radio"/> Normal	<input type="radio"/> Low		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle <u>one</u> of the following:	<input type="radio"/> Very pleasing	<input checked="" type="radio"/> Somewhat pleasing	<input type="radio"/> Neither pleasing nor displeasing	<input type="radio"/> Somewhat displeasing	<input type="radio"/> Very displeasing
Please describe. List any factors that make it pleasing or not pleasing.	Some trash on shore, north of the BUILDING				
<b>8a. Is the color or clarity of the water unattractive?</b>					
	<input checked="" type="radio"/> Yes		<input type="radio"/> No		
If yes, please describe:					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>					
	<input checked="" type="radio"/> Yes		<input type="radio"/> No		
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	<input type="radio"/> Colorless	<input type="radio"/> Red	<input checked="" type="radio"/> Green	<input type="radio"/> Brown	<input type="radio"/> Other (please indicate) _____
<b>B. Water Clarity:</b>	<input type="radio"/> Completely clear	<input type="radio"/> Fairly clear	<input checked="" type="radio"/> Fairly cloudy	<input type="radio"/> Completely cloudy	
<b>C. Water Surface:</b> (Circle all that apply)	<input type="radio"/> Normal	<input type="radio"/> Oily sheen	<input type="radio"/> Foamy	<input type="radio"/> Floating aquatic plants	
	<input type="radio"/> Natural debris	<input checked="" type="radio"/> Neon green sheen	<input type="radio"/> Other (please indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>					
	<input type="radio"/> Yes		<input checked="" type="radio"/> No		
If yes, circle visible item(s):	<input type="radio"/> Building materials	<input type="radio"/> Medical items	<input type="radio"/> Household waste	<input type="radio"/> Sewage-related litter	
	<input type="radio"/> Food-related litter	<input type="radio"/> Fishing-related litter	<input type="radio"/> Other (please indicate) _____		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
	<input type="radio"/> Yes		<input type="radio"/> No		
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
	<input type="radio"/> Yes		<input checked="" type="radio"/> No		
If yes, list what:					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
	<input type="radio"/> Yes		<input checked="" type="radio"/> No		

Form revision date: 02/17/15

Overall aesthetic impression of site

Objectionable deposits in/characteristics of the water

12a. Is there garbage along the shoreline?

Yes

No

If yes, circle type(s):

Building materials

Medical items

Household waste

Sewage-related litter

Food-related litter

Fishing-related litter

Other (please indicate)

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes

No

13a. Along the shoreline, are there problem animals or problems caused by animals?

Yes

No

If yes, list type(s):

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes

No

14a. Is there nuisance vegetation along the shoreline?

Yes

No

If yes, list type if known and amount:

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes

No

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

Yes

No

If yes, list type(s):

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes

No

16. Have you previously evaluated this station?

Yes

No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

WOOD LAUNCH Ramp Boat  
SHORELINE near trail needs a  
Boy Scout Troop Pick-up Brigade

17. END TIME:

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

9-10-15

Check box if data sheet meets quality control requirements



Aesthetic Impression score:

1

Assessment score:

1

Objectionable deposits on the shoreline

Additional feedback

QA/QC

met

Entered

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.

DNR cannot use incomplete data sheets in station data analysis.

FOX POINT LAUNDRY

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b> PAUL WEISS		<b>2. Station name:</b> <del>WYACSEA PARK</del>		Form revision date: 02/17/15		
<b>3. Monitoring date:</b> 9/6/15 m/dd/yy		<b>4. Start time (include AM/PM):</b> 6:26 PM				
<b>5. Water conditions:</b>		Calm	Slight movement		<u>Moderate flow or waves</u>	Rough or fast flowing
<b>6. Water level:</b>		<u>High</u>	Normal		Low	
<b>7. Overall, how aesthetically pleasing do you find the site?</b>						
Circle <u>one</u> of the following:		Very pleasing	<u>Somewhat pleasing</u>	Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing
Please describe. List any factors that make it pleasing or not pleasing.						
<b>8a. Is the color or clarity of the water unattractive?</b>						
If yes, please describe:		Yes	<u>No</u>			
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>						
		Yes	No			
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>						
<b>A. Water Color:</b>		Colorless	Red	Green	Brown	Other (please indicate) <u>GRAY</u>
<b>B. Water Clarity:</b>		Completely clear	Fairly clear	<u>Fairly cloudy</u>	Completely cloudy	
<b>C. Water Surface:</b> (Circle all that apply)		<u>Normal</u>	Oily sheen	Foamy	Floating aquatic plants	
		Natural debris	Neon green sheen	Other (please indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>						
If yes, circle visible item(s):		Yes	<u>No</u>			
		Building materials	Medical Items	Household waste	Sewage-related litter	
		Food-related litter	Fishing-related litter	Other (please indicate) _____		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>						
		Yes	No			
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>						
If yes, list what:		Yes	<u>No</u>			
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>						
		Yes	No			

Overall aesthetic impression of site

Objectable deposits in/characteristics of the water

12a. Is there garbage along the shoreline?

Yes

No

If yes, circle type(s):

Building materials

Medical items

Household waste

Sewage-related litter

Food-related litter

Fishing-related litter

Other (please indicate) \_\_\_\_\_

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes

No

13a. Along the shoreline, are there problem animals or problems caused by animals?

Yes

No

If yes, list type(s):

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes

No

14a. Is there nuisance vegetation along the shoreline?

Yes

No

If yes, list type if known and amount:

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes

No

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

Yes

No

If yes, list type(s):

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes

No

16. Have you previously evaluated this station?

Yes

No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

TWO BOATS USING LAUNCH  
" OTHER PEOPLE SITTING ON BENCH

17. END TIME:

6:30 PM

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

10-2-15

Check box if data sheet meets quality control requirements



Aesthetic impression score:

1

Assessment score:

0

Objectionable deposits on the shoreline

Additional feedback

QA/QC



Entered

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>		PATRICIA ANDERSON		<b>2. Station name:</b>		FOX POINT BOAT LAUNCH		Form/revision date: 02/17/15
<b>3. Monitoring date:</b>		08/18/15		<b>4. Start time (include AM/PM):</b>		9 <sup>00</sup> AM		
<b>5. Water conditions:</b>		Calm	Slight movement	Moderate flow or waves <input checked="" type="checkbox"/>	Rough or fast flowing			
<b>6. Water level:</b>		High	Normal <input checked="" type="checkbox"/>		Low			
<b>7. Overall, how aesthetically pleasing do you find the site?</b>								
Circle <u>one</u> of the following:		Very pleasing	Somewhat pleasing <input checked="" type="checkbox"/>	Neither pleasing nor displeasing		Somewhat displeasing	Very displeasing	Overall/aesthetic impression of site
Please describe. List any factors that make it pleasing or not pleasing.		SUNNY DAY - FATHER (?) SITTING AT BOAT LANDING WATCHING A YOUNG CHILDREN WADING IN THE WATER - NO ACTIVITY IN WATER -						
<b>8a. Is the color or clarity of the water unattractive?</b>								
If yes, please describe:		Yes <input checked="" type="checkbox"/>			No <input type="checkbox"/>			
		It would be so nice if it were clear!!						
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>								
		Yes <input checked="" type="checkbox"/> Somewhat			No <input type="checkbox"/>			
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance.</b>								
For water surface, please circle all applicable attributes.								
<b>A. Water Color:</b>		Colorless	Red	Green <input checked="" type="checkbox"/>	Brown <input checked="" type="checkbox"/>	Other (please indicate)		
<b>B. Water Clarity:</b>		Completely clear	Fairly clear	Fairly cloudy	Completely cloudy <input checked="" type="checkbox"/>			
<b>C. Water Surface:</b> (Circle all that apply)		Normal <input checked="" type="checkbox"/>	Oily sheen	Foamy	Floating aquatic plants			
		Natural debris <input checked="" type="checkbox"/>	Neon green sheen	Other (please indicate)				
<b>10a. Is there floating or submerged garbage present in the water?</b>								
If yes, circle visible item(s):		Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>			
		Building materials	Medical items	Household waste	Sewage-related litter			
		Food-related litter	Fishing-related litter		Other (please indicate)			
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>								
		Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>			
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>								
If yes, list what:		Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>			
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>								
		Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>			

Objectionable deposits in/ characteristics of the water

12a. Is there garbage along the shoreline?

Yes

No

If yes, circle type(s):

Building materials

Medical items

Household waste

Sewage-related litter

Food-related litter

Fishing-related litter

Other (please indicate) *plastic H<sub>2</sub>O bottles*

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes

No

13a. Along the shoreline, are there problem animals or problems caused by animals?

Yes

No

If yes, list type(s):

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes

No

14a. Is there nuisance vegetation along the shoreline?

Yes

No

If yes, list type if known and amount:

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes

No

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

Yes

No

If yes, list type(s):

*quite a few tree branches along shore from recent storm.*

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes

No

16. Have you previously evaluated this station?

Yes

No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

*Basically the same.*

Comments: Please include anything else you thought should be reported while completing this survey.

17. END TIME:

*9:35 AM*

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

*9-15*

Check box if data sheet meets quality control requirements



Aesthetic impression score:

*1*

Assessment score:

*1*

Objectionable deposits on the shoreline

Additional feedback

QA/QC

210

entered

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	Madeline Sweeney	<b>2. Station name:</b>	Fox Point Boat Launch	Form revision date: 02/17/15		
<b>3. Monitoring date:</b>	10 <sup>th</sup> / 18 / 2015	<b>4. Start time (include AM/PM):</b>	2:20 pm			
<b>5. Water conditions:</b>	Calm <u>Slight movement</u> Moderate flow or waves Rough or fast flowing					
<b>6. Water level:</b>	High <u>Normal</u> Low					
<b>7. Overall, how aesthetically pleasing do you find the site?</b>						
Circle <u>one</u> of the following:	Very pleasing	<u>Somewhat pleasing</u>	Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing	Overall aesthetic impression of site
Please describe. List any factors that make it pleasing or not pleasing.	- maintained - mowed lawn sitting area.					
<b>8a. Is the color or clarity of the water unattractive?</b>						
	<u>Yes</u>			No		
If yes, please describe:	- Cloudy - Brown/green					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>						
	<u>Yes</u>			No		
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance.</b>						
<b>For water surface, please circle all applicable attributes.</b>						
<b>A. Water Color:</b>	Colorless	Red	<u>Green</u>	<u>Brown</u>	Other (please indicate) _____	
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	Fairly cloudy	<u>Completely cloudy</u>		
<b>C. Water Surface:</b> (Circle all that apply)	<u>Normal</u>	Oily sheen	Foamy	Floating aquatic plants		
	Natural debris	Neon green sheen	Other (please indicate) _____			
<b>10a. Is there floating or submerged garbage present in the water?</b>						
	<u>Yes</u>			<u>No</u>		
If yes, circle visible item(s):	Building materials	Medical items	Household waste	Sewage-related litter		
	Food-related litter	Fishing-related litter	Other (please indicate) _____			
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>						
	<u>Yes</u>			No		
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>						
	<u>Yes</u>			No		
If yes, list what:	leaves					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>						
	<u>Yes</u>			<u>No</u>		

Objectionable deposits in/characteristics of the water

12a. Is there garbage along the shoreline?

Yes

No

If yes, circle type(s):

Building materials

Medical items

Household waste

Sewage-related litter

Food-related litter

Fishing-related litter

Other (please indicate) \_\_\_\_\_

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes

No

13a. Along the shoreline, are there problem animals or problems caused by animals?

Yes

No

If yes, list type(s):

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes

No

14a. Is there nuisance vegetation along the shoreline?

Yes

No

If yes, list type if known and amount:

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes

No

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

Yes

No

If yes, list type(s):

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes

No

16. Have you previously evaluated this station?

Yes

No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

17. END TIME:

2:30 pm

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

11-5-15

Check box if data sheet meets quality control requirements



Aesthetic impression score:

1

Assessment score:

1

Objectable deposits on the shoreline

Additional feedback

QA/QC

me

Entered

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	MATTHEW NELSON	<b>2. Station name:</b>	FOX POINT
<b>3. Monitoring date:</b>	10/24/2015	<b>4. Start time (include AM/PM):</b>	11:38 am
<b>5. Water conditions:</b>	Calm	Slight movement	Moderate flow or waves
<b>6. Water level:</b>	High	Normal	Low
<b>7. Overall, how aesthetically pleasing do you find the site?</b>	Circle <u>one</u> of the following: Very pleasing    Somewhat pleasing    Neither pleasing nor displeasing    Somewhat displeasing    Very displeasing Please describe. List any factors that make it pleasing or not pleasing. Natural plant life was nice - cattails		
<b>8a. Is the color or clarity of the water unattractive?</b>	Yes    No If yes, please describe: Brown/murky		
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>	Yes    No		
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>	<b>A. Water Color:</b> Colorless    Red    Green    Brown    Other (please indicate) _____ <b>B. Water Clarity:</b> Completely clear    Fairly clear    Fairly cloudy    Completely cloudy <b>C. Water Surface:</b> Normal    Oily sheen    Foamy    Floating aquatic plants (Circle all that apply) Natural debris    Neon green sheen    Other (please indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>	Yes    No If yes, circle visible item(s): Building materials    Medical items    Household waste    Sewage-related litter Food-related litter    Fishing-related litter    Other (please indicate) _____		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>	Yes    No		
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>	Yes    No		
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>	Yes    No		

Form revision date: 02/17/15

Overall aesthetic impression of site

Objectionable deposits/in/characteristics of the water

12a. Is there garbage along the shoreline?

Yes

No

If yes, circle type(s):

Building materials

Medical Items

Household waste

Sewage-related litter

Food-related litter

Fishing-related litter

Other (please indicate) \_\_\_\_\_

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes

No

13a. Along the shoreline, are there problem animals or problems caused by animals?

Yes

No

If yes, list type(s):

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes

No

14a. Is there nuisance vegetation along the shoreline?

Yes

No

If yes, list type if known and amount:

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes

No

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

Yes

No

If yes, list type(s):

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes

No

16. Have you previously evaluated this station?

Yes

No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

17. END TIME:

11:45 am

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

11-5-15

Check box if data sheet meets quality control requirements



Aesthetic impression score:

1

Assessment score:

0

Objectable deposits on the shoreline

Additional feedback

QA/QC

WV

Entered

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability. 10  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	Mark DeBaker	<b>2. Station name:</b>	Fox Pt. Launch		
<b>3. Monitoring date:</b>	9/20/15	<b>4. Start time (include AM/PM):</b>	5:45		
<b>5. Water conditions:</b>	Calm <u>Slight movement</u> Moderate flow or waves Rough or fast flowing				
<b>6. Water level:</b>	High <u>Normal</u> Low				
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle <u>one</u> of the following: <u>Very pleasing</u> Somewhat pleasing Neither pleasing nor displeasing Somewhat displeasing Very displeasing					
Please describe. List any factors that make it pleasing or not pleasing. <i>Boat Landing - well kept</i>					
<b>8a. Is the color or clarity of the water unattractive?</b>					
If yes, please describe: <u>Yes</u> No <i>Brown + Cloudy - Fog like after heavy rain started in week</i>					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>					
Yes <u>No</u>					
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	Colorless	Red	Green	<u>Brown</u>	Other (please indicate) _____
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	Fairly cloudy	<u>Completely cloudy</u>	
<b>C. Water Surface:</b> (Circle all that apply)	<u>Normal</u>	Oily sheen	Foamy	Floating aquatic plants	
	Natural debris	Neon green sheen	Other (please indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>					
If yes, circle visible item(s): <u>Yes</u> <u>No</u>					
	Building materials	Medical items	Household waste	Sewage-related litter	
	Food-related litter	Fishing-related litter	Other (please indicate) _____		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
Yes No					
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
If yes, list what: <u>Yes</u> <u>No</u>					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
Yes No					

Form revision date: 02/17/15

Overall aesthetic impression of site

Objectionable deposits in characteristics of the water

12a. Is there garbage along the shoreline?

If yes, circle type(s):

<input checked="" type="radio"/> Yes	<input type="radio"/> No
Building materials	Medical items Household waste Sewage-related litter
<u>Food-related litter</u>	Fishing-related litter Other (please indicate) _____

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

13a. Along the shoreline, are there problem animals or problems caused by animals?

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

<input checked="" type="radio"/> Yes	<input type="radio"/> No
<i>Phragmites</i>	

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

16. Have you previously evaluated this station?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

--

17. END TIME:

<i>5:50</i>
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For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	<i>10-16-15</i>	Check box if data sheet meets quality control requirements	<input checked="" type="checkbox"/>
Aesthetic impression score:	<i>0</i>		
Assessment score:	<i>0</i>		

Objectionable deposits on the shoreline

Additional feedback

QA/QC



entire

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

1. Your name:	Kathy Thunes		2. Station name:	Fox Point Boat Launch	
3. Monitoring date:	07/13/15		4. Start time (include AM/PM):	9:03	
5. Water conditions:	Calm	Slight movement	Moderate flow or waves	Rough or fast flowing	
6. Water level:	High	Normal	Low		
7. Overall, how aesthetically pleasing do you find the site?					
Circle one of the following:	Very pleasing	Somewhat pleasing	Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing
Please describe. List any factors that make it pleasing or not pleasing.	Benches in shade on deck nice Weeds along shore				
8a. Is the color or clarity of the water unattractive?					
	Yes		No		
If yes, please describe:					
8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?					
	Yes		No		
9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.					
A. Water Color:	Colorless	Red	Green	Brown	Other (please indicate)
B. Water Clarity:	Completely clear	Fairly clear	Fairly cloudy	Completely cloudy	
C. Water Surface:	Normal	Oily sheen	Foamy	Floating aquatic plants	
(Circle all that apply)	Natural debris	Neon green sheen	Other (please indicate)		
10a. Is there floating or submerged garbage present in the water?					
	Yes		No		
If yes, circle visible item(s):	Building materials	Medical Items	Household waste	Sewage-related litter	
	Food-related litter	Fishing-related litter		Other (please indicate)	
10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?					
	Yes		No		
11a. Are any other substances present in the water that are not specifically mentioned on this form?					
	Yes		No		
If yes, list what:					
11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?					
	Yes		No		

Form revision date: 02/17/15

Overall aesthetic impression of site

Objectable deposits/in characteristics of the water

12a. Is there garbage along the shoreline?

If yes, circle type(s):

Yes	No		
Building materials	Medical items	Household waste	Sewage-related litter
Food-related litter	Fishing-related litter	Other (please indicate)	

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes	No
-----	----

13a. Along the shoreline, are there problem animals or problems caused by animals?

If yes, list type(s):

Yes	No
Grease spots in grass, but not paved areas	

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes	No
-----	----

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

Yes	No
Tall weeds	

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes	No
-----	----

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

If yes, list type(s):

Yes	No

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes	No
-----	----

16. Have you previously evaluated this station?

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Yes	No
-----	----

Comments: Please include anything else you thought should be reported while completing this survey.

Site is relatively clean, just not real exciting. Seems functional. Some slight ~~overgrowth~~ broken glass along edges of paved areas.

Saw monarch butterfly. People enjoying trail through property, easily accessible site.

17. END TIME:

9:15 am

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	8/24/15 Andrea Chuen	Check box if data sheet meets quality control requirements	<input checked="" type="checkbox"/>
Aesthetic impression score:	1		
Assessment score:	0		

Objectionable deposits on the shoreline

Additional feedback

DNR

100

Entered

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	Kristine Klassen		<b>2. Station name:</b>	Fox Point Boat Launch	
<b>3. Monitoring date:</b>	10/18/15		<b>4. Start time (include AM/PM):</b>	2:30	
<b>5. Water conditions:</b>	Calm	<input checked="" type="radio"/> Slight movement	Moderate flow or waves	<input type="radio"/> Rough or fast flowing	
<b>6. Water level:</b>	High	<input checked="" type="radio"/> Normal	Low		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle <u>one</u> of the following:	<input type="radio"/> Very pleasing	<input checked="" type="radio"/> Somewhat pleasing	<input type="radio"/> Neither pleasing nor displeasing	<input type="radio"/> Somewhat displeasing	<input type="radio"/> Very displeasing
Please describe. List any factors that make it pleasing or not pleasing.	Benches to sit on. Grass, Bathrooms				
<b>8a. Is the color or clarity of the water unattractive?</b>					
	<input checked="" type="radio"/> Yes		<input type="radio"/> No		
If yes, please describe:	Cloudy, Brown				
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>					
	<input checked="" type="radio"/> Yes		<input type="radio"/> No		
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance.</b>					
<b>For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	<input type="radio"/> Colorless	<input type="radio"/> Red	<input type="radio"/> Green	<input checked="" type="radio"/> Brown	<input type="radio"/> Other (please indicate) <u>yellow</u>
<b>B. Water Clarity:</b>	<input type="radio"/> Completely clear	<input type="radio"/> Fairly clear	<input type="radio"/> Fairly cloudy	<input checked="" type="radio"/> Completely cloudy	
<b>C. Water Surface:</b> (Circle all that apply)	<input checked="" type="radio"/> Normal	<input type="radio"/> Oily sheen	<input type="radio"/> Foamy	<input type="radio"/> Floating aquatic plants	
	<input type="radio"/> Natural debris	<input type="radio"/> Neon green sheen	<input type="radio"/> Other (please indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>					
	<input type="radio"/> Yes		<input checked="" type="radio"/> No		
If yes, circle visible item(s):	<input type="checkbox"/> Building materials	<input type="checkbox"/> Medical items	<input type="checkbox"/> Household waste	<input type="checkbox"/> Sewage-related litter	
	<input type="checkbox"/> Food-related litter	<input type="checkbox"/> Fishing-related litter	<input type="checkbox"/> Other (please indicate) _____		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
	<input type="radio"/> Yes		<input type="radio"/> No		
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
	<input type="radio"/> Yes		<input checked="" type="radio"/> No		
If yes, list what:					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
	<input type="radio"/> Yes		<input type="radio"/> No		

Form revision  
date: 02/17/15

Overall aesthetic  
impression of site

Objectionable deposits in/characteristics of the water

12a. Is there garbage along the shoreline?

Yes

No

If yes, circle type(s):

Building materials

Medical items

Household waste

Sewage-related litter

Food-related litter

Fishing-related litter

Other (please indicate)

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes

No

13a. Along the shoreline, are there problem animals or problems caused by animals?

Yes

No

If yes, list type(s):

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes

No

14a. Is there nuisance vegetation along the shoreline?

Yes

No

If yes, list type if known and amount:

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes

No

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

Yes

No

If yes, list type(s):

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes

No

16. Have you previously evaluated this station?

Yes

No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

17. END TIME:

2:30 PM

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

11-5-15

Check box if data sheet meets quality control requirements



Aesthetic impression score:

1

Assessment score:

1

Objectionable deposits on the shoreline

Additional feedback

QA/QC

Yes

entered

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

1. Your name: jeanie Keating 2. Station name: FOX POINT

3. Monitoring date: 10/24/15 4. Start time (include AM/PM): 11:39 am

5. Water conditions: Calm Slight movement Moderate flow or waves Rough or fast flowing

6. Water level: High Normal Low

7. Overall, how aesthetically pleasing do you find the site?

Circle one of the following: Very pleasing Somewhat pleasing Neither pleasing nor displeasing Somewhat displeasing Very displeasing

Please describe. List any factors that make it pleasing or not pleasing.  
attractive plantlife, nice curve of the shoreline, seating and amenities

8a. Is the color or clarity of the water unattractive?

Yes No

If yes, please describe:

8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?

Yes No

9. For water color and clarity, please circle the answer choice that best describes the present appearance.

For water surface, please circle all applicable attributes.

A. Water Color: Colorless Red Green Brown Other (please indicate) grey

B. Water Clarity: Completely clear Fairly clear Fairly cloudy Completely cloudy

C. Water Surface: Normal Oily sheen Foamy Floating aquatic plants

(Circle all that apply) Natural debris Neon green sheen Other (please indicate)

10a. Is there floating or submerged garbage present in the water?

Yes No

If yes, circle visible item(s): Building materials Medical items Household waste Sewage-related litter

Food-related litter Fishing-related litter Other (please indicate)

10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?

Yes No

11a. Are any other substances present in the water that are not specifically mentioned on this form?

Yes No

If yes, list what:

11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?

Yes No

Form revision date: 02/17/15

Overall aesthetic impression of site

Objectable deposits/characteristics of the water

12a. Is there garbage along the shoreline?

Yes very little No

If yes, circle type(s):

Building materials

Medical items

Household waste

Sewage-related litter

Food-related litter

Fishing-related litter

Other (please indicate)

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes No

13a. Along the shoreline, are there problem animals or problems caused by animals?

Yes No

If yes, list type(s):

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes No

14a. Is there nuisance vegetation along the shoreline?

Yes No

If yes, list type if known and amount:

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes No

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

Yes No

If yes, list type(s):

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes No

16. Have you previously evaluated this station?

Yes No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

17. END TIME:

11:45am

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

11-5-15

Check box if data sheet meets quality control requirements



Aesthetic impression score:

1

Assessment score:

0

objectionable deposits on the shoreline

Additional feedback

QA/QC

entered

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>		Carol Gezella	<b>2. Station name:</b>		Fox Point Boat Launch	Form revision date: 02/17/15	
<b>3. Monitoring date:</b>		08/24/15	<b>4. Start time (include AM/PM):</b>		12:31pm		
<b>5. Water conditions:</b>		Calm	Slight movement	Moderate flow or waves	<u>Rough or fast flowing</u>		
<b>6. Water level:</b>		High	<u>Normal</u>		Low		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>							
Circle <u>one</u> of the following:		<u>Very pleasing</u>	Somewhat pleasing	Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing	
Please describe. List any factors that make it pleasing or not pleasing.		very nice site					Overall aesthetic impression of site
<b>8a. Is the color or clarity of the water unattractive?</b>		<u>Yes</u>		No			
If yes, please describe:		brown/green algae clinging to rocks					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>		Yes		<u>No</u>			
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>							
<b>A. Water Color:</b>		Colorless	Red	<u>Green</u>	<u>Brown</u>	Other (please indicate) _____	
<b>B. Water Clarity:</b>		Completely clear	Fairly clear	Fairly cloudy	<u>Completely cloudy</u>		
<b>C. Water Surface:</b> (Circle all that apply)		Normal	<u>Oily sheen</u>	<u>Foamy</u>	Floating aquatic plants		
		Natural debris	<u>Neon green sheen</u>		Other (please indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>							
		<u>Yes</u>		<u>No</u>			
If yes, circle visible item(s):		Building materials	Medical items	Household waste	Sewage-related litter		
		Food-related litter	Fishing-related litter		Other (please indicate) _____		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>		<u>Yes</u>		<u>No</u>			
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>							
		<u>Yes</u>		<u>No</u>			
If yes, list what:							
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>							
		<u>Yes</u>		<u>No</u>			

Objectionable deposits in/characteristics of the water

**12a. Is there garbage along the shoreline?**

If yes, circle type(s):

<input checked="" type="radio"/> Yes		<input type="radio"/> No	
Building materials	Medical Items	Household waste	Sewage-related litter
<input checked="" type="radio"/> Food-related litter	Fishing-related litter	Other (please indicate) _____	

**12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**13a. Along the shoreline, are there problem animals or problems caused by animals?**

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known and amount:

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

**15a. Are there any other shoreline substances that are not specifically mentioned on this form ?**

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

**16. Have you previously evaluated this station?**

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

<input checked="" type="radio"/> Yes	<input type="radio"/> No
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Slight odor

**17. END TIME:**

12:43 P.M.

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	8-28-15	Check box if data sheet meets quality control requirements	<input checked="" type="checkbox"/>
Aesthetic impression score:	0		
Assessment score:	0		

Objectionable deposits on the shoreline

Additional feedback

QA/QC



# Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	Carol Gezella	<b>2. Station name:</b>	FoxPoint Boat Launch	Form revision date: 02/17/15
<b>3. Monitoring date:</b>	10/12/15	<b>4. Start time (include AM/PM):</b>	12:33 pm	
<b>5. Water conditions:</b>	Calm    Slight movement    Moderate flow or waves	<u>Rough or fast flowing</u>		
<b>6. Water level:</b>	High    Normal	<u>Low</u>		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>				
Circle <u>one</u> of the following: <u>Very pleasing</u> <u>Somewhat pleasing</u> Neither pleasing nor displeasing    Somewhat displeasing    Very displeasing				
Please describe. List any factors that make it pleasing or not pleasing. site is easy to access normal debris - leaves / wood floating in water				
<b>8a. Is the color or clarity of the water unattractive?</b>				
If yes, please describe: <u>Yes</u> No				
green completely cloudy				
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>				
Yes <u>No</u>				
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>				
<b>A. Water Color:</b>	Colorless    Red <u>Green</u> <u>Brown</u> Other (please indicate)			
<b>B. Water Clarity:</b>	Completely clear    Fairly clear    Fairly cloudy <u>Completely cloudy</u>			
<b>C. Water Surface:</b> (Circle all that apply)	Normal <u>Oily sheen</u> <u>Foamy</u> Floating aquatic plants			
	Natural debris <u>Neon green sheen</u> Other (please indicate)			
<b>10a. Is there floating or submerged garbage present in the water?</b>				
If yes, circle visible item(s):    Yes <u>No</u>				
	Building materials    Medical items    Household waste    Sewage-related litter			
	Food-related litter    Fishing-related litter    Other (please indicate)			
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>				
Yes    No				
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>				
If yes, list what:    Yes <u>No</u>				
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>				
Yes    No				

Overall aesthetic impression of site  
  
Objectionable deposits / characteristics of the water

PMA  
res

**12a. Is there garbage along the shoreline?**

If yes, circle type(s):

<input checked="" type="radio"/> Yes		<input type="radio"/> No	
Building materials	Medical items	<input checked="" type="radio"/> Household waste	Sewage-related litter
<input checked="" type="radio"/> Food-related litter	Fishing-related litter	Other (please indicate) _____	

**12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**13a. Along the shoreline, are there problem animals or problems caused by animals?**

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No

**13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known and amount:

<input type="radio"/> Yes	<input checked="" type="radio"/> No

**14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

**15a. Are there any other shoreline substances that are not specifically mentioned on this form?**

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No

**15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

**16. Have you previously evaluated this station?**

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

no changes  
no odor

Comments: Please include anything else you thought should be reported while completing this survey.

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**17. END TIME:**

12:41 pm.

**For volunteer coordinator/DNR use only**

Date the data sheet was reviewed by contractor:	10-16-15	Check box if data sheet meets quality control requirements	<input checked="" type="checkbox"/>
Aesthetic Impression score:	0		
Assessment score:	0		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

100

MA

<b>1. Your name:</b>	PATRICK FIDOR-STONE	<b>2. Station name:</b>	FOXPOINT BOAT LAUNCH	Form/revision date: 02/17/15		
<b>3. Monitoring date:</b>	11/6/16 m m / d d / y y	<b>4. Start time (include AM/PM):</b>	9:30 AM			
<b>5. Water conditions:</b>	Calm      Slight movement <u>Moderate flow or waves</u> Rough or fast flowing					
<b>6. Water level:</b>	High <u>Normal</u> Low					
<b>7. Overall, how aesthetically pleasing do you find the site?</b>						
Circle <u>one</u> of the following:	Very pleasing	<u>Somewhat pleasing</u>	Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing	Overall/aesthetic impression of site
Please describe. List any factors that make it pleasing or not pleasing.	NICE flow of the - NATURAL vegetation clean! -					
<b>8a. Is the color or clarity of the water unattractive?</b>						
	<u>Yes</u>		No			Objectionable deposits in/characteristics of the water
If yes, please describe:	MURKY BROWNISH					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>						
	Yes		<u>No</u>			
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance.</b>						
<b>For water surface, please circle all applicable attributes.</b>						
<b>A. Water Color:</b>	Colorless	Red	<u>Green</u>	<u>Brown</u>	Other (please indicate) _____	
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	Fairly cloudy	<u>Completely cloudy</u>		
<b>C. Water Surface:</b> (Circle all that apply)	Normal	Oily sheen	<u>Foamy - slightly</u>	Floating aquatic plants		
	Natural debris	Neon green sheen	Other (please indicate) _____			
<b>10a. Is there floating or submerged garbage present in the water?</b>						
	Yes		<u>No</u>			Objectionable deposits in/characteristics of the water
If yes, circle visible item(s):	Building materials	Medical items	Household waste	Sewage-related litter		
	Food-related litter	Fishing-related litter	Other (please indicate) _____			
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>						
	Yes		No			
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>						
	Yes		<u>No</u>			Objectionable deposits in/characteristics of the water
If yes, list what:						
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>						
	Yes		No			

**12a. Is there garbage along the shoreline?**

If yes, circle type(s):	Yes		No	
	Building materials	Medical Items	Household waste	Sewage-related litter
	Food-related litter	Fishing-related litter	Other (please indicate) _____	

**12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?**

Yes	No
-----	----

**13a. Along the shoreline, are there problem animals or problems caused by animals?**

Yes	No
-----	----

If yes, list type(s):

**13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?**

Yes	No
-----	----

**14a. Is there nuisance vegetation along the shoreline?**

Yes	No
-----	----

If yes, list type if known and amount:

**14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?**

Yes	No
-----	----

**15a. Are there any other shoreline substances that are not specifically mentioned on this form?**

Yes	No
-----	----

If yes, list type(s):

**15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?**

Yes	No
-----	----

**16. Have you previously evaluated this station?**

Yes	No
-----	----

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

*SITE VERY clean in spite of beautiful "picnic-type weather" this past week - no debris -*

Comments: Please include anything else you thought should be reported while completing this survey.

*much improvement*

**17. END TIME:** *10<sup>00</sup> AM*

**For volunteer coordinator/DNR use only**

Date the data sheet was reviewed by contractor:	<i>11/2/15</i>	Check box if data sheet meets quality control requirements	<input checked="" type="checkbox"/>
Aesthetic impression score:	<i>1</i>		
Assessment score:	<i>0</i>		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

Entered

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	Kathy Thines		<b>2. Station name:</b>	Metro Boat
<b>3. Monitoring date:</b>	8/1/15		<b>4. Start time (include AM/PM):</b>	3:13pm
<b>5. Water conditions:</b>	Calm	Slight movement	Moderate flow or waves	Rough or fast flowing
<b>6. Water level:</b>	High	Normal	Low	
<b>7. Overall, how aesthetically pleasing do you find the site?</b>				
Circle <u>one</u> of the following:	Very pleasing	Somewhat pleasing	Neither pleasing nor displeasing	Somewhat displeasing
Please describe. List any factors that make it pleasing or not pleasing.	Mowed lawn, bathroom facilities, picnic tables, benches, high accessibility to water.			
<b>8a. Is the color or clarity of the water unattractive?</b>				
If yes, please describe:	Yes		No	
	cloudy, brown			
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>				
	Yes		No	
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>				
<b>A. Water Color:</b>	Colorless	Red	Green	Brown
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	Fairly cloudy	Completely cloudy
<b>C. Water Surface:</b> (Circle all that apply)	Normal	Oily sheen	Foamy	Floating aquatic plants
	Natural debris	Neon green sheen	Other (please indicate)	bubbles
<b>10a. Is there floating or submerged garbage present in the water?</b>				
If yes, circle visible item(s):	Yes		No	
	Building materials	Medical items	Household waste	Sewage-related litter
	Food-related litter	Fishing-related litter	Other (please indicate)	
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>				
	Yes		No	
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>				
If yes, list what:	Yes		No	
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>				
	Yes		No	

Form revision date: 02/17/15  
 Overall aesthetic impression of site  
 Objectionable deposits/in/characteristics of the water

2015

No

12a. Is there garbage along the shoreline?

If yes, circle type(s):

Yes		No	
Building materials	Medical Items	Household waste	Sewage-related litter
Food-related litter	Fishing-related litter	Other (please Indicate)	

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes	No
-----	----

13a. Along the shoreline, are there problem animals or problems caused by animals?

If yes, list type(s):

Yes	No
lots of geese poop	

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes	No
-----	----

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

Yes	No

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes	No
-----	----

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

If yes, list type(s):

Yes	No

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes	No
-----	----

16. Have you previously evaluated this station?

Yes	No
-----	----

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

Lot of people using site. Location that I would want to spend some time. Very pleasant, safe feeling, large well maintained parking lot.

17. END TIME:

3:26 pm
---------

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	Andrea Chua 82415	Check box if data sheet meets quality control requirements	<input checked="" type="checkbox"/>
Aesthetic impression score:	0		
Assessment score:	0		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

Entered

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	PAUL WISS	<b>2. Station name:</b>	GB MEAD LAUNCH	Form revision date: 02/17/15		
<b>3. Monitoring date:</b>	8/19/2015 <small>mm/dd/yy</small>	<b>4. Start time (include AM/PM):</b>	2:45 PM			
<b>5. Water conditions:</b>	Calm	Slight movement	Moderate flow or waves		Rough or fast flowing <input checked="" type="checkbox"/>	
<b>6. Water level:</b>	High <input checked="" type="checkbox"/>	Normal	Low			
<b>7. Overall, how aesthetically pleasing do you find the site?</b>						
Circle <u>one</u> of the following:	Very pleasing	Somewhat pleasing <input checked="" type="checkbox"/>	Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing	
Please describe. List any factors that make it pleasing or not pleasing.	A BIT INDUSTRIAL BUT NOT BAD.				Overall aesthetic impression of site	
<b>8a. Is the color or clarity of the water unattractive?</b>						
	Yes <input checked="" type="checkbox"/>		No			
If yes, please describe:	LOOKS GRAY OR BROWN ON CLOUDY DAY					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>						
	Yes		No <input checked="" type="checkbox"/>			
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>						
<b>A. Water Color:</b>	Colorless	Red	Green	Brown <input checked="" type="checkbox"/>		Other (please indicate) _____
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	Fairly cloudy <input checked="" type="checkbox"/>	Completely cloudy		
<b>C. Water Surface:</b> (Circle all that apply)	Normal <input checked="" type="checkbox"/>	Oily sheen	Foamy	Floating aquatic plants: _____		
	Natural debris	Neon green sheen	Other (please indicate) _____			
<b>10a. Is there floating or submerged garbage present in the water?</b>						
	Yes		No <input checked="" type="checkbox"/>			
If yes, circle visible item(s):	Building materials	Medical items	Household waste	Sewage-related litter		
	Food-related litter	Fishing-related litter	Other (please indicate) _____			
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>						
	Yes		No			
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>						
	Yes		No <input checked="" type="checkbox"/>			
If yes, list what:						
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>						
	Yes		No			

Objectionable deposits in/characteristics of the water

12a. Is there garbage along the shoreline?

Yes  No

If yes, circle type(s):

Building materials      Medical items      Household waste      Sewage-related litter  
Food-related litter      Fishing-related litter      Other (please indicate) \_\_\_\_\_

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes  No

13a. Along the shoreline, are there problem animals or problems caused by animals?

Yes  No

If yes, list type(s):

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes  No

14a. Is there nuisance vegetation along the shoreline?

Yes  No

If yes, list type if known and amount:

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes  No

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

Yes  No

If yes, list type(s):

A BIT OF STICKS & DRIFTWOOD ON RAMPS

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes  No

16. Have you previously evaluated this station?

Yes  No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

VIEW OF POWER PLANT

17. END TIME:

2:50 PM

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

9-3-15

Check box if data sheet meets quality control requirements



Aesthetic impression score:

1

Assessment score:

0

Objectionable deposits on the shoreline

Additional feedback

QA/QC



2

new entered

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

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DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	Tom Schorger		<b>2. Station name:</b>	METRO Boat Launch	
<b>3. Monitoring date:</b>	9-1-15 m/d/yyyy		<b>4. Start time (include AM/PM):</b>	3:15 PM	
<b>5. Water conditions:</b>	Calm	Slight movement	Moderate flow or waves	Rough or fast flowing	
<b>6. Water level:</b>	High	Normal		Low	
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle <u>one</u> of the following:	Very pleasing	Somewhat pleasing	Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing
Please describe. List any factors that make it pleasing or not pleasing.					
<b>8a. Is the color or clarity of the water unattractive?</b>					
Yes No					
If yes, please describe:					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>					
Yes No					
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	Colorless	Red	Green	Brown	Other (please indicate)
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	Fairly cloudy	Completely cloudy	
<b>C. Water Surface:</b> (Circle all that apply)	Normal	Oily sheen	Foamy	Floating aquatic plants	
	Natural debris	Neon green sheen	Other (please indicate)		
<b>10a. Is there floating or submerged garbage present in the water?</b>					
Yes No					
If yes, circle visible item(s):					
Building materials      Medical items      Household waste      Sewage-related litter					
Food-related litter      Fishing-related litter      Other (please indicate)					
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
Yes No					
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
Yes No					
If yes, list what:					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
Yes No					

Form revision date: 02/17/15  
Overall/aesthetic impression of site  
Objectionable deposits/in/characteristics of the water

12a. Is there garbage along the shoreline?

Yes

No

If yes, circle type(s):

Building materials

Medical items

Household waste

Sewage-related litter

Food-related litter

Fishing-related litter

Other (please indicate)

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes

No

13a. Along the shoreline, are there problem animals or problems caused by animals?

Yes

No

If yes, list type(s):

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes

No

14a. Is there nuisance vegetation along the shoreline?

Yes

No

If yes, list type if known and amount:

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes

No

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

Yes

No

If yes, list type(s):

A small amount of worm holes and soda cups. NOT BAW

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes

No

16. Have you previously evaluated this station?

Yes

No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

The launch area + fishing area (NW) are very clean. No brush.

17. END TIME:

3:30 pm

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

9-10-15

Check box if data sheet meets quality control requirements



Aesthetic impression score:

0

Assessment score:

0

Objectionable deposits on the shoreline

Additional feedback

QA/QC

new entered

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

2

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	Mark DeBaker	<b>2. Station name:</b>	Metro Boat Launch	Form revision date: 02/17/15		
<b>3. Monitoring date:</b>	9/11/2015	<b>4. Start time (include AM/PM):</b>				
<b>5. Water conditions:</b>	Calm	Slight movement	Moderate flow or waves		Rough or fast flowing	
<b>6. Water level:</b>	High	Normal	Low			
<b>7. Overall, how aesthetically pleasing do you find the site?</b>						
Circle <u>one</u> of the following:	Very pleasing	Somewhat pleasing	Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing	
Please describe. List any factors that make it pleasing or not pleasing.	Peaceful urban site				Overall aesthetic impression of site	
<b>8a. Is the color or clarity of the water unattractive?</b>	Yes		No			
If yes, please describe:						
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>	Yes		No			
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance.</b>						
For water surface, please circle all applicable attributes.						
<b>A. Water Color:</b>	Colorless	Red	Green	Brown		Other (please indicate) _____
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	Fairly cloudy	Completely cloudy		
<b>C. Water Surface:</b> (Circle all that apply)	Normal	Oily sheen	Foamy	Floating aquatic plants		
	Natural debris	Neon green sheen	Other (please indicate) _____			
<b>10a. Is there floating or submerged garbage present in the water?</b>						
	Yes		No			
If yes, circle visible item(s):	Building materials	Medical items	Household waste	Sewage-related litter		
	Food-related litter	Fishing-related litter	Other (please indicate) _____			
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>						
	Yes		No			
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>						
	Yes		No			
If yes, list what:						
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>						
	Yes		No			

Objectionable deposits in characteristics of the water

12a. Is there garbage along the shoreline?

Yes No

If yes, circle type(s):

Building materials Medical items Household waste Sewage-related litter  
Food-related litter Fishing-related litter Other (please indicate)

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes No

13a. Along the shoreline, are there problem animals or problems caused by animals?

Yes No

If yes, list type(s):

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes No

14a. Is there nuisance vegetation along the shoreline?

Yes No

If yes, list type if known and amount:

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes No

15a. Are there any other shoreline substances that are not specifically mentioned on this form ?

Yes No

If yes, list type(s):

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes No

16. Have you previously evaluated this station?

Yes No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

Reasonably clean considering the heavy use here

17. END TIME:

1:50 (pm)

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

10-16-15

Check box if data sheet meets quality control requirements

Aesthetic impression score:

1

Assessment score:

0

Objectionable deposits on the shoreline

Additional feedback

QA/QC

new entered

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	Kristine Klason	<b>2. Station name:</b>	Boat Launch
<b>3. Monitoring date:</b>	10/31/15	<b>4. Start time (include AM/PM):</b>	1:30
<b>5. Water conditions:</b>	Calm	Slight movement	Moderate flow or waves
<b>6. Water level:</b>	High	Normal	Low
<b>7. Overall, how aesthetically pleasing do you find the site?</b>			
Circle <u>one</u> of the following:	Very pleasing	Somewhat pleasing	Neither pleasing nor displeasing
			Somewhat displeasing
			Very displeasing
Please describe. List any factors that make it pleasing or not pleasing.	Smells a little foul Industrial Plant across the river		
<b>8a. Is the color or clarity of the water unattractive?</b>			
	Yes		No
If yes, please describe:	Murky		
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>			
	Yes		No
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>			
<b>A. Water Color:</b>	Colorless	Red	Green
			Brown
			Other (please indicate)
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	Fairly cloudy
			Completely cloudy
<b>C. Water Surface:</b> (Circle all that apply)	Normal	Oily sheen	Foamy
			Floating aquatic plants
	Natural debris	Neon green sheen	Other (please indicate)
<b>10a. Is there floating or submerged garbage present in the water?</b>			
	Yes		No
If yes, circle visible item(s):	Building materials	Medical items	Household waste
			Sewage-related litter
	Food-related litter	Fishing-related litter	Other (please Indicate)
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>			
	Yes		No
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>			
	Yes		No
If yes, list what:			
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>			
	Yes		No

Form revision date: 02/17/15

Overall aesthetic impression of site

Objectable deposits in/characteristics of the water

12a. Is there garbage along the shoreline?

If yes, circle type(s):

<input type="radio"/> Yes		<input type="radio"/> No	
Building materials	Medical Items	Household waste	Sewage-related litter
Food-related litter	Fishing-related litter	Other (please indicate) _____	

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

13a. Along the shoreline, are there problem animals or problems caused by animals?

If yes, list type(s):

<input type="radio"/> Yes	<input type="radio"/> No
Seagulls - Geese - POOP	

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

<input type="radio"/> Yes	<input type="radio"/> No
Pickers	

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

If yes, list type(s):

<input type="radio"/> Yes	<input type="radio"/> No
Pipeline Stuff	

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

16. Have you previously evaluated this station?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

Look down while you walk.  
Lots of Poop

17. END TIME:

1:46

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	11-5-15	Check box if data sheet meets quality control requirements	<input checked="" type="checkbox"/>
Aesthetic Impression score:	3		
Assessment score:	3		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

new entered

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	Madelme Sweeney	<b>2. Station name:</b>	Bout Launch (metro)	Form revision date: 02/17/15	
<b>3. Monitoring date:</b>	10/31/15	<b>4. Start time (include AM/PM):</b>	1:30		
<b>5. Water conditions:</b>	Calm	Slight movement	Moderate flow or waves		Rough or fast flowing
<b>6. Water level:</b>	High	Normal	Low		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle <u>one</u> of the following:	Very pleasing	Somewhat pleasing	Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing
Please describe. List any factors that make it pleasing or not pleasing.	Smell Industrial Plant across the river				Overall aesthetic impression of site
<b>8a. Is the color or clarity of the water unattractive?</b>					
If yes, please describe:	Yes		No		
murky					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>					
Yes					
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	Colorless	Red	Green	Brown	Other (please indicate)
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	Fairly cloudy	Completely cloudy	
<b>C. Water Surface:</b> (Circle all that apply)	Normal	Oily sheen	Foamy	Floating aquatic plants	
	Natural debris	Neon green sheen	Other (please indicate)		
<b>10a. Is there floating or submerged garbage present in the water?</b>					
If yes, circle visible item(s):	Yes		No		
	Building materials	Medical items	Household waste	Sewage-related litter	
	Food-related litter	Fishing-related litter	Other (please indicate)		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
Yes					
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
If yes, list what:	Yes		No		
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
Yes					
No					

Objectionable deposits in/characteristics of the water

**12a. Is there garbage along the shoreline?**

If yes, circle type(s):

<input checked="" type="radio"/> Yes	<input type="radio"/> No
<input type="checkbox"/> Building materials <input checked="" type="checkbox"/> Food-related litter	<input type="checkbox"/> Medical Items <input checked="" type="checkbox"/> Fishing-related litter <input type="checkbox"/> Household waste <input type="checkbox"/> Sewage-related litter <input type="checkbox"/> Other (please indicate)

**12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?**

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

**13a. Along the shoreline, are there problem animals or problems caused by animals?**

If yes, list type(s):

<input checked="" type="radio"/> Yes	<input type="radio"/> No
Seagulls Geese	

**13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?**

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known and amount:

<input checked="" type="radio"/> Yes	<input type="radio"/> No
weeds in rocks	

**14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**15a. Are there any other shoreline substances that are not specifically mentioned on this form ?**

If yes, list type(s):

<input checked="" type="radio"/> Yes	<input type="radio"/> No
Pipeline debris pipelines	

**15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**16. Have you previously evaluated this station?**

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

Lots of poop from birds

**17. END TIME:**

1145

**For volunteer coordinator/DNR use only**

Date the data sheet was reviewed by contractor:	1/5/15	Check box if data sheet meets quality control requirements	<input type="checkbox"/>
Aesthetic impression score:	3		
Assessment score:	3		

Objectionable deposits on the shoreline

Additional feedback

QA/QC



# Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

n 65  
entered

<b>1. Your name:</b>	Kristine Klasen	<b>2. Station name:</b>	Perkofsky Boat Launch
<b>3. Monitoring date:</b>	10/18/15	<b>4. Start time (include AM/PM):</b>	2:40
<b>5. Water conditions:</b>	Calm <u>Slight movement</u> Moderate flow or waves    Rough or fast flowing		
<b>6. Water level:</b>	High <u>Normal</u> Low		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>			
Circle <u>one</u> of the following:			
<input checked="" type="radio"/> Very pleasing <input type="radio"/> Somewhat pleasing <input type="radio"/> Neither pleasing nor displeasing <input type="radio"/> Somewhat displeasing <input type="radio"/> Very displeasing			
Please describe. List any factors that make it pleasing or not pleasing.			
Park Atmosphere - Bathrooms - Benches - Path - Trees -			
<b>8a. Is the color or clarity of the water unattractive?</b>			
If yes, please describe:			
<input checked="" type="radio"/> Yes <input type="radio"/> No Green Algae			
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>			
<input checked="" type="radio"/> Yes <input type="radio"/> No			
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>			
<b>A. Water Color:</b>	Colorless    Red <u>Green</u> Brown    Other (please indicate)		
<b>B. Water Clarity:</b>	Completely clear    Fairly clear    Fairly cloudy <u>Completely cloudy</u>		
<b>C. Water Surface:</b> (Circle all that apply)	Normal    Oily sheen    Foamy    Floating aquatic plants. Natural debris <u>Neon green sheen</u> Other (please indicate)		
<b>10a. Is there floating or submerged garbage present in the water?</b>			
If yes, circle visible item(s):			
<input type="radio"/> Yes <input checked="" type="radio"/> No			
Building materials    Medical items    Household waste    Sewage-related litter Food-related litter    Fishing-related litter    Other (please indicate)			
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>			
<input type="radio"/> Yes <input type="radio"/> No			
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>			
If yes, list what:			
<input type="radio"/> Yes <input checked="" type="radio"/> No			
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>			
<input type="radio"/> Yes <input type="radio"/> No			

Form revision date: 02/17/15

Overall aesthetic impression of site

Objectionable deposits in/characteristics of the water

12a. Is there garbage along the shoreline?

Yes

No

If yes, circle type(s):

Building materials

Medical items

Household waste

Sewage-related litter

Food-related litter

Fishing-related litter

Other (please indicate) \_\_\_\_\_

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes

No

13a. Along the shoreline, are there problem animals or problems caused by animals?

Yes

No

If yes, list type(s):

Goose Poop Everywhere on Piers & sidewalk

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes

No

14a. Is there nuisance vegetation along the shoreline?

Yes

No

If yes, list type if known and amount:

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes

No

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

Yes

No

If yes, list type(s):

Dead Fish

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes

No

16. Have you previously evaluated this station?

Yes

No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

17. END TIME:

3:50

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

1-5-15

Check box if data sheet meets quality control requirements



Aesthetic impression score:

0

Assessment score:

2

Objectionable deposits on the shoreline

Additional feedback

QA/QC

11/15

entered

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	jeanie keating		<b>2. Station name:</b>	perkowski BOAT LAUNCH	
<b>3. Monitoring date:</b>	10/24/15		<b>4. Start time (include AM/PM):</b>	12:19am	
<b>5. Water conditions:</b>	Calm	Slight movement	<input checked="" type="radio"/> Moderate flow or waves		Rough or fast flowing
<b>6. Water level:</b>	<input checked="" type="radio"/> High		Normal		Low
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle one of the following:	Very pleasing	<input checked="" type="radio"/> Somewhat pleasing	Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing
Please describe. List any factors that make it pleasing or not pleasing.					
<b>8a. Is the color or clarity of the water unattractive?</b>					
	Yes		<input checked="" type="radio"/> No		
If yes, please describe:					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>					
	Yes		<input checked="" type="radio"/> No		
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance.</b>					
<b>For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	Colorless	Red	Green	Brown	Other (please indicate) <u>grey</u>
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	<input checked="" type="radio"/> Fairly cloudy	Completely cloudy	
<b>C. Water Surface:</b>	Normal	Oily sheen	<input checked="" type="radio"/> Foamy	Floating aquatic plants:	
(Circle all that apply)	<input checked="" type="radio"/> Natural debris	Neon green sheen	Other (please indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>					
	Yes		<input checked="" type="radio"/> No		
If yes, circle visible item(s):	Building materials	Medical items	Household waste	Sewage-related litter	
	Food-related litter	Fishing-related litter	Other (please indicate) _____		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
	Yes		<input checked="" type="radio"/> No		
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
	Yes		<input checked="" type="radio"/> No		
If yes, list what:					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
	Yes		<input checked="" type="radio"/> No		

Form revision date: 02/17/15

Overall aesthetic impression of site

Objectionable deposits/characteristics of the water

12a. Is there garbage along the shoreline?

If yes, circle type(s):

<input checked="" type="radio"/> Yes	<input type="radio"/> No
<input checked="" type="checkbox"/> Building materials <input checked="" type="checkbox"/> Food-related litter	<input type="checkbox"/> Medical items <input checked="" type="checkbox"/> Household waste <input checked="" type="checkbox"/> Fishing-related litter <input type="checkbox"/> Sewage-related litter <input type="checkbox"/> Other (please indicate) _____

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

13a. Along the shoreline, are there problem animals or problems caused by animals?

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

<input checked="" type="radio"/> Yes	<input type="radio"/> No
climbing vines	

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

16. Have you previously evaluated this station?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

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Comments: Please include anything else you thought should be reported while completing this survey.

--

17. END TIME:

12:24 pm

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	11-5-15	Check box if data sheet meets quality control requirements	<input checked="" type="checkbox"/>
Aesthetic impression score:	1		
Assessment score:	0		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

Entered

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

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If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	Carol Gezella	<b>2. Station name:</b>	Perkofski	Form revision date: 02/17/15	
<b>3. Monitoring date:</b>	08/24/15	<b>4. Start time (include AM/PM):</b>	12:10 pm		
<b>5. Water conditions:</b>	Calm      Slight movement      Moderate flow or waves	<u>Rough or fast flowing</u>			
<b>6. Water level:</b>	High      Normal	<u>Low</u>			
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle <u>one</u> of the following:	Very pleasing	<u>Somewhat pleasing</u>	Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing
Please describe. List any factors that make it pleasing or not pleasing.	cleaner than usual - very little goose poop last year grounds were covered				Overall aesthetic impression of site
<b>8a. Is the color or clarity of the water unattractive?</b>	<u>Yes</u>		No		
If yes, please describe:	green/brown algae attached to docks				
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>	Yes		<u>No</u>		
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance.</b>					
For water surface, please circle all applicable attributes.					
<b>A. Water Color:</b>	Colorless	Red	<u>Green</u>	<u>Brown</u>	Other (please indicate) _____
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	<u>Fairly cloudy</u>	<u>Completely cloudy</u>	
<b>C. Water Surface:</b> (Circle all that apply)	Normal	<u>Oily sheen</u>	<u>Foamy</u>	Floating aquatic plants	
	Natural debris	<u>Neon green sheen</u>	Other (please indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>					
	Yes		<u>No</u>		
If yes, circle visible item(s):	Building materials	Medical Items	Household waste	Sewage-related litter	
	Food-related litter	Fishing-related litter		Other (please indicate) _____	
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>	Yes		No		
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
	Yes		<u>No</u>		
If yes, list what:					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>	Yes		No		

Objectionable deposits in/characteristics of the water

12a. Is there garbage along the shoreline?

If yes, circle type(s):

<input checked="" type="radio"/> Yes		<input type="radio"/> No	
Building materials	Medical items	Household waste	Sewage-related litter
<input checked="" type="radio"/> Food-related litter	<input checked="" type="radio"/> Fishing-related litter	Other (please indicate)	

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

13a. Along the shoreline, are there problem animals or problems caused by animals?

If yes, list type(s):

<input checked="" type="radio"/> Yes	<input type="radio"/> No
goose poop	

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

15a. Are there any other shoreline substances that are not specifically mentioned on this form ?

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

16. Have you previously evaluated this station?

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

much cleaner - less goose poop  
especially right after Brown County Fair  
very clean

Comments: Please include anything else you thought should be reported while completing this survey.

algae attached to docks

17. END TIME:

12:20 pm.

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	8-28-15	Check box if data sheet meets quality control requirements	<input checked="" type="checkbox"/>
Aesthetic impression score:	1		
Assessment score:	0		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

entire

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>		Kathy Thune		<b>2. Station name:</b>		Perkowski Bay Launch		Form revision Date: 02/17/15
<b>3. Monitoring date:</b>		07/21/15		<b>4. Start time (include AM/PM):</b>		8:40 AM		
<b>5. Water conditions:</b>		Calm	<input checked="" type="radio"/> Slight movement	Moderate flow or waves	<input type="radio"/> Rough or fast flowing			
<b>6. Water level:</b>		<input type="radio"/> High		<input checked="" type="radio"/> Normal		<input type="radio"/> Low		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>								
Circle <u>one</u> of the following:		<input type="radio"/> Very pleasing	<input type="radio"/> Somewhat pleasing	<input type="radio"/> Neither pleasing nor displeasing	<input checked="" type="radio"/> Somewhat displeasing		<input type="radio"/> Very displeasing	Overall aesthetic impression of site
Please describe. List any factors that make it pleasing or not pleasing.		Weeds, very little shade, geese poop not very inviting, road noise						
<b>8a. Is the color or clarity of the water unattractive?</b>								
If yes, please describe:		<input checked="" type="radio"/> Yes			<input type="radio"/> No			
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>								
		<input type="radio"/> Yes			<input checked="" type="radio"/> No			
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>								
<b>A. Water Color:</b>		<input type="radio"/> Colorless	<input type="radio"/> Red	<input type="radio"/> Green	<input checked="" type="radio"/> Brown		<input type="radio"/> Other (please indicate)	
<b>B. Water Clarity:</b>		<input checked="" type="radio"/> Completely clear	<input type="radio"/> Fairly clear	<input checked="" type="radio"/> Fairly cloudy	<input type="radio"/> Completely cloudy			
<b>C. Water Surface:</b> (Circle all that apply)		<input checked="" type="radio"/> Normal	<input type="radio"/> Oily sheen	<input type="radio"/> Foamy	<input type="radio"/> Floating aquatic plants		<input type="radio"/> Other (please indicate)	
		<input checked="" type="radio"/> Natural debris	<input type="radio"/> Neon green sheen	<input type="radio"/> Other (please indicate)		bird feathers		
<b>10a. Is there floating or submerged garbage present in the water?</b>								
If yes, circle visible item(s):		<input checked="" type="radio"/> Yes			<input type="radio"/> No			
		<input type="radio"/> Building materials	<input type="radio"/> Medical items	<input type="radio"/> Household waste	<input type="radio"/> Sewage-related litter		<input type="radio"/> Other (please indicate)	
		<input type="radio"/> Food-related litter	<input type="radio"/> Fishing-related litter		<input checked="" type="radio"/> bird feathers			
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>								
		<input type="radio"/> Yes			<input checked="" type="radio"/> No			
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>								
If yes, list what:		<input type="radio"/> Yes			<input checked="" type="radio"/> No			
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>								
		<input type="radio"/> Yes			<input type="radio"/> No			

Observable deposits in characteristics of the water

12a. Is there garbage along the shoreline?

If yes, circle type(s):

Yes		No	
Building materials	Medical Items	Household waste	Sewage-related litter
Food-related litter	Fishing-related litter	Other (please indicate) _____	

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes	No
-----	----

13a. Along the shoreline, are there problem animals or problems caused by animals?

If yes, list type(s):

Yes	No
Geese poop & feathers	

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes	X	No
-----	---	----

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

Yes	No
Weeds	

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes	No
-----	----

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

If yes, list type(s):

Yes	No

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes	No
-----	----

16. Have you previously evaluated this station?

Yes	No
-----	----

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

Bird debris ~~near~~ & weeds readily detract from site. Lack of shade makes this place hot.

17. END TIME:

8:19 am

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	Andrea <sup>8245</sup> [Signature]	Check box if data sheet meets quality control requirements	<input checked="" type="checkbox"/>
Aesthetic impression score:	3		
Assessment score:	0		

Optional deposits on the shoreline

Additional feedback

QA/QC



net

Entered

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.

DNR cannot use incomplete data sheets in station data analysis.

B. C. FAIRGROUNDS

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

1. Your name: PAUL WEISS 2. Station name: PERKOFKY LAUNCH

3. Monitoring date: 7/15/15 4. Start time (include AM/PM): 6:35 PM

5. Water conditions: Calm Slight movement Moderate flow or waves Rough or fast flowing

6. Water level: High Normal Low

7. Overall, how aesthetically pleasing do you find the site?

Circle one of the following: Very pleasing Somewhat pleasing Neither pleasing nor displeasing Somewhat displeasing Very displeasing

Please describe. List any factors that make it pleasing or not pleasing. LOTS OF BEAUTIFUL GESE IN WATER (DOZENS) & DUCKS

8a. Is the color or clarity of the water unattractive?

Yes No

If yes, please describe: VERY GREEN: EAST WIND

8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?

Yes No

9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.

A. Water Color: Colorless Red Green Brown Other (please indicate)

B. Water Clarity: Completely clear Fairly clear Fairly cloudy Completely cloudy

C. Water Surface: (Circle all that apply) Normal Oily sheen Foamy Floating aquatic plants Natural debris Neon green sheen Other (please indicate)

10a. Is there floating or submerged garbage present in the water?

Yes No

If yes, circle visible item(s): Building materials Medical items Household waste Sewage-related litter Food-related litter Fishing-related litter Other (please indicate)

10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?

Yes No

11a. Are any other substances present in the water that are not specifically mentioned on this form?

Yes No

If yes, list what: LEAVES, PLANTS

11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?

Yes No

Form revision date: 02/17/15

Overall/aesthetic impression of site

Objectionable deposits in/characteristics of the water

12a. Is there garbage along the shoreline?

Yes

No

If yes, circle type(s):

Building materials

Medical items

Household waste

Sewage-related litter

Food-related litter

Fishing-related litter

Other (please indicate)

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes

No

13a. Along the shoreline, are there problem animals or problems caused by animals?

Yes

No

If yes, list type(s):

GREASE POOP ON RAMPS & DOCKS

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes

No

14a. Is there nuisance vegetation along the shoreline?

Yes

No

If yes, list type if known and amount:

WEEDS N. OF RAMPS

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes

No

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

Yes

No

If yes, list type(s):

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes

No

16. Have you previously evaluated this station?

Yes

No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

BEAUTIFUL EVENING; NICE WARM EAST WIND

17. END TIME:

6:50 PM

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

10-2-15

Check box if data sheet meets quality control requirements

Aesthetic impression score:

0

Assessment score:

1

Objectionable deposits on the shoreline

Additional feedback

QA/QC

12

Entered

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	SCHUBBER, Tom		<b>2. Station name:</b>	PERKOWSKI Bnd Jand	
<b>3. Monitoring date:</b>	9-2-15 m/dd/yy		<b>4. Start time (include AM/PM):</b>	11:00 am	
<b>5. Water conditions:</b>	Calm	<input checked="" type="radio"/> Slight movement	Moderate flow or waves	Rough or fast flowing	
<b>6. Water level:</b>	<input checked="" type="radio"/> High	Normal		Low	
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle <u>one</u> of the following:	Very pleasing	Somewhat pleasing	Neither pleasing nor displeasing	<input checked="" type="radio"/> Somewhat displeasing	Very displeasing
Please describe. List any factors that make it pleasing or not pleasing.	Too much goose poop.				
<b>8a. Is the color or clarity of the water unattractive?</b>					
If yes, please describe:	<input checked="" type="radio"/> Yes		<input type="radio"/> No		
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>					
	<input checked="" type="radio"/> Yes		<input type="radio"/> No		
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	Colorless	Red	<input checked="" type="radio"/> Green	Brown	Other (please indicate) _____
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	<input checked="" type="radio"/> Fairly cloudy	Completely cloudy	
<b>C. Water Surface:</b> (Circle all that apply)	Normal	Oily sheen	<input checked="" type="radio"/> Foamy	Floating aquatic plants	
	Natural debris	<input checked="" type="radio"/> Neon green sheen	Other (please indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>					
If yes, circle visible item(s):	<input type="radio"/> Yes		<input checked="" type="radio"/> No		
	Building materials	Medical items	Household waste	Sewage-related litter	
	Food-related litter	Fishing-related litter		Other (please indicate) _____	
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
	<input type="radio"/> Yes		<input checked="" type="radio"/> No		
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
If yes, list what:	<input type="radio"/> Yes		<input checked="" type="radio"/> No		
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
	<input type="radio"/> Yes		<input checked="" type="radio"/> No		

Form revision date: 02/17/15

Overall aesthetic impression of site

Objectonable deposits in/characteristics of the water

12a. Is there garbage along the shoreline?

Yes

No

If yes, circle type(s):

Building materials

Medical items

Household waste

Sewage-related litter

Food-related litter

Fishing-related litter

Other (please indicate)

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes

No

13a. Along the shoreline, are there problem animals or problems caused by animals?

Yes

No

If yes, list type(s):

Geese on shore, geese in water.  
~~Problems on Docks~~

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes

No

14a. Is there nuisance vegetation along the shoreline?

Yes

No

If yes, list type if known and amount:

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes

No

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

Yes

No

If yes, list type(s):

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes

No

16. Have you previously evaluated this station?

Yes

No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

This is too good a harvest to be a s  
DIETY. Needs a horse and a good  
BORDER COLLIE!

17. END TIME:

10:15 am

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

9-10-15

Check box if data sheet meets quality control requirements



Aesthetic impression score:

3

Assessment score:

2

Objectionable deposits on the shoreline

Additional feedback

QA/QC

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

*entered*

*12*

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	Mark DeBaker	<b>2. Station name:</b>	12 Perko's II Boat Launch	Form revision date: 02/17/15
<b>3. Monitoring date:</b>	9m / 28 / 15	<b>4. Start time (include AM/PM):</b>	14:15	
<b>5. Water conditions:</b>	<input type="checkbox"/> Calm <input checked="" type="checkbox"/> Slight movement <input type="checkbox"/> Moderate flow or waves <input type="checkbox"/> Rough or fast flowing			
<b>6. Water level:</b>	<input checked="" type="checkbox"/> High <input type="checkbox"/> Normal <input type="checkbox"/> Low			Overall aesthetic impression of site
<b>7. Overall, how aesthetically pleasing do you find the site?</b>	Circle <u>one</u> of the following: <input type="checkbox"/> Very pleasing <input checked="" type="checkbox"/> Somewhat pleasing <input type="checkbox"/> Neither pleasing nor displeasing <input type="checkbox"/> Somewhat displeasing <input type="checkbox"/> Very displeasing			
Please describe. List any factors that make it pleasing or not pleasing.	Beautiful area with geese sat all over.			
<b>8a. Is the color or clarity of the water unattractive?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, please describe:				
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>				Objectable deposits in characteristics of the water
<b>A. Water Color:</b>	<input type="checkbox"/> Colorless <input type="checkbox"/> Red <input type="checkbox"/> Green <input checked="" type="checkbox"/> Brown <input type="checkbox"/> Other (please indicate) _____			
<b>B. Water Clarity:</b>	<input type="checkbox"/> Completely clear <input type="checkbox"/> Fairly clear <input checked="" type="checkbox"/> Fairly cloudy <input type="checkbox"/> Completely cloudy			
<b>C. Water Surface:</b> (Circle all that apply)	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Oily sheen <input type="checkbox"/> Foamy <input type="checkbox"/> Floating aquatic plants <input type="checkbox"/> Natural debris <input type="checkbox"/> Neon green sheen <input type="checkbox"/> Other (please indicate) _____			
<b>10a. Is there floating or submerged garbage present in the water?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, circle visible item(s):	<input type="checkbox"/> Building materials <input type="checkbox"/> Medical items <input type="checkbox"/> Household waste <input type="checkbox"/> Sewage-related litter <input type="checkbox"/> Food-related litter <input type="checkbox"/> Fishing-related litter <input type="checkbox"/> Other (please indicate) _____			
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list what:				
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			

12a. Is there garbage along the shoreline?

If yes, circle type(s):

Yes		No	
Building materials	Medical items	Household waste	Sewage-related litter
Food-related litter	Fishing-related litter	Other (please indicate)	

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes	No
-----	----

13a. Along the shoreline, are there problem animals or problems caused by animals?

If yes, list type(s):

Yes	No
<i>House - lotsa scat</i>	

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes	No
-----	----

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

Yes	No

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes	No
-----	----

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

If yes, list type(s):

Yes	No

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes	No
-----	----

16. Have you previously evaluated this station?

Yes	No
-----	----

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

*well kept area - but guess our making a mess of it & water quality is poor*

17. END TIME:

*4:30 PM*

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	<i>10-16-15</i>	Check box if data sheet meets quality control requirements	<input checked="" type="checkbox"/>
Aesthetic impression score:	<i>1</i>		
Assessment score:	<i>0</i>		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

460

Unaired

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	MATTHEW NELSON	<b>2. Station name:</b>	PERKOPSKI LAUNCH	Form revision date: 02/17/15		
<b>3. Monitoring date:</b>	7/24/2015	<b>4. Start time (include AM/PM):</b>	12:19 pm			
<b>5. Water conditions:</b>	Calm	<input checked="" type="radio"/> Slight movement	Moderate flow or waves		Rough or fast flowing	
<b>6. Water level:</b>	High	<input checked="" type="radio"/> Normal			Low	
<b>7. Overall, how aesthetically pleasing do you find the site?</b>						
Circle <u>one</u> of the following:	Very pleasing	<input checked="" type="radio"/> Somewhat pleasing	Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing	
Please describe. List any factors that make it pleasing or not pleasing.	Nice Rocky shoreline				Overall aesthetic impression of site	
<b>8a. Is the color or clarity of the water unattractive?</b>	Yes		<input checked="" type="radio"/> No			
If yes, please describe:						
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>	Yes		No			
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance.</b>						
For water surface, please circle all applicable attributes.						
<b>A. Water Color:</b>	Colorless	Red	Green	<input checked="" type="radio"/> Brown		<input checked="" type="radio"/> Other (please indicate) Gray
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	<input checked="" type="radio"/> Fairly cloudy	Completely cloudy		
<b>C. Water Surface:</b> (Circle all that apply)	<input checked="" type="radio"/> Normal	Oily sheen	Foamy	Floating aquatic plants		
	<input checked="" type="radio"/> Natural debris	Neon green sheen	Other (please indicate)			
<b>10a. Is there floating or submerged garbage present in the water?</b>						
	Yes		<input checked="" type="radio"/> No			
If yes, circle visible item(s):	Building materials	Medical items	Household waste	Sewage-related litter		
	Food-related litter	Fishing-related litter	Other (please indicate)			
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>						
	Yes		No			
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>						
	Yes		<input checked="" type="radio"/> No			
If yes, list what:						
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>						
	Yes		No			

Objectable deposits in characteristics of the water

12a. Is there garbage along the shoreline?

If yes, circle type(s):

<input checked="" type="radio"/> Yes	<input type="radio"/> No
Building materials	Medical Items Household waste Sewage-related litter
<input checked="" type="radio"/> Food-related litter	<input checked="" type="radio"/> Fishing-related litter Other (please indicate) _____

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

13a. Along the shoreline, are there problem animals or problems caused by animals?

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

15a. Are there any other shoreline substances that are not specifically mentioned on this form ?

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

16. Have you previously evaluated this station?

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

Comments: Please include anything else you thought should be reported while completing this survey.

17. END TIME:

12:25 pm

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	11-5-15	Check box if data sheet meets quality control requirements	<input checked="" type="checkbox"/>
Aesthetic impression score:	1		
Assessment score:	0		

Objectionable deposits on the shoreline

Additional feedback

QA/QC



Entered

net

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.

DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	Madeline Sweeney	<b>2. Station name:</b>	Perkofski Boat Launch	Form revision date: 02/17/15		
<b>3. Monitoring date:</b>	10/18/15	<b>4. Start time (include AM/PM):</b>	2:40 pm.			
<b>5. Water conditions:</b>	Calm <u>Slight movement</u>	Moderate flow or waves	Rough or fast flowing			
<b>6. Water level:</b>	High	<u>Normal</u>	Low			
<b>7. Overall, how aesthetically pleasing do you find the site?</b>						
Circle <u>one</u> of the following:	<u>Very pleasing</u>	Somewhat pleasing	Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing	Overall aesthetic impression of site
Please describe. List any factors that make it pleasing or not pleasing.	- well maintained - sitting area - walking path					
<b>8a. Is the color or clarity of the water unattractive?</b>						
If yes, please describe:	<u>Yes</u>		No		Objectionable deposits / characteristics of the water	
	Green algae					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>						
	<u>Yes</u>		No			
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>						
<b>A. Water Color:</b>	Colorless	Red	<u>Green</u>	Brown	Other (please indicate) _____	
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	Fairly cloudy	<u>Completely cloudy</u>		
<b>C. Water Surface:</b> (Circle all that apply)	Normal	Oily sheen	Foamy	Floating aquatic plants		
	Natural debris	<u>Neon green sheen</u>	Other (please indicate) _____			
<b>10a. Is there floating or submerged garbage present in the water?</b>						
If yes, circle visible item(s):	<u>Yes</u>		<u>No</u>			
	Building materials	Medical items	Household waste	Sewage-related litter		
	Food-related litter	Fishing-related litter	Other (please indicate) _____			
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>						
	<u>Yes</u>		No			
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>						
If yes, list what:	<u>Yes</u>		<u>No</u>			
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>						
	<u>Yes</u>		No			

12a. Is there garbage along the shoreline?

Yes

No

If yes, circle type(s):

Building materials

Medical items

Household waste

Sewage-related litter

Food-related litter

Fishing-related litter

Other (please indicate)

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes

No

13a. Along the shoreline, are there problem animals or problems caused by animals?

Yes

No

If yes, list type(s):

Bird poop / feathers on dock

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes

No

14a. Is there nuisance vegetation along the shoreline?

Yes

No

If yes, list type if known and amount:

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes

No

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

Yes

No

If yes, list type(s):

Dead fish

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes

No

16. Have you previously evaluated this station?

Yes

No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

17. END TIME:

2:50 pm

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

11-5-15

Check box if data sheet meets quality control requirements



Aesthetic impression score:

0

Assessment score:

2

Objectionable deposits on the shoreline

Additional feedback

QA/QC

120  
LNT

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	Carol Gezella	<b>2. Station name:</b>	Perkopski	Form revision date: 02/17/15	
<b>3. Monitoring date:</b>	10/12/2015	<b>4. Start time (include AM/PM):</b>	11:56am		
<b>5. Water conditions:</b>	<input type="checkbox"/> Calm	<input type="checkbox"/> Slight movement	<input type="checkbox"/> Moderate flow or waves	<input checked="" type="checkbox"/> Rough or fast flowing	
<b>6. Water level:</b>	<input type="checkbox"/> High	<input type="checkbox"/> Normal	<input checked="" type="checkbox"/> Low		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>	Circle one of the following: <input checked="" type="radio"/> Very pleasing <input type="radio"/> Somewhat pleasing <input type="radio"/> Neither pleasing nor displeasing <input type="radio"/> Somewhat displeasing <input type="radio"/> Very displeasing			Overall aesthetic impression of site	
Please describe. List any factors that make it pleasing or not pleasing.					
<b>8a. Is the color or clarity of the water unattractive?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No			Objectionable deposits in/characteristics of the water	
If yes, please describe:	green/brown some algae attached to rock/shoreline				
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No				
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	<input type="checkbox"/> Colorless	<input type="checkbox"/> Red	<input checked="" type="checkbox"/> Green	<input checked="" type="checkbox"/> Brown	Other (please indicate) _____
<b>B. Water Clarity:</b>	<input type="checkbox"/> Completely clear	<input type="checkbox"/> Fairly clear	<input type="checkbox"/> Fairly cloudy	<input checked="" type="checkbox"/> Completely cloudy	
<b>C. Water Surface:</b> (Circle all that apply)	<input type="checkbox"/> Normal	<input checked="" type="checkbox"/> Oily sheen	<input checked="" type="checkbox"/> Foamy	<input type="checkbox"/> Floating aquatic plants	
	<input type="checkbox"/> Natural debris	<input checked="" type="checkbox"/> Neon green sheen		Other (please indicate) _____	
<b>10a. Is there floating or submerged garbage present in the water?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No				
If yes, circle visible item(s):	<input type="checkbox"/> Building materials	<input type="checkbox"/> Medical items	<input type="checkbox"/> Household waste	<input type="checkbox"/> Sewage-related litter	
	<input type="checkbox"/> Food-related litter	<input type="checkbox"/> Fishing-related litter		Other (please indicate) _____	
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>	<input type="radio"/> Yes <input type="radio"/> No				
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No				
If yes, list what:					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>	<input type="radio"/> Yes <input type="radio"/> No				

12a. Is there garbage along the shoreline?

If yes, circle type(s):

<input checked="" type="radio"/> Yes		<input type="radio"/> No	
Building materials	Medical items	Household waste	Sewage-related litter
Food-related litter	Fishing-related litter	Other (please indicate)	

*very little*

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

13a. Along the shoreline, are there problem animals or problems caused by animals?

If yes, list type(s):

<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No
--------------------------------------	-------------------------------------

*goose poop 10%*

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

16. Have you previously evaluated this station?

<input checked="" type="radio"/> Yes	<input type="radio"/> No
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If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

*I thought this site was much cleaner this time. Much better than last years evaluation but could be time of year evaluating.*

Comments: Please include anything else you thought should be reported while completing this survey.

17. END TIME:

*12:07 am*

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	<i>10/16/15</i>	Check box if data sheet meets quality control requirements	<input checked="" type="checkbox"/>
Aesthetic impression score:	<i>0</i>		
Assessment score:	<i>0</i>		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

not entered

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	Kennedy Corpus		<b>2. Station name:</b>	Parlier Pier		Form revision date: 02/17/15
<b>3. Monitoring date:</b>	10/31/15 mm/dd/yy		<b>4. Start time (include AM/PM):</b>	NOON (pm)		
<b>5. Water conditions:</b>	Calm	Slight movement	<input checked="" type="radio"/> Moderate flow or waves	<input type="radio"/> Rough or fast flowing		
<b>6. Water level:</b>	High	<input checked="" type="radio"/> Normal	Low			
<b>7. Overall, how aesthetically pleasing do you find the site?</b>						
Circle <u>one</u> of the following: <input type="radio"/> Very pleasing <input checked="" type="radio"/> Somewhat pleasing <input type="radio"/> Neither pleasing nor displeasing <input checked="" type="radio"/> Somewhat displeasing <input type="radio"/> Very displeasing						
Please describe. List any factors that make it pleasing or not pleasing. Looks dirty, smells						
<b>8a. Is the color or clarity of the water unattractive?</b>						
<input checked="" type="radio"/> Yes <input type="radio"/> No						
If yes, please describe: Dirty, Brown Greenish						
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>						
<input checked="" type="radio"/> Yes <input type="radio"/> No						
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance.</b>						
<b>For water surface, please circle all applicable attributes.</b>						
<b>A. Water Color:</b>	<input type="radio"/> Colorless	<input type="radio"/> Red	<input type="radio"/> Green	<input checked="" type="radio"/> Brown	<input type="radio"/> Other (please indicate) _____	
<b>B. Water Clarity:</b>	<input type="radio"/> Completely clear	<input type="radio"/> Fairly clear	<input checked="" type="radio"/> Fairly cloudy	<input type="radio"/> Completely cloudy		
<b>C. Water Surface:</b> (Circle all that apply)	<input checked="" type="radio"/> Normal	<input type="radio"/> Oily sheen	<input checked="" type="radio"/> Foamy	<input type="radio"/> Floating aquatic plants..		
	<input type="radio"/> Natural debris	<input type="radio"/> Neon green sheen	<input type="radio"/> Other (please indicate) _____			
<b>10a. Is there floating or submerged garbage present in the water?</b>						
<input type="radio"/> Yes <input checked="" type="radio"/> No						
If yes, circle visible item(s):						
<input type="checkbox"/> Building materials <input type="checkbox"/> Medical items <input type="checkbox"/> Household waste <input type="checkbox"/> Sewage-related litter						
<input type="checkbox"/> Food-related litter <input type="checkbox"/> Fishing-related litter <input type="checkbox"/> Other (please indicate) _____						
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>						
<input type="radio"/> Yes <input type="radio"/> No						
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>						
<input type="radio"/> Yes <input checked="" type="radio"/> No						
If yes, list what:						
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>						
<input type="radio"/> Yes <input type="radio"/> No						

Overall aesthetic impression of site

Objectionable deposits in characteristics of the water

12a. Is there garbage along the shoreline?

	<input checked="" type="radio"/> Yes	<input type="radio"/> No
If yes, circle type(s):	Building materials	Medical items
	<input checked="" type="radio"/> Food-related litter	<input checked="" type="radio"/> Household waste
	Fishing-related litter	Sewage-related litter
		Other (please indicate) _____

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

	<input checked="" type="radio"/> Yes	<input type="radio"/> No
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13a. Along the shoreline, are there problem animals or problems caused by animals?

	<input type="radio"/> Yes	<input checked="" type="radio"/> No
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If yes, list type(s):

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

	<input type="radio"/> Yes	<input type="radio"/> No
--	---------------------------	--------------------------

14a. Is there nuisance vegetation along the shoreline?

	<input type="radio"/> Yes	<input checked="" type="radio"/> No
--	---------------------------	-------------------------------------

If yes, list type if known and amount:

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

	<input type="radio"/> Yes	<input type="radio"/> No
--	---------------------------	--------------------------

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

	<input type="radio"/> Yes	<input checked="" type="radio"/> No
--	---------------------------	-------------------------------------

If yes, list type(s):

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

	<input type="radio"/> Yes	<input checked="" type="radio"/> No
--	---------------------------	-------------------------------------

16. Have you previously evaluated this station?

	<input type="radio"/> Yes	<input checked="" type="radio"/> No
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If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

Coal piles also make these area look "unappealing"

17. END TIME: 12:20pm

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	11-5-15	Check box if data sheet meets quality control requirements	<input checked="" type="checkbox"/>
Aesthetic Impression score:	3		
Assessment score:	2		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

1205  
Entered

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	Madeline Sweeney	<b>2. Station name:</b>	Portier Pier	Form revision date: 02/17/15		
<b>3. Monitoring date:</b>	10/24/15	<b>4. Start time (include AM/PM):</b>	11:10			
<b>5. Water conditions:</b>	Calm <u>Slight movement</u>	Moderate flow or waves	Rough or fast flowing			
<b>6. Water level:</b>	High	<u>Normal</u>	Low			
<b>7. Overall, how aesthetically pleasing do you find the site?</b>						
Circle <u>one</u> of the following:	Very pleasing	Somewhat pleasing	<u>Neither pleasing nor displeasing</u>	Somewhat displeasing	Very displeasing	Overall aesthetic impression of site
Please describe. List any factors that make it pleasing or not pleasing.	Trash on shore - coal mounds nice launch					
<b>8a. Is the color or clarity of the water unattractive?</b>						
If yes, please describe:	Yes		<u>No</u>		Objectorable deposits / characteristics of the water	
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>						
		Yes		No		
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>						
<b>A. Water Color:</b>	Colorless	Red	Green	<u>Brown</u>		Other (please indicate) _____
<b>B. Water Clarity:</b>	Completely clear	<u>Fairly clear</u>	Fairly cloudy	Completely cloudy		
<b>C. Water Surface:</b> (Circle all that apply)	Normal	Oily sheen	Foamy	Floating aquatic plants.		
	Natural debris	Neon green sheen	Other (please indicate) _____			
<b>10a. Is there floating or submerged garbage present in the water?</b>						
If yes, circle visible item(s):	<u>Yes</u>		No			
	Building materials	Medical items	Household waste	Sewage-related litter		
	Food-related litter	Fishing-related litter	Other (please indicate) <u>floating Cigarettes</u>			
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>						
		Yes		<u>No</u>		
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>						
If yes, list what:	<u>Yes</u>		No			
	Unknown item submerged 20 yards out					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>						
		Yes		<u>No</u>		

12a. Is there garbage along the shoreline?

If yes, circle type(s):	<input checked="" type="radio"/> Yes	<input type="radio"/> No
	Building materials <input checked="" type="radio"/> Food-related litter	Medical items <input checked="" type="radio"/> Household waste Fishing-related litter

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

13a. Along the shoreline, are there problem animals or problems caused by animals?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

If yes, list type(s):

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

14a. Is there nuisance vegetation along the shoreline?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

If yes, list type if known and amount:

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

15a. Are there any other shoreline substances that are not specifically mentioned on this form ?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

If yes, list type(s):

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

16. Have you previously evaluated this station?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
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If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

17. END TIME: 11:30

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	11-5-15	Check box if data sheet meets quality control requirements	<input checked="" type="checkbox"/>
Aesthetic Impression score:	2		
Assessment score:	0		

Objectionable deposits on the shoreline

Additional feedback

QA/QC



new entered

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.

DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	Kristine Klasen	<b>2. Station name:</b>	Portier Pier	Form revision date: 03/17/15		
<b>3. Monitoring date:</b>	10 m / 25 / 15	<b>4. Start time (include AM/PM):</b>	11:10			
<b>5. Water conditions:</b>	Calm	<input checked="" type="radio"/> Slight movement	Moderate flow or waves		Rough or fast flowing	
<b>6. Water level:</b>	High	<input checked="" type="radio"/> Normal			Low	
<b>7. Overall, how aesthetically pleasing do you find the site?</b>						
Circle <u>one</u> of the following:	Very pleasing	Somewhat pleasing	Neither pleasing nor displeasing	<input checked="" type="radio"/> Somewhat displeasing	Very displeasing	
Please describe. List any factors that make it pleasing or not pleasing.	Trash on shore - Coal mounds across river Danger signs in water				Overall aesthetic impression of site	
<b>8a. Is the color or clarity of the water unattractive?</b>	Yes		<input checked="" type="radio"/> No			
If yes, please describe:						
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>	Yes		No			
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>						
<b>A. Water Color:</b>	Colorless	Red	Green	<input checked="" type="radio"/> Brown		Other (please indicate) _____
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	<input checked="" type="radio"/> Fairly cloudy	Completely cloudy		
<b>C. Water Surface:</b> (Circle all that apply)	<input checked="" type="radio"/> Normal	Oily sheen	Foamy	<input checked="" type="radio"/> Floating aquatic plants		
	<input checked="" type="radio"/> Natural debris	Neon green sheen	Other (please indicate) _____			
<b>10a. Is there floating or submerged garbage present in the water?</b>						
	<input checked="" type="radio"/> Yes		<input type="radio"/> No			
If yes, circle visible item(s):	<input checked="" type="radio"/> Building materials	Medical items	Household waste	Sewage-related litter		
	Food-related litter	Fishing-related litter	Other (please indicate) <u>floating cigarette</u>			
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>						
	Yes		<input checked="" type="radio"/> No			
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>						
If yes, list what:	<input checked="" type="radio"/> Yes		<input checked="" type="radio"/> No			
	Submersed items 20 yards off pier					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>						
	Yes		<input checked="" type="radio"/> No			

Objectionable deposits in/characteristics of the water

**12a. Is there garbage along the shoreline?**

If yes, circle type(s):

<input checked="" type="radio"/> Yes		<input type="radio"/> No	
Building materials	Medical items	<input checked="" type="radio"/> Household waste	Sewage-related litter
<input checked="" type="radio"/> Food-related litter	Fishing-related litter	Other (please indicate) _____	

**12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**13a. Along the shoreline, are there problem animals or problems caused by animals?**

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known and amount:

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input type="radio"/> No
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**15a. Are there any other shoreline substances that are not specifically mentioned on this form ?**

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

**16. Have you previously evaluated this station?**

<input type="radio"/> Yes	<input checked="" type="radio"/> No
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If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

**17. END TIME:**

11:30

**For volunteer coordinator/DNR use only**

Date the data sheet was reviewed by contractor:	11-5-15	Check box if data sheet meets quality control requirements	<input checked="" type="checkbox"/>
Aesthetic Impression score:	3		
Assessment score:	0		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

125  
entered

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

1. Your name: MATTHEW NELSON 2. Station name: PORLIER PIER

3. Monitoring date: 10/24/2015 4. Start time (include AM/PM): 11:05 am

5. Water conditions: Calm Slight movement Moderate flow or waves Rough or fast flowing

6. Water level: High Normal Low

7. Overall, how aesthetically pleasing do you find the site?

Circle one of the following: Very pleasing Somewhat pleasing Neither pleasing nor displeasing Somewhat displeasing Very displeasing

Please describe. List any factors that make it pleasing or not pleasing.  
Large coal piles on opposite bank  
Brownish-white foam on shore

8a. Is the color or clarity of the water unattractive?

Yes No

If yes, please describe: Brown/murky, foamy

8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?

Yes No

9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.

A. Water Color: Colorless Red Green Brown Other (please indicate)

B. Water Clarity: Completely clear Fairly clear Fairly cloudy Completely cloudy

C. Water Surface: Normal Oily sheen Foamy Floating aquatic plants

(Circle all that apply) Natural debris Neon green sheen Other (please indicate)

10a. Is there floating or submerged garbage present in the water?

Yes No

If yes, circle visible item(s): Building materials Medical items Household waste Sewage-related litter  
Food-related litter Fishing-related litter Other (please indicate)

10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?

Yes No

11a. Are any other substances present in the water that are not specifically mentioned on this form?

Yes No

If yes, list what:

11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?

Yes No

Form revision date: 02/27/15

Overall aesthetic impression of site

Objectable deposits in characteristics of the water

12a. Is there garbage along the shoreline?

Yes

No

If yes, circle type(s):

Building materials

Medical items

Household waste

Sewage-related litter

Food-related litter

Fishing-related litter

Other (please indicate) *cigarette butts*

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes

No

13a. Along the shoreline, are there problem animals or problems caused by animals?

Yes

No

If yes, list type(s):

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes

No

14a. Is there nuisance vegetation along the shoreline?

Yes

No

If yes, list type if known and amount:

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes

No

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

Yes

No

If yes, list type(s):

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes

No

16. Have you previously evaluated this station?

Yes

No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

*Dredging equipment is unsightly*

17. END TIME:

*11:20 am*

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

*11-5-15*

Check box if data sheet meets quality control requirements

Aesthetic impression score:

*2*

Assessment score:

*0*

Objectable deposits on the shoreline

Additional feedback

QA/QC

no entered

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

1. Your name: Jeanie Keating 2. Station name: Portier Aer

3. Monitoring date: 10/24/15 4. Start time (include AM/PM): 11:04am

5. Water conditions: Calm Slight movement Moderate flow or waves Rough or fast flowing

6. Water level: High Normal Low

7. Overall, how aesthetically pleasing do you find the site?

Circle one of the following: Very pleasing Somewhat pleasing Neither pleasing nor displeasing Somewhat displeasing Very displeasing

Please describe. List any factors that make it pleasing or not pleasing. The area looks well kept and the grounds are maintained

8a. Is the color or clarity of the water unattractive?

If yes, please describe: water is mostly clear slightly murky some white foam present

8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?

9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.

A. Water Color: Colorless Red Green Brown (S) Other (please indicate)

B. Water Clarity: Completely clear Fairly clear Fairly cloudy Completely cloudy

C. Water Surface: Normal Oily sheen Foamy Floating aquatic plants

(Circle all that apply) Natural debris Neon green sheen Other (please indicate)

10a. Is there floating or submerged garbage present in the water?

If yes, circle visible item(s): Building materials Medical items Household waste Sewage-related litter Food-related litter Fishing-related litter Other (please indicate)

10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?

11a. Are any other substances present in the water that are not specifically mentioned on this form?

If yes, list what:

11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?

Form revision date: 02/17/15

Overall aesthetic impression of site

Objectionable deposits in/characteristics of the water

12a. Is there garbage along the shoreline?

If yes, circle type(s):

<input type="radio"/> Yes	<input type="radio"/> No
<input type="checkbox"/> Building materials	<input type="checkbox"/> Medical items
<input type="checkbox"/> Food-related litter	<input type="checkbox"/> Household waste
<input type="checkbox"/> Fishing-related litter	<input type="checkbox"/> Sewage-related litter
<input type="checkbox"/> Other (please indicate)	

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input type="radio"/> No
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13a. Along the shoreline, are there problem animals or problems caused by animals?

If yes, list type(s):

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

If yes, list type(s):

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

16. Have you previously evaluated this station?

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

<input type="radio"/> Yes	<input type="radio"/> No
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Comments: Please include anything else you thought should be reported while completing this survey.

no

17. END TIME:

11:19 am

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	11-5-15	Check box if data sheet meets quality control requirements	<input checked="" type="checkbox"/>
Aesthetic impression score:	1		
Assessment score:	0		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

165  
entered

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

7

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

1. Your name:	Mark DeBaker		2. Station name:	Portier Pier 7	
3. Monitoring date:	9/17/2015		4. Start time (include AM/PM):	14:08 pm	
5. Water conditions:	Calm	Slight movement	<input checked="" type="radio"/> Moderate flow or waves	Rough or fast flowing	
6. Water level:	<input checked="" type="radio"/> High	Normal		Low	
7. Overall, how aesthetically pleasing do you find the site?	<p>Circle <u>one</u> of the following:</p> <p>Very pleasing    <input checked="" type="radio"/> Somewhat pleasing    Neither pleasing nor displeasing    Somewhat displeasing    Very displeasing</p> <p>Please describe. List any factors that make it pleasing or not pleasing.</p> <p>Typical city access to Fox</p>				
8a. Is the color or clarity of the water unattractive?	<p><input checked="" type="radio"/> Yes    No</p> <p>If yes, please describe:</p> <p>Cloudy &amp; brown</p>				
8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?	<p>Yes    <input checked="" type="radio"/> No</p>				
9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.	<p>A. Water Color:    Colorless    Red    Green    <input checked="" type="radio"/> Brown    Other (please indicate) _____</p> <p>B. Water Clarity:    Completely clear    Fairly clear    <input checked="" type="radio"/> Fairly cloudy    Completely cloudy</p> <p>C. Water Surface:    <input checked="" type="radio"/> Normal    Oily sheen    Foamy    Floating aquatic plants.</p> <p>(Circle all that apply)    Natural debris    Neon green sheen    Other (please indicate) _____</p>				
10a. Is there floating or submerged garbage present in the water?	<p><input checked="" type="radio"/> Yes    No</p> <p>If yes, circle visible item(s):</p> <p>Building materials    Medical items    Household waste    Sewage-related litter</p> <p>Food-related litter    Fishing-related litter    Other (please indicate) _____</p>				
10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?	<p>Yes    No</p>				
11a. Are any other substances present in the water that are not specifically mentioned on this form?	<p>Yes    <input checked="" type="radio"/> No</p> <p>If yes, list what:</p>				
11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?	<p>Yes    No</p>				

Form revision  
date: 02/17/15

Overall aesthetic  
impression of site

Objectonable deposits in characteristics of the water

12a. Is there garbage along the shoreline?

Yes  No

If yes, circle type(s):

Building materials      Medical items      Household waste      Sewage-related litter  
 Food-related litter      Fishing-related litter      Other (please indicate) \_\_\_\_\_

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes  No

13a. Along the shoreline, are there problem animals or problems caused by animals?

Yes  No

If yes, list type(s):

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes  No

14a. Is there nuisance vegetation along the shoreline?

Yes  No

If yes, list type if known and amount:

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes  No

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

Yes  No

If yes, list type(s):

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes  No

16. Have you previously evaluated this station?

Yes  No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

*Nice Facility - Fox just isn't  
Best quality water*

17. END TIME:

*14:15*

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

*10-16-15*

Check box if data sheet meets quality control requirements



Aesthetic impression score:

*1*

Assessment score:

*0*

Objectionable deposits on the shoreline

Additional feedback

QA/QC



entered

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b> PAUL WEISS		<b>2. Station name:</b> PORHEA PEA		Form/revision date: 02/17/15		
<b>3. Monitoring date:</b> 8/19/2015 dd/yy		<b>4. Start time (include AM/PM):</b> 3:10 PM				
<b>5. Water conditions:</b>		Calm	Slight movement		Moderate flow or waves	Rough or fast flowing
<b>6. Water level:</b>		High	Normal	Low		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>						
Circle <u>one</u> of the following:		Very pleasing	Somewhat pleasing	Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing
Please describe. List any factors that make it pleasing or not pleasing.		COAL PILES ACROSS RIVER			Overall aesthetic impression of site	
<b>8a. Is the color or clarity of the water unattractive?</b>		Yes		No		
If yes, please describe:		GREENISH-BROWN; FOAMY				
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>		Yes		No		
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>						
<b>A. Water Color:</b>		Colorless	Red	Green	Brown	Other (please indicate) _____
<b>B. Water Clarity:</b>		Completely clear	Fairly clear	Fairly cloudy	Completely cloudy	
<b>C. Water Surface:</b> (Circle all that apply)		Normal	Oily sheen	Foamy	Floating aquatic plants:	
		Natural debris	Neon green sheen	Other (please indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>						
If yes, circle visible item(s):		Yes		No		
		Building materials	Medical items	Household waste	Sewage-related litter	
		Food-related litter	Fishing-related litter	Other (please indicate) _____		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>		Yes		No		
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>						
If yes, list what:		Yes		No		
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>		Yes		No		

Objectable deposits in/characteristics of the water

12a. Is there garbage along the shoreline?

Yes No

If yes, circle type(s):

Building materials Medical Items Household waste Sewage-related litter  
Food-related litter Fishing-related litter Other (please indicate)

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes No

13a. Along the shoreline, are there problem animals or problems caused by animals?

Yes No

If yes, list type(s):

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes No

14a. Is there nuisance vegetation along the shoreline?

Yes No

If yes, list type if known and amount:

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes No

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

Yes No

If yes, list type(s):

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes No

16. Have you previously evaluated this station?

Yes No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

GRASSY AREA, WOODEN "BOAT" ART. PLANTINGS ARE ALL VERY NICE

17. END TIME:

3:16 PM

PIER IS GREAT

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

9-3-15

Check box if data sheet meets quality control requirements

Aesthetic impression score:

1

Assessment score:

0

Objectionable deposits on the shoreline

Additional feedback

QA/QC

entered

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

1. Your name:	<i>Bethy Thomas</i>	2. Station name:	<i>Portier Pier</i>
3. Monitoring date:	<i>8/11/15</i>	4. Start time (include AM/PM):	<i>2:47 pm</i>
5. Water conditions:	<input type="checkbox"/> Calm	<input type="checkbox"/> Slight movement	<input checked="" type="checkbox"/> Moderate flow or waves
6. Water level:	<input type="checkbox"/> High	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Low

Form revision  
date: 02/17/15

7. Overall, how aesthetically pleasing do you find the site?

Circle one of the following:  Very pleasing  Somewhat pleasing  Neither pleasing nor displeasing  Somewhat displeasing  Very displeasing

Please describe. List any factors that make it pleasing or not pleasing.  
*Well maintained, benches on pier, grass mowed, erosion @ boat launch*

Overall aesthetic impression of site

8a. Is the color or clarity of the water unattractive?

Yes  No

If yes, please describe:  
*brown & cloudy*

8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?

Yes  No

9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.

A. Water Color:  Colorless  Red  Green  Brown  Other (please indicate)

B. Water Clarity:  Completely clear  Fairly clear  Fairly cloudy  Completely cloudy

C. Water Surface: (Circle all that apply)  
 Normal  Oily sheen  Foamy  Floating aquatic plants  
 Natural debris  Neon green sheen  Other (please indicate)

Objectable deposits in/characteristics of the water

10a. Is there floating or submerged garbage present in the water?

Yes  No

If yes, circle visible item(s):  
 Building materials  Medical items  Household waste  Sewage-related litter  
 Food-related litter  Fishing-related litter  Other (please indicate) *plastic*

10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?

Yes  No

11a. Are any other substances present in the water that are not specifically mentioned on this form?

Yes  No

If yes, list what:

11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?

Yes  No

**12a. Is there garbage along the shoreline?**

If yes, circle type(s):

<input checked="" type="radio"/> Yes		<input type="radio"/> No	
Building materials	Medical items	Household waste	Sewage-related litter
Food-related litter	Fishing-related litter	Other (please indicate) _____	

**12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**13a. Along the shoreline, are there problem animals or problems caused by animals?**

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known and amount:

<input type="radio"/> Yes	<input checked="" type="radio"/> No
<i>Kayak launch mound</i>	

**14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**15a. Are there any other shoreline substances that are not specifically mentioned on this form?**

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**16. Have you previously evaluated this station?**

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

**17. END TIME:**

*2:38*

**For volunteer coordinator/DNR use only**

Date the data sheet was reviewed by contractor:	<i>Annette Jones</i>	Check box if data sheet meets quality control requirements	<input checked="" type="checkbox"/>
Aesthetic Impression score:	<i>1</i>		
Assessment score:	<i>C</i>		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

new entered

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	Kristine Klaseen	<b>2. Station name:</b>	Lacht Park	Form revision date: 02/17/15	
<b>3. Monitoring date:</b>	10/15/15	<b>4. Start time (include AM/PM):</b>	11:35		
<b>5. Water conditions:</b>	Calm	<input checked="" type="radio"/> Slight movement	Moderate flow or waves		Rough or fast flowing
<b>6. Water level:</b>	High	<input checked="" type="radio"/> Normal	Low		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle one of the following:	Very pleasing	Somewhat pleasing	Neither pleasing nor displeasing	<input checked="" type="radio"/> Somewhat displeasing	Overall aesthetic impression of site
Please describe. List any factors that make it pleasing or not pleasing.	Smelly - Industrial Smells - TRASH				
<b>8a. Is the color or clarity of the water unattractive?</b>					
	<input checked="" type="radio"/> Yes		<input type="radio"/> No		
If yes, please describe:	Cloudy				
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>					
	<input checked="" type="radio"/> Yes		<input type="radio"/> No		
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	Colorless	Red	<input checked="" type="radio"/> Green	Brown	Other (please indicate) _____
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	Fairly cloudy	<input checked="" type="radio"/> Completely cloudy	
<b>C. Water Surface:</b> (Circle all that apply)	Normal	Oily sheen	Foamy	Floating aquatic plants	
	<input checked="" type="radio"/> Natural debris	Neon green sheen	Other (please indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>					
	<input type="radio"/> Yes		<input checked="" type="radio"/> No		
If yes, circle visible item(s):	Building materials	Medical items	Household waste	Sewage-related litter	
	Food-related litter	Fishing-related litter	Other (please indicate) _____		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
	<input type="radio"/> Yes		<input type="radio"/> No		
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
	<input type="radio"/> Yes		<input checked="" type="radio"/> No		
If yes, list what:					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
	<input type="radio"/> Yes		<input type="radio"/> No		

Objectionable deposits in/characteristics of the water

12a. Is there garbage along the shoreline?

Yes  No

If yes, circle type(s):

Building materials	Medical Items	Household waste	Sewage-related litter
Food-related litter	Fishing-related litter	Other (please indicate) _____	

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes  No

13a. Along the shoreline, are there problem animals or problems caused by animals?

Yes  No

If yes, list type(s):

Geese - Goose Poop

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes  No

14a. Is there nuisance vegetation along the shoreline?

Yes  No

If yes, list type if known and amount:

Large Pickers

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes  No

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

Yes  No

If yes, list type(s):

Electrical Boxes

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes  No

16. Have you previously evaluated this station?

Yes  No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

17. END TIME:

11:55

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	11-5-15	Check box if data sheet meets quality control requirements	<input checked="" type="checkbox"/>
Aesthetic impression score:	3		
Assessment score:	1		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

was entered

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b> Kelly Schumacher		<b>2. Station name:</b> Portier Pier		Form revision date: 02/17/15		
<b>3. Monitoring date:</b> 10/31/14 mm/dd/yy		<b>4. Start time (include AM/PM):</b> 12:00 pm.				
<b>5. Water conditions:</b>		Calm	Slight movement		Moderate flow or waves	Rough or fast flowing
<b>6. Water level:</b>		High	Normal		Low	
<b>7. Overall, how aesthetically pleasing do you find the site?</b>						
Circle <u>one</u> of the following:		Very pleasing	Somewhat pleasing	Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing
Please describe. List any factors that make it pleasing or not pleasing.		color is unattractive - looks dirty - not clear				
<b>8a. Is the color or clarity of the water unattractive?</b>						
If yes, please describe:		Yes	No	water not clear, looks dirty, brownish color		
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>						
		Yes	No			
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>						
<b>A. Water Color:</b>		Colorless	Red	Green	Brown	Other (please indicate) _____
<b>B. Water Clarity:</b>		Completely clear	Fairly clear	Fairly cloudy	Completely cloudy	
<b>C. Water Surface:</b> (Circle all that apply)		Normal	Oily sheen	Foamy	Floating aquatic plants.	
		Natural debris	Neon green sheen	Other (please indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>						
If yes, circle visible item(s):		Yes	No			
		Building materials	Medical items	Household waste	Sewage-related litter	
		Food-related litter	Fishing-related litter	Other (please indicate) _____		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>						
		Yes	No			
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>						
If yes, list what:		Yes	No			
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>						
		Yes	No			

Overall aesthetic impression of site

Objectionable deposits in/characteristics of the water

12a. Is there garbage along the shoreline?

Yes

No

If yes, circle type(s):

Building materials

Medical Items

Household waste

Sewage-related litter

Food-related litter

Fishing-related litter

Other (please indicate)

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes

No

13a. Along the shoreline, are there problem animals or problems caused by animals?

Yes

No

If yes, list type(s):

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes

No

14a. Is there nuisance vegetation along the shoreline?

Yes

No

If yes, list type if known and amount:

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes

No

15a. Are there any other shoreline substances that are not specifically mentioned on this form ?

Yes

No

If yes, list type(s):

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes

No

16. Have you previously evaluated this station?

Yes

No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

17. END TIME:

12:20pm

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:		Check box if data sheet meets quality control requirements	<input type="checkbox"/>
Aesthetic impression score:	3		
Assessment score:	2		

Objectionable deposits on the shoreline

Additional feedback

QA/QC



9

net

entered

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	Tom Sedlacek	<b>2. Station name:</b>	REBATA 220	Form revision date: 02/17/15	
<b>3. Monitoring date:</b>	01/01/15	<b>4. Start time (include AM/PM):</b>	10:45		
<b>5. Water conditions:</b>	Calm	<u>Slight movement</u>	Moderate flow or waves	Rough or fast flowing	
<b>6. Water level:</b>	<u>High</u>	Normal	Low		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle <u>one</u> of the following:	Very pleasing	Somewhat pleasing	Neither pleasing nor displeasing	Somewhat displeasing	<u>Very displeasing</u>
Please describe. List any factors that make it pleasing or not pleasing.	Garbage in water along shore. Too much vegetation				Overall aesthetic impression of site
<b>8a. Is the color or clarity of the water unattractive?</b>	Yes		<u>No</u>		
If yes, please describe:					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>	Yes		<u>No</u>		
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	Colorless	Red	<u>Green</u>	Brown	Other (please indicate) _____
<b>B. Water Clarity:</b>	Completely clear	<u>Fairly clear</u>	Fairly cloudy	Completely cloudy	
<b>C. Water Surface:</b> (Circle all that apply)	<u>Normal</u>	Oily sheen	Foamy	Floating aquatic plants _____	
	Natural debris	Neon green sheen	Other (please indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>					
	Yes		<u>No</u>		
If yes, circle visible item(s):	Building materials	Medical items	Household waste	Sewage-related litter	
	<u>Food-related litter</u>	Fishing-related litter	Other (please indicate) _____		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
	Yes		<u>No</u>		
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
	Yes		<u>No</u>		
If yes, list what:					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
	Yes		<u>No</u>		

Objectionable deposits in characteristics of the water

12a. Is there garbage along the shoreline?

If yes, circle type(s):

<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/>	<input checked="" type="checkbox"/> No
Building materials	Medical items	Household waste	Sewage-related litter
Food-related litter	Fishing-related litter	Other (please indicate) _____	

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/>	<input checked="" type="checkbox"/> No
--------------------------	---	--------------------------	--

13a. Along the shoreline, are there problem animals or problems caused by animals?

If yes, list type(s):

<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/>	<input checked="" type="checkbox"/> No
--------------------------	---	--------------------------	--

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/>	<input checked="" type="checkbox"/> No
--------------------------	---	--------------------------	--

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/>	<input checked="" type="checkbox"/> No
Tons of HIGH weeds			

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/>	<input checked="" type="checkbox"/> No
--------------------------	---	--------------------------	--

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

If yes, list type(s):

<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/>	<input checked="" type="checkbox"/> No
--------------------------	---	--------------------------	--

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/>	<input checked="" type="checkbox"/> No
--------------------------	---	--------------------------	--

16. Have you previously evaluated this station?

<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/>	<input checked="" type="checkbox"/> No
--------------------------	---	--------------------------	--

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

I filed a lawsuit over this marina several years ago. The prior owner let it run down. The marina is OK now BUT the shore on the N side of the Breakwall is ~~terrible~~ **DIRTY!**

17. END TIME:

11:00 am

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	9-10-15	Check box if data sheet meets quality control requirements	<input checked="" type="checkbox"/>
Aesthetic impression score:	4		
Assessment score:	3		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

140

entered

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	PAUL WEISS	<b>2. Station name:</b>	REGATTA 220	Form/revision date: 02/17/15	
<b>3. Monitoring date:</b>	9/15/15	<b>4. Start time (include AM/PM):</b>	6 PM		
<b>5. Water conditions:</b>	Calm	Slight movement	Moderate flow or waves		Rough or fast flowing
<b>6. Water level:</b>	High	Normal	Low		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle <u>one</u> of the following:	Very pleasing	Somewhat pleasing	Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing
Please describe. List any factors that make it pleasing or not pleasing.	BEAUTIFUL EVENING / SUNSET				Overall/aesthetic impression of site
	<del>LESS</del>				
<b>8a. Is the color or clarity of the water unattractive?</b>					
	Yes		No		
If yes, please describe:					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>					
	Yes		No		
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	Colorless	Red	Green	Brown	Other (please indicate) _____
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	Fairly cloudy	Completely cloudy	
<b>C. Water Surface:</b> (Circle all that apply)	Normal	Oily sheen	Foamy	Floating aquatic plants:	
	Natural debris	Neon green sheen	Other (please indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>					
	Yes		No		
If yes, circle visible item(s):	Building materials	Medical items	Household waste	Sewage-related litter	
	Food-related litter	Fishing-related litter	Other (please indicate) _____		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
	Yes		No		
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
	Yes		No		
If yes, list what:					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
	Yes		No		

Objectionable deposits in/characteristics of the water

12a. Is there garbage along the shoreline?

Yes

No

If yes, circle type(s):

Building materials

Medical items

Household waste

Sewage-related litter

Food-related litter

Fishing-related litter

Other (please indicate)

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes

No

13a. Along the shoreline, are there problem animals or problems caused by animals?

Yes

No

If yes, list type(s):

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes

No

14a. Is there nuisance vegetation along the shoreline?

Yes

No

If yes, list type if known and amount:

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes

No

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

Yes

No

If yes, list type(s):

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes

No

16. Have you previously evaluated this station?

Yes

No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

PCB REMOVAL STATIONS (4 IN VIEW)  
TRAFFIC ON 172 BRIDGE

17. END TIME:

6:20 PM

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

10-2-15

Check box if data sheet meets quality control requirements



Aesthetic impression score:

0

Assessment score:

0

Objectionable deposits on the shoreline

Additional feedback

QA/QC

NEC

Entered

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	MATTHEW NELSON		<b>2. Station name:</b>	REGATTA		Form revision date: 02/17/15
<b>3. Monitoring date:</b>	10/24/2015		<b>4. Start time (include AM/PM):</b>	12:28 pm		
<b>5. Water conditions:</b>	Calm	<input checked="" type="radio"/> Slight movement	Moderate flow or waves	Rough or fast flowing		
<b>6. Water level:</b>	High	<input checked="" type="radio"/> Normal	Low			
<b>7. Overall, how aesthetically pleasing do you find the site?</b>						
Circle one of the following:	Very pleasing	Somewhat pleasing	Neither pleasing nor displeasing	<input checked="" type="radio"/> Somewhat displeasing	Very displeasing	Overall aesthetic impression of site
Please describe. List any factors that make it pleasing or not pleasing.	lots of shoreline garbage / phragmites					
<b>8a. Is the color or clarity of the water unattractive?</b>						
	<input checked="" type="radio"/> Yes		<input type="radio"/> No			
If yes, please describe:	greenish / brown + cloudy					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>						
	<input type="radio"/> Yes		<input checked="" type="radio"/> No			
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance.</b>						
<b>For water surface, please circle all applicable attributes.</b>						
<b>A. Water Color:</b>	Colorless	Red	<input checked="" type="radio"/> Green	<input checked="" type="radio"/> Brown	Other (please indicate) _____	
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	<input checked="" type="radio"/> Fairly cloudy	<input type="radio"/> Completely cloudy		
<b>C. Water Surface:</b> (Circle all that apply)	Normal	Oily sheen	Foamy	Floating aquatic plants:		
	<input checked="" type="radio"/> Natural debris	Neon green sheen	Other (please indicate) _____			
<b>10a. Is there floating or submerged garbage present in the water?</b>						
	<input checked="" type="radio"/> Yes		<input type="radio"/> No			
If yes, circle visible item(s):	Building materials	Medical items	Household waste	Sewage-related litter		
	<input checked="" type="radio"/> Food-related litter	<input checked="" type="radio"/> Fishing-related litter	Other (please indicate) <u>Natural debris</u>			
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>						
	<input type="radio"/> Yes		<input checked="" type="radio"/> No			
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>						
	<input type="radio"/> Yes		<input checked="" type="radio"/> No			
If yes, list what:						
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>						
	<input type="radio"/> Yes		<input type="radio"/> No			

Objectionable deposits in characteristics of the water

12a. Is there garbage along the shoreline?

Yes

No

If yes, circle type(s):

Building materials

Medical items

Household waste

Sewage-related litter

Food-related litter

Fishing-related litter

Other (please indicate) \_\_\_\_\_

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes

No

13a. Along the shoreline, are there problem animals or problems caused by animals?

Yes

No

If yes, list type(s):

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes

No

14a. Is there nuisance vegetation along the shoreline?

Yes

No

If yes, list type if known and amount:

phragmites

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes

No

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

Yes

No

If yes, list type(s):

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes

No

16. Have you previously evaluated this station?

Yes

No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

17. END TIME:

12:36 pm

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

1-5-15

Check box if data sheet meets quality control requirements

Aesthetic impression score:

3

Assessment score:

1

Objectionable deposits on the shoreline

Additional feedback

QA/QC

1205

Entered

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

9

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	Mark DeBaker	<b>2. Station name:</b>	Ranata 220	Form revision date: 02/17/15		
<b>3. Monitoring date:</b>	9 m / 23 / yy 15	<b>4. Start time (include AM/PM):</b>	4:40			
<b>5. Water conditions:</b>	Calm <input type="checkbox"/> Slight movement <input checked="" type="checkbox"/>	Moderate flow or waves <input type="checkbox"/>	Rough or fast flowing <input type="checkbox"/>			
<b>6. Water level:</b>	High <input checked="" type="checkbox"/>	Normal <input type="checkbox"/>	Low <input type="checkbox"/>			
<b>7. Overall, how aesthetically pleasing do you find the site?</b>						
Circle <u>one</u> of the following:	Very pleasing <input type="checkbox"/>	Somewhat pleasing <input checked="" type="checkbox"/>	Neither pleasing nor displeasing <input type="checkbox"/>	Somewhat displeasing <input type="checkbox"/>	Very displeasing <input type="checkbox"/>	
Please describe. List any factors that make it pleasing or not pleasing.	Well kept Marina in good shape accumulated trash at North West end.				Overall/aesthetic impression of site  Objectionable deposits in/characteristics of the water	
<b>8a. Is the color or clarity of the water unattractive?</b>						
	Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>			
If yes, please describe:	Cloudy & Green					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>						
	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>			
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>						
<b>A. Water Color:</b>	Colorless <input type="checkbox"/>	Red <input type="checkbox"/>	Green <input checked="" type="checkbox"/>	Brown <input type="checkbox"/>		Other (please indicate) _____
<b>B. Water Clarity:</b>	Completely clear <input type="checkbox"/>	Fairly clear <input type="checkbox"/>	Fairly cloudy <input type="checkbox"/>	Completely cloudy <input checked="" type="checkbox"/>		
<b>C. Water Surface:</b> (Circle all that apply)	Normal <input checked="" type="checkbox"/>	Oily sheen <input type="checkbox"/>	Foamy <input type="checkbox"/>	Floating aquatic plants <input type="checkbox"/>		
	Natural debris <input checked="" type="checkbox"/>	Neon green sheen <input checked="" type="checkbox"/>	Other (please indicate) _____			
<b>10a. Is there floating or submerged garbage present in the water?</b>						
	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>			
If yes, circle visible item(s):	Building materials <input type="checkbox"/>	Medical items <input type="checkbox"/>	Household waste <input type="checkbox"/>	Sewage-related litter <input type="checkbox"/>		
	Food-related litter <input type="checkbox"/>	Fishing-related litter <input type="checkbox"/>	Other (please indicate) _____			
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>						
	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>						
	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>			
If yes, list what:						
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>						
	Yes <input type="checkbox"/>		No <input type="checkbox"/>			

12a. Is there garbage along the shoreline?

Yes

No

If yes, circle type(s):

Building materials

Medical items

Household waste

Sewage-related litter

Food-related litter

Fishing-related litter

Other (please indicate)

*Natural Debris*

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes

No

13a. Along the shoreline, are there problem animals or problems caused by animals?

Yes

No

If yes, list type(s):

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes

No

14a. Is there nuisance vegetation along the shoreline?

Yes

No

If yes, list type if known and amount:

*Phragmites*

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes

No

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

Yes

No

If yes, list type(s):

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes

No

16. Have you previously evaluated this station?

Yes

No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

*None*

Comments: Please include anything else you thought should be reported while completing this survey.

*Well kept marina - water quality remains Fox River cloudy + Green*

17. END TIME:

*4:55 PM*

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

*10-16-15*

Check box if data sheet meets quality control requirements



Aesthetic impression score:

*1*

Assessment score:

*2*

Objectionable deposits on the shoreline

Additional/feedback

04/0C



entered

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

1. Your name:	<u>Kathy Thynes</u>	2. Station name:	<u>Resalta 220</u>
3. Monitoring date:	<u>07/31/15</u>	4. Start time (include AM/PM):	<u>9:30</u>
5. Water conditions:	<input type="checkbox"/> Calm	<input checked="" type="checkbox"/> Slight movement	<input type="checkbox"/> Moderate flow or waves
6. Water level:	<input type="checkbox"/> High	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Low

Form revision  
date: 02/11/15

7. Overall, how aesthetically pleasing do you find the site?

Circle one of the following:  Very pleasing  Somewhat pleasing  Neither pleasing nor displeasing  Somewhat displeasing  Very displeasing

Please describe. List any factors that make it pleasing or not pleasing.  
Super Clean

Overall aesthetic  
impression of site

8a. Is the color or clarity of the water unattractive?

Yes  No

If yes, please describe:

8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?

Yes  No

9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.

A. Water Color:  Colorless  Red  Green  Brown  Other (please indicate)

B. Water Clarity:  Completely clear  Fairly clear  Fairly cloudy  Completely cloudy

C. Water Surface: (Circle all that apply)  
 Normal  Oily sheen  Foamy  Floating aquatic plants  
 Natural debris  Neon green sheen  Other (please indicate)

Observable deposits in characteristics of the water

10a. Is there floating or submerged garbage present in the water?

Yes  No

If yes, circle visible item(s):

Building materials  Medical items  Household waste  Sewage-related litter  
 Food-related litter  Fishing-related litter  Other (please indicate)

10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?

Yes  No

11a. Are any other substances present in the water that are not specifically mentioned on this form?

Yes  No

If yes, list what:  
lily pads, branches

11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?

Yes  No

12a. Is there garbage along the shoreline?

Yes

No

If yes, circle type(s):

Building materials

Medical Items

Household waste

Sewage-related litter

Food-related litter

Fishing-related litter

Other (please indicate)

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes

No

13a. Along the shoreline, are there problem animals or problems caused by animals?

Yes

No

If yes, list type(s):

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes

No

14a. Is there nuisance vegetation along the shoreline?

Yes

No

If yes, list type if known and amount:

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes

No

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

Yes

No

If yes, list type(s):

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes

No

16. Have you previously evaluated this station?

Yes

No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

17. END TIME:

9:35 am

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

8/24/15  
Andrew Chue

Check box if data sheet meets quality control requirements

Aesthetic impression score:

1

Assessment score:

0

Objectionable deposits on the shoreline

Additional feedback

QA/QC

Entered

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	Carol Gezella	<b>2. Station name:</b>	Regatta 220	Form revision date: 02/17/15	
<b>3. Monitoring date:</b>	08/24/15	<b>4. Start time (include AM/PM):</b>	11:50am		
<b>5. Water conditions:</b>	Calm	Slight movement	Moderate flow or waves		<u>Rough or fast flowing</u>
<b>6. Water level:</b>	High	<u>Normal</u>	Low		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle <u>one</u> of the following:	<u>Very pleasing</u>	Somewhat pleasing	Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing
Please describe. List any factors that make it pleasing or not pleasing.	area kept up very well				Overall aesthetic impression of site
<b>8a. Is the color or clarity of the water unattractive?</b>	<u>Yes</u> No				
If yes, please describe:	very green/brown algae on rock shoreline approx 50%				
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>	<u>Yes</u> No				
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance.</b>					
For water surface, please circle all applicable attributes.					
<b>A. Water Color:</b>	Colorless	Red	<u>Green</u>	<u>Brown</u>	Other (please indicate) _____
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	Fairly cloudy	<u>Completely cloudy</u>	
<b>C. Water Surface:</b>	<u>Normal</u>	Oily sheen	Foamy	Floating aquatic plants	
(Circle all that apply)	Natural debris	<u>Neon green sheen</u>	Other (please indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>					
<u>Yes</u> No					
If yes, circle visible item(s):	Building materials	Medical items	Household waste	Sewage-related litter	
	Food-related litter	Fishing-related litter	Other (please indicate) _____		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>	<u>Yes</u> No				
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
<u>Yes</u> No					
If yes, list what:					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>	<u>Yes</u> No				

Objectionable deposits in/characteristics of the water

12a. Is there garbage along the shoreline?

Yes

No

If yes, circle type(s):

Building materials

Medical items

Household waste

Sewage-related litter

Food-related litter

Fishing-related litter

Other (please indicate)

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes

No

13a. Along the shoreline, are there problem animals or problems caused by animals?

Yes

No

If yes, list type(s):

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes

No

14a. Is there nuisance vegetation along the shoreline?

Yes

No

If yes, list type if known and amount:

Just natural growth weeds within rocks

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes

No

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

Yes

No

If yes, list type(s):

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes

No

16. Have you previously evaluated this station?

Yes

No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

Slight ~~odor~~ odor  
lily pads at this site adds to scenery

17. END TIME:

12:02pm

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

8-28-15

Check box if data sheet meets quality control requirements

Aesthetic impression score:

0

Assessment score:

0

Objectionable deposits on the shoreline

Additional feedback

QA/QC

WV

Interview

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	jeanie keating	<b>2. Station name:</b>	Regatta	Form revision date: 02/17/15		
<b>3. Monitoring date:</b>	10/24/15	<b>4. Start time (include AM/PM):</b>	12:28pm			
<b>5. Water conditions:</b>	Calm <u>Slight movement</u> Moderate flow or waves Rough or fast flowing					
<b>6. Water level:</b>	High <u>Normal</u> Low					
<b>7. Overall, how aesthetically pleasing do you find the site?</b>						
Circle <u>one</u> of the following:	Very pleasing	Somewhat pleasing	<u>Neither pleasing nor displeasing</u>	Somewhat displeasing	Very displeasing	Overall aesthetic impression of site
Please describe. List any factors that make it pleasing or not pleasing.	A lot of garbage & shoreline waste, there was a ridge of small driftwood pieces along a rocky incline which appears to come from a time when there was a					
<b>8a. Is the color or clarity of the water unattractive?</b>						
	Yes		<u>No</u>			
If yes, please describe:						
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>						
	Yes		<u>No</u>			
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance.</b>						
For water surface, please circle all applicable attributes.						
<b>A. Water Color:</b>	Colorless	Red	<u>Green</u>	Brown	Other (please indicate) _____	
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	<u>Fairly cloudy</u>	Completely cloudy		
<b>C. Water Surface:</b> (Circle all that apply)	<u>Normal</u>	Oily sheen	Foamy	Floating aquatic plants: _____		
	<u>Natural debris</u>	Neon green sheen	Other (please indicate) _____			
<b>10a. Is there floating or submerged garbage present in the water?</b>						
	Yes		<u>No</u>			
If yes, circle visible item(s):						
	Building materials	Medical items	<u>Household waste</u>	Sewage-related litter		
	<u>Food-related litter</u>	Fishing-related litter	Other (please indicate) _____			
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>						
	Yes		<u>No</u>			
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>						
	Yes		<u>No</u>			
If yes, list what:						
	there was a lot of litter @ this site life-preserver, ball (plastic) food waste, styrafoam					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>						
	Yes		<u>No</u>			

Objectionable deposits in/characteristics of the water

12a. Is there garbage along the shoreline?

Yes

No

If yes, circle type(s):

Building materials

Medical items

Household waste

Sewage-related litter

Food-related litter

Fishing-related litter

Other (please indicate) \_\_\_\_\_

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes

No

13a. Along the shoreline, are there problem animals or problems caused by animals?

Yes

No

If yes, list type(s):

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes

No

14a. Is there nuisance vegetation along the shoreline?

Yes

No

If yes, list type if known and amount:

phragmites

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes

No

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

Yes

No

If yes, list type(s):

~~oil~~

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes

No

16. Have you previously evaluated this station?

Yes

No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

17. END TIME:

12:40 pm

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

11-5-15

Check box if data sheet meets quality control requirements



Aesthetic impression score:

2

Assessment score:

0

Objectable deposits on the shoreline

Additional feedback

QA/QC

MS  
entered

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

1. Your name: Kristine Klaseu 2. Station name: Regatta 220

3. Monitoring date: 10/31/2015 4. Start time (include AM/PM): 11:00

5. Water conditions: Calm  Slight movement Moderate flow or waves Rough or fast flowing

6. Water level: High  Normal Low

7. Overall, how aesthetically pleasing do you find the site?

Circle one of the following: Very pleasing  Somewhat pleasing Neither pleasing nor displeasing Somewhat displeasing Very displeasing

Please describe. List any factors that make it pleasing or not pleasing.  
Nice boat dock location, suitable green space w/ benches

8a. Is the color or clarity of the water unattractive?

Yes  No

If yes, please describe:  
Water has enough cloudiness to make it questionable about swimming, fishing, boating, etc.

8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?

Yes  No

9. For water color and clarity, please circle the answer choice that best describes the present appearance.

For water surface, please circle all applicable attributes.

A. Water Color: Colorless Red Green  Brown Other (please indicate)

B. Water Clarity: Completely clear Fairly clear Fairly cloudy  Completely cloudy

C. Water Surface:  Normal Oily sheen Foamy Floating aquatic plants:

(Circle all that apply)  Natural debris Neon green sheen Other (please indicate)

10a. Is there floating or submerged garbage present in the water?

Yes  No

If yes, circle visible item(s):  Building materials  Medical items  Household waste  Sewage-related litter  
 Food-related litter  Fishing-related litter Other (please indicate)  Plant material

10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?

Yes  No

11a. Are any other substances present in the water that are not specifically mentioned on this form?

Yes  No

If yes, list what:  
~~Materials~~ Boats - Buoys

11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?

Yes  No

Form revision date: 02/17/15

Overall aesthetic impression of site

Objectionable deposits/characteristics of the water

12a. Is there garbage along the shoreline?

If yes, circle type(s):

<input checked="" type="radio"/> Yes	<input type="radio"/> No
<input checked="" type="checkbox"/> Building materials <input checked="" type="checkbox"/> Food-related litter	<input type="checkbox"/> Medical items <input checked="" type="checkbox"/> Household waste <input checked="" type="checkbox"/> Fishing-related litter <input type="checkbox"/> Sewage-related litter <input type="checkbox"/> Other (please indicate) _____

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

13a. Along the shoreline, are there problem animals or problems caused by animals?

If yes, list type(s):

<input checked="" type="radio"/> Yes	<input type="radio"/> No
Lots of seagulls	

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

<input checked="" type="radio"/> Yes	<input type="radio"/> No
LOTS of Phragmites	

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

If yes, list type(s):

<input checked="" type="radio"/> Yes	<input type="radio"/> No
Construction site.	

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

16. Have you previously evaluated this station?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

17. END TIME:

11:15

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	11-5-15	Check box if data sheet meets quality control requirements	<input checked="" type="checkbox"/>
Aesthetic Impression score:	1		
Assessment score:	1		

Objectionable deposits on the shoreline

Additional feedback

QA/QC



mas  
ema.

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>		Carol Gezella		<b>2. Station name:</b>		Regatta 220		Form revision date: 02/17/15	
<b>3. Monitoring date:</b>		10/12/15		<b>4. Start time (include AM/PM):</b>		12:13 pm			
<b>5. Water conditions:</b>		Calm	Slight movement	<input checked="" type="radio"/> Moderate flow or waves		Rough or fast flowing			
<b>6. Water level:</b>		High		Normal		<input checked="" type="radio"/> Low		Overall aesthetic impression of site	
<b>7. Overall, how aesthetically pleasing do you find the site?</b>									
Circle <u>one</u> of the following:		<input checked="" type="radio"/> Very pleasing	<input type="radio"/> Somewhat pleasing	<input type="radio"/> Neither pleasing nor displeasing		<input type="radio"/> Somewhat displeasing	<input type="radio"/> Very displeasing		
Please describe. List any factors that make it pleasing or not pleasing.									
<b>8a. Is the color or clarity of the water unattractive?</b>									
		<input checked="" type="radio"/> Yes			<input type="radio"/> No				
If yes, please describe:		brown / green cloudy							
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>									
		<input type="radio"/> Yes			<input checked="" type="radio"/> No				
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>									
<b>A. Water Color:</b>		Colorless	Red	<input checked="" type="radio"/> Green	<input checked="" type="radio"/> Brown	Other (please indicate) _____			
<b>B. Water Clarity:</b>		Completely clear	Fairly clear	Fairly cloudy	<input checked="" type="radio"/> Completely cloudy				
<b>C. Water Surface:</b> (Circle all that apply)		Normal	<input checked="" type="radio"/> Oily sheen	Foamy	Floating aquatic plants				
		Natural debris	<input checked="" type="radio"/> Neon green sheen		Other (please indicate) _____				
<b>10a. Is there floating or submerged garbage present in the water?</b>									
		<input type="radio"/> Yes			<input checked="" type="radio"/> No				
If yes, circle visible item(s):		Building materials	Medical items	Household waste	Sewage-related litter				
		Food-related litter	Fishing-related litter		Other (please indicate) _____				
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>									
		<input type="radio"/> Yes			<input type="radio"/> No				
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>									
		<input type="radio"/> Yes			<input checked="" type="radio"/> No				
If yes, list what:									
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>									
		<input type="radio"/> Yes			<input type="radio"/> No				

Objectionable deposits in/characteristics of the water

**12a. Is there garbage along the shoreline?**

If yes, circle type(s):

<input checked="" type="radio"/> Yes	<input type="radio"/> No
<input checked="" type="radio"/> Building materials	Medical items
Food-related litter	<input checked="" type="radio"/> Household waste
Fishing-related litter	Other (please indicate) <u>North Side of dock by grasses</u>

**12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**13a. Along the shoreline, are there problem animals or problems caused by animals?**

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known and amount:

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

**15a. Are there any other shoreline substances that are not specifically mentioned on this form ?**

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

**16. Have you previously evaluated this station?**

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

does not seem to have the odor  
less algae on rocks/shoreline  
garbage by tall grasses - construction being done next door to marina debris by shoreline

Comments: Please include anything else you thought should be reported while completing this survey.

**17. END TIME:**

12:20 p.m.

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	10-16-15	Check box if data sheet meets quality control requirements	<input checked="" type="checkbox"/>
Aesthetic impression score:	0		
Assessment score:	0		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

entered

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

1. Your name:	<u>Kathy Thunes</u>	2. Station name:	<u>Riverview Place Park</u>	Form revision date: 02/17/15	
3. Monitoring date:	<u>08/22/15</u>	4. Start time (include AM/PM):	<u>1:30pm</u>		
5. Water conditions:	Calm	<u>Slight movement</u>	Moderate flow or waves		Rough or fast flowing
6. Water level:	High	<u>Normal</u>			Low
7. Overall, how aesthetically pleasing do you find the site?					
Circle <u>one</u> of the following:	Very pleasing	<u>Somewhat pleasing</u>	Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing
Please describe. List any factors that make it pleasing or not pleasing.	<u>Garbage <del>is</del> scattered about, essentially not improved, not marked, parking area badly needs maintenance, no clear path.</u>				
8a. Is the color or clarity of the water unattractive?					
	Yes		<u>No</u>		
If yes, please describe:					
8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?					
	Yes		<u>No</u>		
9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.					
A. Water Color:	Colorless	Red	Green	<u>Brown</u>	Other (please indicate) _____
B. Water Clarity:	Completely clear	Fairly clear	<u>Fairly cloudy</u>	Completely cloudy	
C. Water Surface:	Normal	Oily sheen	Foamy	Floating aquatic plants	
(Circle all that apply)	<u>Natural debris</u>	Neon green sheen	Other (please indicate) _____		
10a. Is there floating or submerged garbage present in the water?					
	<u>Yes</u>		No		
If yes, circle visible item(s):	Building materials	Medical Items	<u>Household waste</u>	Sewage-related litter	
	Food-related litter	Fishing-related litter		Other (please indicate) _____	
10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?					
	Yes		<u>No</u>		
11a. Are any other substances present in the water that are not specifically mentioned on this form?					
	Yes		<u>No</u>		
If yes, list what:					
11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?					
	Yes		<u>No</u>		

Overall aesthetic impression of site

Objectionable deposits in/characteristics of the water

12a. Is there garbage along the shoreline?

If yes, circle type(s):

<input checked="" type="radio"/> Yes		<input type="radio"/> No	
Building materials	Medical Items	Household waste	Sewage-related litter
Food-related litter	Fishing-related litter	Other (please indicate) <u>significant litter</u>	

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

13a. Along the shoreline, are there problem animals or problems caused by animals?

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

<input checked="" type="radio"/> Yes	<input type="radio"/> No
<u>Grasses, willow, weeds</u>	

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

15a. Are there any other shoreline substances that are not specifically mentioned on this form ?

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

16. Have you previously evaluated this station?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

Site would not be accessible during wet weather, no facilities. Parking lot needs maintenance, no sign, slight odor. No reason to linger.

17. END TIME:

1:42

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	<u>8/24/15</u> <u>Andrea Bruen</u>	Check box if data sheet meets quality control requirements	<input checked="" type="checkbox"/>
Aesthetic impression score:	<u>1</u>		
Assessment score:	<u>0</u>		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

entered

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b> PAUL WELLS		<b>2. Station name:</b> RIVERVIEW PLACE PARK	
<b>3. Monitoring date:</b> 8/8/15 mm/dd/yy		<b>4. Start time (include AM/PM):</b> 9:05 PM	
<b>5. Water conditions:</b>	Calm	Slight movement	Moderate flow or waves
<b>6. Water level:</b>	High	Normal	Low
<b>7. Overall, how aesthetically pleasing do you find the site?</b>			
Circle <u>one</u> of the following:	Very pleasing	Somewhat pleasing	Neither pleasing nor displeasing
			Somewhat displeasing
Please describe. List any factors that make it pleasing or not pleasing.	LITTER, GREEN WATER, OVERGROWN WITH VEGETATION NO "CLEARING"		
<b>8a. Is the color or clarity of the water unattractive?</b>			
	Yes		No
If yes, please describe:	GREEN ALONG SHORE		
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>			
	Yes		No
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>			
<b>A. Water Color:</b>	Colorless	Red	Green
			Brown
			Other (please indicate)
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	Fairly cloudy
			Completely cloudy
<b>C. Water Surface:</b> (Circle all that apply)	Normal	Oily sheen	Foamy
			Floating aquatic plants
	Natural debris	Neon green sheen	Other (please indicate)
<b>10a. Is there floating or submerged garbage present in the water?</b>			
	Yes		No
If yes, circle visible item(s):	Building materials	Medical items	Household waste
	Food-related litter	Fishing-related litter	Sewage-related litter
			Other (please indicate)
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>			
	Yes		No
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>			
	Yes		No
If yes, list what:			
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>			
	Yes		No

Form revision  
date: 02/17/15

Overall aesthetic  
impression of site

Objectonable deposits in characteristics of the water

12a. Is there garbage along the shoreline?

If yes, circle type(s):

<input checked="" type="radio"/> Yes	<input type="radio"/> No
Building materials	Medical items Household waste Sewage-related litter
Food-related litter	Fishing-related litter
Other (please indicate) <u>PLASTIC</u>	

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

13a. Along the shoreline, are there problem animals or problems caused by animals?

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

OVERGROWN

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

16. Have you previously evaluated this station?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

17. END TIME:

9:15 AM

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	<u>9-3-15</u>	Check box if data sheet meets quality control requirements	<input checked="" type="checkbox"/>
Aesthetic impression score:	<u>3</u>		
Assessment score:	<u>3</u>		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

fws  
Entered

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

**1. Your name:** Tom Schobetz **2. Station name:** Riverview Place Park

**3. Monitoring date:** 9-1-15 **4. Start time (include AM/PM):** 3:00 pm

**5. Water conditions:** Calm  Slight movement Moderate flow or waves Rough or fast flowing

**6. Water level:** High  Normal Low

**7. Overall, how aesthetically pleasing do you find the site?**

Circle one of the following: Very pleasing Somewhat pleasing Neither pleasing nor displeasing  Somewhat displeasing Very displeasing

Please describe. List any factors that make it pleasing or not pleasing.  
Rough path, overhanging vegetation, some discarded canvas.

**8a. Is the color or clarity of the water unattractive?**

If yes, please describe:  Yes  No  
Green Algae

**8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?**

Yes  No

**9. For water color and clarity, please circle the answer choice that best describes the present appearance.**

**For water surface, please circle all applicable attributes.**

**A. Water Color:** Colorless Red  Green Brown Other (please indicate)

**B. Water Clarity:** Completely clear Fairly clear  Fairly cloudy Completely cloudy

**C. Water Surface:** Normal Oily sheen Foamy Floating aquatic plants

(Circle all that apply)  Natural debris  Neon green sheen Other (please indicate)

**10a. Is there floating or submerged garbage present in the water?**

If yes, circle visible item(s):  Yes  No

Building materials Medical items Household waste Sewage-related litter

Food-related litter Fishing-related litter Other (please indicate)

**10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?**

Yes  No

**11a. Are any other substances present in the water that are not specifically mentioned on this form?**

If yes, list what:  Yes  No

LOGS

**11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?**

Yes  No

Form revision date: 02/17/15

Overall aesthetic impression of site

Objectable deposits in characteristics of the water

12a. Is there garbage along the shoreline?

If yes, circle type(s):

<input checked="" type="radio"/> Yes		<input type="radio"/> No	
Building materials	Medical items	<u>Household waste</u>	Sewage-related litter
Food-related litter	Fishing-related litter	Other (please indicate)	

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

13a. Along the shoreline, are there problem animals or problems caused by animals?

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

<input checked="" type="radio"/> Yes	<input type="radio"/> No
THICK BRUSH	

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

16. Have you previously evaluated this station?

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

I would NOT bring a DOG here!

3:10 (shore visit)

17. END TIME:

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	9/10/15	Check box if data sheet meets quality control requirements	<input checked="" type="checkbox"/>
Aesthetic impression score:	3		
Assessment score:	5		

Objectionable deposits on the shoreline

Additional feedback

QA/QC



was entered

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

5

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	<i>Mark DeBakel</i>	<b>2. Station name:</b>	<i>Riverwood Place Park</i>	Form revision date: 02/17/15
<b>3. Monitoring date:</b>	<i>09 m / 29 2015</i>	<b>4. Start time (include AM/PM):</b>	<i>5:50</i>	
<b>5. Water conditions:</b>	Calm <u>Slight movement</u> Moderate flow or waves Rough or fast flowing			
<b>6. Water level:</b>	<u>High</u> Normal Low			Overall aesthetic impression of site
<b>7. Overall, how aesthetically pleasing do you find the site?</b>	Circle <u>one</u> of the following: Very pleasing Somewhat pleasing Neither pleasing nor displeasing <u>Somewhat displeasing</u> Very displeasing			
Please describe. List any factors that make it pleasing or not pleasing.	<i>Overgrown + debris + mosquitoes - nasty!</i>			
<b>8a. Is the color or clarity of the water unattractive?</b>	<u>Yes</u> No			Objectionable deposits in/ characteristics of the water
If yes, please describe:	<i>dirty</i>			
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>	<u>Yes</u> <u>No</u>			
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>				
<b>A. Water Color:</b>	Colorless Red Green <u>Brown</u> Other (please indicate) _____			
<b>B. Water Clarity:</b>	Completely clear Fairly clear <u>Fairly cloudy</u> Completely cloudy			
<b>C. Water Surface:</b> (Circle all that apply)	<u>Normal</u> Oily sheen Foamy Floating aquatic plants <u>Natural debris</u> Neon green sheen Other (please indicate) _____			
<b>10a. Is there floating or submerged garbage present in the water?</b>	<u>Yes</u> No			
If yes, circle visible item(s):	Building materials Medical items Household waste Sewage-related litter <u>Food-related litter</u> Fishing-related litter Other (please indicate) _____			
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>	<u>Yes</u> <u>No</u>			
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>	<u>Yes</u> <u>No</u>			
If yes, list what:				
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>	<u>Yes</u> No			

12a. Is there garbage along the shoreline?

If yes, circle type(s):

Yes		No	
Building materials	Medical items	Household waste	Sewage-related litter
<u>Food-related litter</u>	Fishing-related litter	Other (please indicate) <u>Natural debris</u>	

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes No

13a. Along the shoreline, are there problem animals or problems caused by animals?

If yes, list type(s):

Yes No

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes No

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

Yes No

Rhacardus

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes No

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

If yes, list type(s):

Yes No

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes No

16. Have you previously evaluated this station?

Yes No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

Objectionable deposits on the shoreline

Additional feedback

17. END TIME:

6:00 PM

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

10-16-15

Check box if data sheet meets quality control requirements



Aesthetic Impression score:

3

Assessment score:

2

QA/QC

new entered

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.

DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	jeanie keating		<b>2. Station name:</b>	Riverview	
<b>3. Monitoring date:</b>	6/24/15		<b>4. Start time (include AM/PM):</b>	12:42 pm	
<b>5. Water conditions:</b>	Calm	<u>Slight movement</u>	Moderate flow or waves	Rough or fast flowing	
<b>6. Water level:</b>	High	<u>Normal</u>	Low		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle <u>one</u> of the following:	Very pleasing	Somewhat pleasing	<u>Neither pleasing nor displeasing</u>	Somewhat displeasing	Very displeasing
Please describe. List any factors that make it pleasing or not pleasing.	Abundance of submerged items + litter, plastics, tarps, glass,				
<b>8a. Is the color or clarity of the water unattractive?</b>					
	Yes		<u>No</u>		
If yes, please describe:					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>					
	Yes		<u>No</u>		
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance.</b>					
<b>For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	<u>Colorless</u>	Red	Green	Brown	Other (please indicate)
<b>B. Water Clarity:</b>	Completely clear	<u>Fairly clear</u>	Fairly cloudy	Completely cloudy	
<b>C. Water Surface:</b> (Circle all that apply)	<u>Normal</u>	Oily sheen	Foamy	Floating aquatic plants	
	Natural debris	Neon green sheen	Other (please indicate)		
<b>10a. Is there floating or submerged garbage present in the water?</b>					
	<u>Yes</u>		No		
If yes, circle visible item(s):	<u>Building materials</u>	Medical items	Household waste	Sewage-related litter	
	Food-related litter	Fishing-related litter	Other (please indicate) <u>tires</u>		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
	Yes		<u>No</u>		
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
	Yes		<u>No</u>		
If yes, list what:					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
	Yes		<u>No</u>		

Form revision date: 02/17/15

Overall aesthetic impression of site

Objectable deposits in characteristics of the water

12a. Is there garbage along the shoreline?

Yes

No

If yes, circle type(s):

Building materials

Medical items

Household waste

Sewage-related litter

Food-related litter

Fishing-related litter

Other (please indicate)

Styrofoam

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes

No

13a. Along the shoreline, are there problem animals or problems caused by animals?

Yes

No

If yes, list type(s):

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes

No

14a. Is there nuisance vegetation along the shoreline?

Yes

No

If yes, list type if known and amount:

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes

No

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

Yes

No

If yes, list type(s):

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes

No

16. Have you previously evaluated this station?

Yes

No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

17. END TIME:

12:50 pm

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

11-5-15

Check box if data sheet meets quality control requirements



Aesthetic impression score:

2

Assessment score:

0

Objectionable deposits on the shoreline

Additional feedback

QA/QC

new  
Entered

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.

DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	Kristine Klusen	<b>2. Station name:</b>	Riverview Place Park	Form revision date: 02/17/15		
<b>3. Monitoring date:</b>	10/24/2015	<b>4. Start time (include AM/PM):</b>	11:45			
<b>5. Water conditions:</b>	Calm <u>Slight movement</u>	Moderate flow or waves	Rough or fast flowing			
<b>6. Water level:</b>	High	<u>Normal</u>	Low			
<b>7. Overall, how aesthetically pleasing do you find the site?</b>						
Circle <u>one</u> of the following:	Very pleasing	Somewhat pleasing	Neither pleasing nor displeasing	Somewhat displeasing	<u>Very displeasing</u>	Overall aesthetic impression of site
Please describe. List any factors that make it pleasing or not pleasing.	Industrial - Trashy					
<b>8a. Is the color or clarity of the water unattractive?</b>						
	<u>Yes</u>		No		Objectionable deposits in/characteristics of the water	
If yes, please describe:						
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>						
	Yes		<u>No</u>			
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>						
<b>A. Water Color:</b>	Colorless	Red	Green	<u>Brown</u>	Other (please indicate) _____	
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	Fairly cloudy	<u>Completely cloudy</u>		
<b>C. Water Surface:</b> (Circle all that apply)	<u>Normal</u>	Oily sheen	Foamy	Floating aquatic plants.		
	<u>Natural debris</u>	Neon green sheen	Other (please indicate) _____			
<b>10a. Is there floating or submerged garbage present in the water?</b>						
	<u>Yes</u>		No		Objectionable deposits in/characteristics of the water	
If yes, circle visible item(s):	Building materials	Medical items	<u>Household waste</u>	<u>Sewage-related litter</u>		
	<u>Food-related litter</u>	Fishing-related litter	Other (please indicate) _____			
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>						
	<u>Yes</u>		No			
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>						
	<u>Yes</u>		No		Objectionable deposits in/characteristics of the water	
If yes, list what:	Tires - Unknown materials					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>						
	<u>Yes</u>		No			

12a. Is there garbage along the shoreline?

If yes, circle type(s):

<input checked="" type="radio"/> Yes		<input type="radio"/> No	
Building materials	<input checked="" type="radio"/> Medical items	<input checked="" type="radio"/> Household waste	Sewage-related litter
<input checked="" type="radio"/> Food-related litter	Fishing-related litter	Other (please indicate) _____	

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

13a. Along the shoreline, are there problem animals or problems caused by animals?

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

Phragmites - shrubs

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

If yes, list type(s):

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

Tires, Fencing, Unknowns, clothing

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

16. Have you previously evaluated this station?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

17. END TIME:

12:00

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

11-5-15

Check box if data sheet meets quality control requirements



Aesthetic impression score:

4

Assessment score:

5

Objectionable deposits on the shoreline

Additional feedback

QA/QC

new entered

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	MATTHEW NELSON	<b>2. Station name:</b>	RIVERVIEW PLACE PARK
<b>3. Monitoring date:</b>	10/24/2015	<b>4. Start time (include AM/PM):</b>	12:43 pm
<b>5. Water conditions:</b>	Calm	Slight movement	Moderate flow or waves
<b>6. Water level:</b>	High	Normal	Low

Form/revision  
date: 02/17/15

**7. Overall, how aesthetically pleasing do you find the site?**

Circle one of the following: Very pleasing    Somewhat pleasing    Neither pleasing nor displeasing    Somewhat displeasing    **Very displeasing**

Please describe. List any factors that make it pleasing or not pleasing.

So much garbage, cyclone fencing, discharge pipe

Overall/aesthetic impression of site

**8a. Is the color or clarity of the water unattractive?**

Yes     No

If yes, please describe:

Slightly green/gray

**8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?**

Yes     No

**9. For water color and clarity, please circle the answer choice that best describes the present appearance.**

For water surface, please circle all applicable attributes.

<b>A. Water Color:</b>	Colorless	Red	<input checked="" type="radio"/> Green	Brown	<input checked="" type="radio"/> Other (please indicate) gray
<b>B. Water Clarity:</b>	Completely clear	<input checked="" type="radio"/> Fairly clear	Fairly cloudy	Completely cloudy	
<b>C. Water Surface:</b> (Circle all that apply)	Normal	Oily sheen	Foamy	Floating aquatic plants	
	<input checked="" type="radio"/> Natural debris	Neon green sheen	Other (please indicate)		

Objectionable deposits in/characteristics of the water

**10a. Is there floating or submerged garbage present in the water?**

Yes     No

If yes, circle visible item(s):

Building materials     Medical items     Household waste     Sewage-related litter

Food-related litter     Fishing-related litter     Other (please indicate)

**10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?**

Yes     No

**11a. Are any other substances present in the water that are not specifically mentioned on this form?**

Yes     No

If yes, list what:

**11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?**

Yes     No

12a. Is there garbage along the shoreline?

Yes  No

If yes, circle type(s):

- Building materials
- Medical items
- Household waste
- Sewage-related litter
- Food-related litter
- Fishing-related litter
- Other (please indicate) \_\_\_\_\_

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes  No

13a. Along the shoreline, are there problem animals or problems caused by animals?

Yes  No

If yes, list type(s):

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes  No

14a. Is there nuisance vegetation along the shoreline?

Yes  No

If yes, list type if known and amount:

reedy overgrowth / phragmites

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes  No

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

Yes  No

If yes, list type(s):

pipeline signage / fencing

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes  No

16. Have you previously evaluated this station?

Yes  No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

17. END TIME:

12:51 pm

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

11-5-15

Check box if data sheet meets quality control requirements



Aesthetic Impression score:

4

Assessment score:

A

Objectionable deposits on the shoreline

Additional feedback

QA/QC



# Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	Kristine Klason	<b>2. Station name:</b>	Voyager
<b>3. Monitoring date:</b>	29/07/15 ad/yy	<b>4. Start time (include AM/PM):</b>	10:30 AM
<b>5. Water conditions:</b>	Calm	<input checked="" type="radio"/> Slight movement	Moderate flow or waves      Rough or fast flowing
<b>6. Water level:</b>	High	<input checked="" type="radio"/> Normal	Low

Form revision date: 02/17/15

**7. Overall, how aesthetically pleasing do you find the site?**

Circle one of the following:  Very pleasing     Somewhat pleasing     Neither pleasing nor displeasing     Somewhat displeasing     Very displeasing

Please describe. List any factors that make it pleasing or not pleasing.

Beautiful Park setting

Overall aesthetic impression of site

**8a. Is the color or clarity of the water unattractive?**

Yes       No

If yes, please describe:

Green Algae

**8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?**

Yes       No

**9. For water color and clarity, please circle the answer choice that best describes the present appearance.**

**For water surface, please circle all applicable attributes.**

<b>A. Water Color:</b>	Colorless	Red	<input checked="" type="radio"/> Green	Brown	Other (please indicate) _____
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	Fairly cloudy	<input checked="" type="radio"/> Completely cloudy	
<b>C. Water Surface:</b> (Circle all that apply)	Normal	Oily sheen	Foamy	Floating aquatic plants:	
	<input checked="" type="radio"/> Natural debris	<input checked="" type="radio"/> Neon green sheen	Other (please indicate) _____		

Objectionable deposits in/characteristics of the water

**10a. Is there floating or submerged garbage present in the water?**

Yes       No

If yes, circle visible item(s):

Building materials	Medical items	<input checked="" type="radio"/> Household waste	<input checked="" type="radio"/> Sewage-related litter
Food-related litter	<input checked="" type="radio"/> Fishing-related litter	Other (please indicate) _____	

**10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?**

Yes       No

**11a. Are any other substances present in the water that are not specifically mentioned on this form?**

Yes       No

If yes, list what:

Feathers

**11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?**

Yes       No

12a. Is there garbage along the shoreline?

Yes

No

If yes, circle type(s):

Building materials

Medical items

Household waste

Sewage-related litter

Food-related litter

Fishing-related litter

Other (please indicate)

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes

No

13a. Along the shoreline, are there problem animals or problems caused by animals?

Yes

No

If yes, list type(s):

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes

No

14a. Is there nuisance vegetation along the shoreline?

Yes

No

If yes, list type if known and amount:

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes

No

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

Yes

No

If yes, list type(s):

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes

No

16. Have you previously evaluated this station?

Yes

No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

17. END TIME:

10:40 am

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

4-11-15

Check box if data sheet meets quality control requirements



Aesthetic Impression score:

0

Assessment score:

1

Objectionable deposits on the shoreline

Additional feedback

QA/QC

Entered

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	PATRICIA FINDELL STONE		<b>2. Station name:</b>	VOYAGEUR PARK		Form revision date: 02/17/15
<b>3. Monitoring date:</b>	AUGUST 19 2015		<b>4. Start time (include AM/PM):</b>	8:55 AM		
<b>5. Water conditions:</b>	Calm	Slight movement <input checked="" type="checkbox"/>	Moderate flow or waves	Rough or fast flowing		
<b>6. Water level:</b>	High	Normal <input checked="" type="checkbox"/>	Low			
<b>7. Overall, how aesthetically pleasing do you find the site?</b>						
Circle <u>one</u> of the following:	Very pleasing	Somewhat pleasing <input checked="" type="checkbox"/>	Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing	Overall/aesthetic impression of site
Please describe. List any factors that make it pleasing or not pleasing.	BEAUTIFUL DAY - SUNNY - COOL BREEZE - 1 DUCK IN THE WATER - ONE FISHERMAN IN BOAT - 3 KIDS WITH GRANDPA FISHING - SEVERAL WALKERS IN THE PARK.					
<b>8a. Is the color or clarity of the water unattractive?</b>						
	Yes <input checked="" type="checkbox"/>			No		
If yes, please describe:	GREEN - NOT CLEAR					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>						
	Yes			No <input checked="" type="checkbox"/>		
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance.</b>						
<b>For water surface, please circle all applicable attributes.</b>						
<b>A. Water Color:</b>	Colorless	Red	Green <input checked="" type="checkbox"/>	Brown <input checked="" type="checkbox"/>	Other (please indicate) _____	
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	Fairly cloudy	Completely cloudy <input checked="" type="checkbox"/>		
<b>C. Water Surface:</b> (Circle all that apply)	Normal <input checked="" type="checkbox"/>	Oily sheen	Foamy	Floating aquatic plants		
	Natural debris <input checked="" type="checkbox"/>	Neon green sheen	Other (please indicate) _____			
<b>10a. Is there floating or submerged garbage present in the water?</b>						
	Yes			No <input checked="" type="checkbox"/>		
If yes, circle visible item(s):	Building materials	Medical items	Household waste	Sewage-related litter		
	Food-related litter	Fishing-related litter	Other (please indicate) _____			
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>						
	Yes			No		
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>						
	Yes			No <input checked="" type="checkbox"/>		
If yes, list what:						
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>						
	Yes			No		

Form revision  
date: 02/17/15

Overall/aesthetic impression of site

Objectionable deposits in/characteristics of the water

**12a. Is there garbage along the shoreline?**

If yes, circle type(s):

<input checked="" type="radio"/> Yes		<input type="radio"/> No	
Building materials	Medical Items	Household waste	Sewage-related litter
Food-related litter	cigarette butts - many!		Other (please indicate)
CANDY WRAPPERS	Fishing-related litter	PLASTIC WATER BOTTLES	

**12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?**

Yes  No

**13a. Along the shoreline, are there problem animals or problems caused by animals?**

If yes, list type(s):

Yes  No

**13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?**

Yes  No

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known and amount:

Yes  No

**14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?**

Yes  No

**15a. Are there any other shoreline substances that are not specifically mentioned on this form?**

If yes, list type(s):

Yes  No

**15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?**

Yes  No

**16. Have you previously evaluated this station?**

Yes  No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

APPEARS SIMILAR TO LAST YR

Comments: Please include anything else you thought should be reported while completing this survey.

PARK setting is BEAUTIFUL

**17. END TIME:**

9:00 AM

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	9-1-15	Check box if data sheet meets quality control requirements	<input checked="" type="checkbox"/>
Aesthetic impression score:	1		
Assessment score:	0		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

Entered

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	Maddy Sweeney	<b>2. Station name:</b>	Voyager	Form revision date: 02/17/15		
<b>3. Monitoring date:</b>	7/17/15	<b>4. Start time (include AM/PM):</b>	10:30am			
<b>5. Water conditions:</b>	Calm	<input checked="" type="radio"/> Slight movement	Moderate flow or waves		Rough or fast flowing	
<b>6. Water level:</b>	High	<input checked="" type="radio"/> Normal			Low	
<b>7. Overall, how aesthetically pleasing do you find the site?</b>						
Circle <u>one</u> of the following:	<input checked="" type="radio"/> Very pleasing	<input type="radio"/> Somewhat pleasing	<input type="radio"/> Neither pleasing nor displeasing	<input type="radio"/> Somewhat displeasing	<input type="radio"/> Very displeasing	
Please describe. List any factors that make it pleasing or not pleasing.	PARK				Overall aesthetic impression of site	
<b>8a. Is the color or clarity of the water unattractive?</b>						
	<input checked="" type="radio"/> Yes		<input type="radio"/> No			
If yes, please describe:	Green					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>						
	<input checked="" type="radio"/> Yes		<input type="radio"/> No			
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance.</b>						
<b>For water surface, please circle all applicable attributes.</b>						
<b>A. Water Color:</b>	Colorless	Red	<input checked="" type="radio"/> Green	Brown		Other (please indicate)
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	Fairly cloudy	<input checked="" type="radio"/> Completely cloudy		
<b>C. Water Surface:</b> (Circle all that apply)	<input checked="" type="radio"/> Normal	<input type="radio"/> Oily sheen	<input type="radio"/> Foamy	<input type="radio"/> Floating aquatic plants		
	<input checked="" type="radio"/> Natural debris	<input checked="" type="radio"/> Neon green sheen	<input type="radio"/> Other (please indicate)			
<b>10a. Is there floating or submerged garbage present in the water?</b>						
	<input checked="" type="radio"/> Yes		<input type="radio"/> No			
If yes, circle visible item(s):	Building materials	Medical items	<input checked="" type="radio"/> Household waste	Sewage-related litter		
	Food-related litter	<input checked="" type="radio"/> Fishing-related litter		<input type="radio"/> Other (please indicate)		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>						
	<input type="radio"/> Yes		<input checked="" type="radio"/> No			
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>						
	<input checked="" type="radio"/> Yes		<input type="radio"/> No			
If yes, list what:	Feathers					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>						
	<input type="radio"/> Yes		<input checked="" type="radio"/> No			

Objectionable deposits in characteristics of the water

12a. Is there garbage along the shoreline?

Yes

No

If yes, circle type(s):

Building materials

Medical items

Household waste

Sewage-related litter

Food-related litter

Fishing-related litter

Other (please indicate) \_\_\_\_\_

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes

No

13a. Along the shoreline, are there problem animals or problems caused by animals?

Yes

No

If yes, list type(s):

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes

No

14a. Is there nuisance vegetation along the shoreline?

Yes

No

If yes, list type if known and amount:

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes

No

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

Yes

No

If yes, list type(s):

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes

No

16. Have you previously evaluated this station?

Yes

No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

17. END TIME:

10:40 AM

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

9-1-15

Check box if data sheet meets quality control requirements



Aesthetic impression score:

0

Assessment score:

1

Objectionable deposits on the shoreline

Additional feedback

QA/QC

vw

Entered

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	MATTHEW NELSON	<b>2. Station name:</b>	VOYAGEUR PARK	Form revision date: 02/17/15	
<b>3. Monitoring date:</b>	10/24/2015	<b>4. Start time (include AM/PM):</b>	12:00 pm		
<b>5. Water conditions:</b>	Calm	<input checked="" type="radio"/> Slight movement	Moderate flow or waves		Rough or fast flowing
<b>6. Water level:</b>	<input checked="" type="radio"/> High	Normal	Low		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle one of the following:	<input checked="" type="radio"/> Very pleasing	<input type="radio"/> Somewhat pleasing	<input type="radio"/> Neither pleasing nor displeasing	<input type="radio"/> Somewhat displeasing	<input type="radio"/> Very displeasing
Please describe. List any factors that make it pleasing or not pleasing.					Overall aesthetic impression of site
<b>8a. Is the color or clarity of the water unattractive?</b>					
	Yes		<input checked="" type="radio"/> No		
If yes, please describe:					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>					
	Yes		No		
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance.</b>					
<b>For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	Colorless	Red	Green	<input checked="" type="radio"/> Brown	Other (please indicate) _____
<b>B. Water Clarity:</b>	Completely clear	<input checked="" type="radio"/> Fairly clear	Fairly cloudy	Completely cloudy	
<b>C. Water Surface:</b>	Normal	Oily sheen	<input checked="" type="radio"/> Foamy	Floating aquatic plants	
(Circle all that apply)	<input checked="" type="radio"/> Natural debris	Neon green sheen	Other (please indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>					
	Yes		<input checked="" type="radio"/> No		
If yes, circle visible item(s):	Building materials	Medical items	Household waste	Sewage-related litter	
	Food-related litter	Fishing-related litter	Other (please indicate) _____		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
	Yes		No		
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
	Yes		<input checked="" type="radio"/> No		
If yes, list what:					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
	Yes		No		

Objectable deposits in characteristics of the water

12a. Is there garbage along the shoreline?

Yes

No

If yes, circle type(s):

Building materials

Medical items

Household waste

Sewage-related litter

Food-related litter

Fishing-related litter

Other (please indicate)

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes

No

13a. Along the shoreline, are there problem animals or problems caused by animals?

Yes

No

If yes, list type(s):

Goose feces

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes

No

14a. Is there nuisance vegetation along the shoreline?

Yes

No

If yes, list type if known and amount:

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes

No

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

Yes

No

If yes, list type(s):

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes

No

16. Have you previously evaluated this station?

Yes

No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

17. END TIME:

12:11 pm

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

11-5-15

Check box if data sheet meets quality control requirements



Aesthetic impression score:

0

Assessment score:

0

Objectionable deposits on the shoreline

Additional feedback

QA/QC



# Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

ms  
Entered

11

<b>1. Your name:</b>	Mark DeBaker	<b>2. Station name:</b>	Voyager Park
<b>3. Monitoring date:</b>	9/15/15	<b>4. Start time (include AM/PM):</b>	6:00 PM
<b>5. Water conditions:</b>	Calm <u>Slight movement</u> Moderate flow or waves Rough or fast flowing		
<b>6. Water level:</b>	High <u>Normal</u> Low		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>			
Circle <u>one</u> of the following: Very pleasing <u>Somewhat pleasing</u> Neither pleasing nor displeasing Somewhat displeasing Very displeasing			
Please describe. List any factors that make it pleasing or not pleasing. <i>Well maintained park + picnic -</i>			
<b>8a. Is the color or clarity of the water unattractive?</b>			
If yes, please describe: <u>Yes</u> No <i>Slight green slime + floating sticks, etc.</i>			
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>			
Yes <u>No</u>			
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>			
<b>A. Water Color:</b>	Colorless Red Green <u>Brown</u> Other (please indicate)		
<b>B. Water Clarity:</b>	Completely clear Fairly clear Fairly cloudy <u>Completely cloudy</u>		
<b>C. Water Surface:</b> (Circle all that apply)	Normal Oily sheen Foamy Floating aquatic plants Natural debris <u>Neon green sheen</u> Other (please indicate)		
<b>10a. Is there floating or submerged garbage present in the water?</b>			
If yes, circle visible item(s): <u>Yes</u> <u>No</u>			
Building materials Medical items Household waste Sewage-related litter Food-related litter Fishing-related litter Other (please indicate)			
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>			
Yes No			
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>			
If yes, list what: <u>Yes</u> No <i>woody refuse - sticks, etc.</i>			
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>			
Yes <u>No</u>			

Form revision date: 02/17/15

Overall aesthetic impression of site

Objectionable deposits in/characteristics of the water

12a. Is there garbage along the shoreline?

Yes

No

If yes, circle type(s):

Building materials

Medical items

Household waste

Sewage-related litter

Food-related litter

Fishing-related litter

Other (please indicate) \_\_\_\_\_

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes

No

13a. Along the shoreline, are there problem animals or problems caused by animals?

Yes

No

If yes, list type(s):

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes

No

14a. Is there nuisance vegetation along the shoreline?

Yes

No

If yes, list type if known and amount:

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes

No

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

Yes

No

If yes, list type(s):

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes

No

16. Have you previously evaluated this station?

Yes

No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

*Beautiful Park but water is not the best - probably due to heavy rains earlier this week*

17. END TIME:

*6:15 PM*

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

*10-10-15*

Check box if data sheet meets quality control requirements



Aesthetic impression score:

*1*

Assessment score:

*0*

Objectionable deposits on the shoreline

Additional feedback

QA/QC

Esther

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

1. Your name:	Kathy Thunes	2. Station name:	Voyager Park	Form revision: date: 02/17/15		
3. Monitoring date:	07/10/15	4. Start time (include AM/PM):	8:10 AM			
5. Water conditions:	Calm	Slight movement	Moderate flow or waves		Rough or fast flowing	
6. Water level:	High	Normal	Breezy		Low	
7. Overall, how aesthetically pleasing do you find the site?						
Circle <u>one</u> of the following:	Very pleasing	Somewhat pleasing	Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing	
Please describe. List any factors that make it pleasing or not pleasing.	Pleasing - safe, tranquil, shady, slight breeze, very Distracting - noise from mill, very slight smell				Overall aesthetic impression of site	
8a. Is the color or clarity of the water unattractive?						
	Yes		No			
If yes, please describe:	Broken color - little clarity					
8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?						
	Yes		No			
9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.						
A. Water Color:	Colorless	Red	Green	Brown		Other (please indicate)
B. Water Clarity:	Completely clear	Fairly clear	Fairly cloudy	Completely cloudy		
C. Water Surface: (Circle all that apply)	Normal	Oily sheen	Foamy	Floating aquatic plants		
	Natural debris	Neon green sheen	Other (please indicate)	bubbles		
10a. Is there floating or submerged garbage present in the water?						
	Yes		No			
If yes, circle visible item(s):	Building materials	Medical items	Household waste	Sewage-related litter		
	Food-related litter	Fishing-related litter	Other (please indicate)			
10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?						
	Yes		No			
11a. Are any other substances present in the water that are not specifically mentioned on this form?						
	Yes		No			
If yes, list what:						
11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?						
	Yes		No			

Objectionable deposits or characteristics of the water

12a. Is there garbage along the shoreline?

If yes, circle type(s):

<input checked="" type="radio"/> Yes		<input type="radio"/> No	
Building materials	Medical items	Household waste	Sewage-related litter
Food-related litter	Fishing-related litter	Other (please indicate) <u>Cigarette butts</u>	

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

13a. Along the shoreline, are there problem animals or problems caused by animals?

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
<u>Geese in park but not near shore</u>	

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

<input type="radio"/> Yes	<input checked="" type="radio"/> No
<u>Park seems well maintained - grass cut.</u>	

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

16. Have you previously evaluated this station?

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
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Comments: Please include anything else you thought should be reported while completing this survey.

I could see spending time here reading a book. Fishermen present. Geese poop on sidewalks.

17. END TIME:

8:22 am

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	<u>8/24/15</u> <u>Andrea Chua</u>	Check box if data sheet meets quality control requirements	<input checked="" type="checkbox"/>
Aesthetic Impression score:	<u>0</u>		
Assessment score:	<u>0</u>		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

over

Entered

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.

DNR cannot use incomplete data sheets in station data analysis.

VOYAGER PH

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	PAUL WEISS		<b>2. Station name:</b>	<del>FOOT OF THE LAKE</del>	
<b>3. Monitoring date:</b>	9/16/2015		<b>4. Start time (include AM/PM):</b>	6:40 AM	
<b>5. Water conditions:</b>	Calm	<u>Slight movement</u>	Moderate flow or waves	Rough or fast flowing	
<b>6. Water level:</b>	<u>High</u>	Normal	Low		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle <u>one</u> of the following:	<u>Very pleasing</u>	Somewhat pleasing	Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing
Please describe. List any factors that make it pleasing or not pleasing.					
<b>8a. Is the color or clarity of the water unattractive?</b>					
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
If yes, please describe:					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>					
Yes <input type="checkbox"/> No <input type="checkbox"/>					
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	Colorless	Red	Green	Brown	Other (please indicate) <u>GRAY</u>
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	<u>Fairly cloudy</u>	Completely cloudy	
<b>C. Water Surface:</b> (Circle all that apply)	<u>Normal</u>	Oily sheen	Foamy	Floating aquatic plants:	
	Natural debris	Neon green sheen	Other (please indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>					
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
If yes, circle visible item(s):	Building materials	Medical items	Household waste	Sewage-related litter	
	Food-related litter	Fishing-related litter	Other (please indicate) _____		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
Yes <input type="checkbox"/> No <input type="checkbox"/>					
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
If yes, list what:					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
Yes <input type="checkbox"/> No <input type="checkbox"/>					

Form revision date: 02/17/15

Overall aesthetic impression of site

Objectionable deposits/in/characteristics of the water

**12a. Is there garbage along the shoreline?**

If yes, circle type(s):

Yes		No	
Building materials	Medical items	Household waste	Sewage-related litter
Food-related litter	Fishing-related litter	Other (please indicate) _____	

**12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?**

Yes	No
-----	----

**13a. Along the shoreline, are there problem animals or problems caused by animals?**

If yes, list type(s):

Yes	No

**13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?**

Yes	No
-----	----

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known and amount:

Yes	No

**14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?**

Yes	No
-----	----

**15a. Are there any other shoreline substances that are not specifically mentioned on this form ?**

If yes, list type(s):

Yes	No

**15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?**

Yes	No
-----	----

**16. Have you previously evaluated this station?**

Yes	No
-----	----

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

--

Comments: Please include anything else you thought should be reported while completing this survey.

SEVERAL PEOPLE WALKING  
" " FISHING

**17. END TIME:**

6:50 P.M.

**For volunteer coordinator/DNR use only**

Date the data sheet was reviewed by contractor:	10-2-15	Check box if data sheet meets quality control requirements	<input checked="" type="checkbox"/>
Aesthetic impression score:	0		
Assessment score:	0		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

entered

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
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If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	Tom SCHORER	<b>2. Station name:</b>	VOYAGER PARK	Form revision date: 02/17/15		
<b>3. Monitoring date:</b>	9-2-15 dd/yy	<b>4. Start time (include AM/PM):</b>	11:30 am			
<b>5. Water conditions:</b>	<input checked="" type="radio"/> Calm	<input type="radio"/> Slight movement	<input type="radio"/> Moderate flow or waves		<input type="radio"/> Rough or fast flowing	
<b>6. Water level:</b>	<input checked="" type="radio"/> High	<input type="radio"/> Normal	<input type="radio"/> Low			
<b>7. Overall, how aesthetically pleasing do you find the site?</b>						
Circle <u>one</u> of the following:	<input checked="" type="radio"/> Very pleasing	<input type="radio"/> Somewhat pleasing	<input type="radio"/> Neither pleasing nor displeasing	<input type="radio"/> Somewhat displeasing	<input type="radio"/> Very displeasing	
Please describe. List any factors that make it pleasing or not pleasing.	CLEAN. NO GOOSE POOP.				Overall aesthetic impression of site	
<b>8a. Is the color or clarity of the water unattractive?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No					
If yes, please describe:						
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No					
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>						
<b>A. Water Color:</b>	<input type="radio"/> Colorless	<input type="radio"/> Red	<input checked="" type="radio"/> Green	<input type="radio"/> Brown		<input type="radio"/> Other (please indicate) _____
<b>B. Water Clarity:</b>	<input type="radio"/> Completely clear	<input type="radio"/> Fairly clear	<input checked="" type="radio"/> Fairly cloudy	<input type="radio"/> Completely cloudy		
<b>C. Water Surface:</b> (Circle all that apply)	<input type="radio"/> Normal	<input type="radio"/> Oily sheen	<input type="radio"/> Foamy	<input type="radio"/> Floating aquatic plants		<input type="radio"/> Other (please indicate) _____
<b>10a. Is there floating or submerged garbage present in the water?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No					
If yes, circle visible item(s):	<input type="checkbox"/> Building materials	<input type="checkbox"/> Medical items	<input type="checkbox"/> Household waste	<input type="checkbox"/> Sewage-related litter		<input type="checkbox"/> Other (please indicate) _____
	<input type="checkbox"/> Food-related litter	<input type="checkbox"/> Fishing-related litter				
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No					
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No					
If yes, list what:						
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No					

Objectable deposits in characteristics of the water

**12a. Is there garbage along the shoreline?**

If yes, circle type(s):

Yes		No <input checked="" type="checkbox"/>	
Building materials	Medical items	Household waste	Sewage-related litter
Food-related litter	Fishing-related litter	Other (please indicate) _____	

**12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?**

Yes	No <input checked="" type="checkbox"/>
-----	--

**13a. Along the shoreline, are there problem animals or problems caused by animals?**

If yes, list type(s):

Yes	No <input checked="" type="checkbox"/>
-----	--

**13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?**

Yes	No <input checked="" type="checkbox"/>
-----	--

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known and amount:

Yes	No <input checked="" type="checkbox"/>
-----	--

**14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?**

Yes	No <input checked="" type="checkbox"/>
-----	--

**15a. Are there any other shoreline substances that are not specifically mentioned on this form?**

If yes, list type(s):

Yes	No <input checked="" type="checkbox"/>
-----	--

**15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?**

Yes	No <input checked="" type="checkbox"/>
-----	--

**16. Have you previously evaluated this station?**

Yes	No
-----	----

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

*This is the BEST and cleanest Park.*

**17. END TIME:**

*11:50 a.m.*

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	<i>9-10-15</i>	Check box if data sheet meets quality control requirements	<input checked="" type="checkbox"/>
Aesthetic impression score:	<i>0</i>		
Assessment score:	<i>0</i>		

Objectionable deposits on the shoreline

Additional feedback

QA/QC



new

Entered

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.

DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	Jeanie Keating		<b>2. Station name:</b>	Voyager Park	
<b>3. Monitoring date:</b>	10/24/15		<b>4. Start time (include AM/PM):</b>	11:59 am	
<b>5. Water conditions:</b>	Calm	<u>Slight movement</u>	Moderate flow or waves	Rough or fast flowing	
<b>6. Water level:</b>	<u>High</u>	Normal	Low		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle <u>one</u> of the following:	<u>Very pleasing</u>	Somewhat pleasing	Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing
Please describe. List any factors that make it pleasing or not pleasing.	Lots of hills & trees, lots of places to explore varied landscapes				
<b>8a. Is the color or clarity of the water unattractive?</b>					
If yes, please describe:	Yes		<u>No</u>		
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>					
	Yes		<u>No</u>		
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	Colorless	Red	Green	<u>Brown</u>	Other (please indicate) _____
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	<u>Fairly cloudy</u>	Completely cloudy	
<b>C. Water Surface:</b> (Circle all that apply)	Normal	Oily sheen	<u>Foamy</u>	Floating aquatic plants	
	<u>Natural debris</u>	Neon green sheen	Other (please indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>					
If yes, circle visible item(s):	<u>Yes</u>		No		
	Building materials	Medical items	Household waste	Sewage-related litter	
	<u>Food-related litter</u>	<u>Fishing-related litter</u>	Other (please indicate) _____		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
	Yes		<u>No</u>		
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
If yes, list what:	Yes		<u>No</u>		
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
	Yes		<u>No</u>		

Form revision date: 02/17/15

Overall aesthetic impression of site

Objectionable deposits in/characteristics of the water

12a. Is there garbage along the shoreline?

Yes

No

If yes, circle type(s):

Building materials

Medical items

Household waste

Sewage-related litter

Food-related litter

Fishing-related litter

Other (please indicate) \_\_\_\_\_

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes

No

13a. Along the shoreline, are there problem animals or problems caused by animals?

Yes

No

If yes, list type(s):

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes

No

14a. Is there nuisance vegetation along the shoreline?

Yes

No

If yes, list type if known and amount:

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes

No

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

Yes

No

If yes, list type(s):

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes

No

16. Have you previously evaluated this station?

Yes

No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

17. END TIME:

12:11 PM

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

11-5-15

Check box if data sheet meets quality control requirements



Aesthetic impression score:

0

Assessment score:

0

Objectionable deposits on the shoreline

Additional feedback

QA/QC

Entered

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	Carol Gezella	<b>2. Station name:</b>	Voyager Park	Form revision date: 02/17/15	
<b>3. Monitoring date:</b>	08/24/15	<b>4. Start time (include AM/PM):</b>	12:48 P.M.		
<b>5. Water conditions:</b>	Calm	Slight movement	Moderate flow or waves		Rough or fast flowing
<b>6. Water level:</b>	High	Normal	Low		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle <u>one</u> of the following:	Very pleasing	Somewhat pleasing	Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing
Please describe. List any factors that make it pleasing or not pleasing.	This is a very well kept up site. Families can enjoy!				Overall aesthetic impression of site
<b>8a. Is the color or clarity of the water unattractive?</b>	Yes No				
If yes, please describe:	brown/green, cloudy + extremely foamy				
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>	Yes No				
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	Colorless	Red	Green	Brown	Other (please indicate) _____
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	Fairly cloudy	Completely cloudy	
<b>C. Water Surface:</b> (Circle all that apply)	Normal	Oily sheen	Foamy	Floating aquatic plants	
	Natural debris	Neon green sheen	Other (please indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>					
	Yes No				
If yes, circle visible item(s):	Building materials	Medical items	Household waste	Sewage-related litter	
	Food-related litter	Fishing-related litter	Other (please indicate) _____		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>	Yes No				
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
	Yes No				
If yes, list what:					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>	Yes No				

Objectable deposits in/characteristics of the water

**12a. Is there garbage along the shoreline?**

Yes

No

If yes, circle type(s):

Building materials      Medical items      Household waste      Sewage-related litter  
 Food-related litter      Fishing-related litter      Other (please indicate) \_\_\_\_\_

**12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?**

Yes

No

**13a. Along the shoreline, are there problem animals or problems caused by animals?**

Yes

No

If yes, list type(s):

**13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?**

Yes

No

**14a. Is there nuisance vegetation along the shoreline?**

Yes

No

If yes, list type if known and amount:

**14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?**

Yes

No

**15a. Are there any other shoreline substances that are not specifically mentioned on this form ?**

Yes

No

If yes, list type(s):

**15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?**

Yes

No

**16. Have you previously evaluated this station?**

Yes

No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

very windy day may be the cause of water being so foamy.  
 Slight odor.

Comments: Please include anything else you thought should be reported while completing this survey.

algae attached to docks

**17. END TIME:**

12:57 PM

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

8-28-15

Check box if data sheet meets quality control requirements

Aesthetic Impression score:

0

Assessment score:

0

Objectionable deposits on the shoreline

Additional feedback

QA/QC

9115  
EMA

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	Carol Gezella	<b>2. Station name:</b>	Voyager Park	Form revision date: 02/17/15	
<b>3. Monitoring date:</b>	10/12/15	<b>4. Start time (include AM/PM):</b>	12:45 PM		
<b>5. Water conditions:</b>	Calm	Slight movement	Moderate flow or waves		<u>Rough or fast flowing</u>
<b>6. Water level:</b>	High	Normal	Low		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>	Circle <u>one</u> of the following: <u>Very pleasing</u> Somewhat pleasing Neither pleasing nor displeasing Somewhat displeasing Very displeasing			Overall aesthetic impression of site	
Please describe. List any factors that make it pleasing or not pleasing.	very spacious grounds				
<b>8a. Is the color or clarity of the water unattractive?</b>	Yes No			Objectionable deposits in/characteristics of the water	
If yes, please describe:	brown/green completely cloudy				
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>	Yes No				
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	Colorless	Red	<u>Green</u>	<u>Brown</u>	Other (please indicate)
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	Fairly cloudy	<u>Completely cloudy</u>	
<b>C. Water Surface:</b> (Circle all that apply)	Normal	<u>Oily sheen</u>	Foamy	Floating aquatic plants	
	Natural debris	<u>Neon green sheen</u>	Other (please indicate)		
<b>10a. Is there floating or submerged garbage present in the water?</b>	Yes No				
If yes, circle visible item(s):	Building materials	Medical items	Household waste		Sewage-related litter
	Food-related litter	Fishing-related litter	Other (please indicate)		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>	Yes No				
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>	Yes No				
If yes, list what:					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>	Yes No				

**12a. Is there garbage along the shoreline?**

If yes, circle type(s):

<input checked="" type="radio"/> Yes		<input type="radio"/> No	
Building materials	Medical items	Household waste	Sewage-related litter
<input checked="" type="radio"/> Food-related litter	<input checked="" type="radio"/> animal	Fishing-related litter	Other (please indicate)

**12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**13a. Along the shoreline, are there problem animals or problems caused by animals?**

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known and amount:

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

**15a. Are there any other shoreline substances that are not specifically mentioned on this form?**

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

**16. Have you previously evaluated this station?**

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

docks are out for winter  
no odor

Comments: Please include anything else you thought should be reported while completing this survey.

algae docks + rocks

**17. END TIME:**

12:53 p.m.

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	10-16-15	Check box if data sheet meets quality control requirements	<input checked="" type="checkbox"/>
Aesthetic Impression score:	0		
Assessment score:	0		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

*WCS*  
*ent*

<b>1. Your name:</b>	VATICIA FISHER-STONE	<b>2. Station name:</b>	VOYAGER PARK
<b>3. Monitoring date:</b>	11/4/15 mm/dd/yy	<b>4. Start time (include AM/PM):</b>	9 <sup>AM</sup>
<b>5. Water conditions:</b>	<input type="checkbox"/> Calm <input type="checkbox"/> Slight movement <input type="checkbox"/> Moderate flow or waves <input checked="" type="checkbox"/> Rough or fast flowing		
<b>6. Water level:</b>	<input type="checkbox"/> High <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Low		

Form revision date: 02/17/15

**7. Overall, how aesthetically pleasing do you find the site?**

Circle one of the following:    Very pleasing    Somewhat pleasing     Neither pleasing nor displeasing    Somewhat displeasing    Very displeasing

Please describe. List any factors that make it pleasing or not pleasing.  
*BLOWNISH COLOR*  
*(HAD STORM LAST EVENING)*

Overall/aesthetic impression of site

**8a. Is the color or clarity of the water unattractive?**

Yes     No

If yes, please describe:

**8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?**

Yes     No

**9. For water color and clarity, please circle the answer choice that best describes the present appearance.**

For water surface, please circle all applicable attributes.

<b>A. Water Color:</b>	Colorless	Red	Green	<input checked="" type="checkbox"/> Brown	Other (please indicate) _____
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	Fairly cloudy	<input checked="" type="checkbox"/> Completely cloudy	
<b>C. Water Surface:</b> (Circle all that apply)	Normal	Oily sheen	<input checked="" type="checkbox"/> Foamy!!!	Floating aquatic plants	
	Natural debris	Neon green sheen	Other (please indicate) _____		

Objectionable deposits in/characteristics of the water

**10a. Is there floating or submerged garbage present in the water?**

Yes     No

If yes, circle visible item(s):

Building materials	Medical items	Household waste	Sewage-related litter
Food-related litter	Fishing-related litter	Other (please indicate) _____	

**10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?**

Yes     No

**11a. Are any other substances present in the water that are not specifically mentioned on this form?**

Yes     No

If yes, list what:

**11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?**

Yes     No

12a. Is there garbage along the shoreline?

Yes

No

If yes, circle type(s):

Building materials

Medical Items

Household waste

Sewage-related litter

Food-related litter

Fishing-related litter

Other (please indicate)

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes

No

13a. Along the shoreline, are there problem animals or problems caused by animals?

Yes

No

If yes, list type(s):

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes

No

14a. Is there nuisance vegetation along the shoreline?

Yes

No

If yes, list type if known and amount:

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes

No

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

Yes

No

If yes, list type(s):

FEW FLOATING LEAVES -  
NO CIGARETTE BUTTS NOTED!

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes

No

16. Have you previously evaluated this station?

Yes

No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

ONE MAN FISHING -  
NO ONE ELSE IN PARK -  
NOTHING (BOYSIE TC) IN WATER  
NO wildlife - ducks - geese - etc noted

Comments: Please include anything else you thought should be reported while completing this survey.

17. END TIME:

9:25 AM

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	<u>11-2-15</u>	Check box if data sheet meets quality control requirements	<input checked="" type="checkbox"/>
Aesthetic impression score:	<u>2</u>		
Assessment score:	<u>1</u>		

Objectionable deposits on the shoreline

Additional feedback

QA/QC



Entered

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b> Kathy Thunes		<b>2. Station name:</b> Wietar Wharf		Form revision date: 02/17/15	
<b>3. Monitoring date:</b> 08/22/2015		<b>4. Start time (include AM/PM):</b> 1:55pm			
<b>5. Water conditions:</b> <input checked="" type="radio"/> Calm <input type="radio"/> Slight movement <input type="radio"/> Moderate flow or waves <input type="radio"/> Rough or fast flowing					
<b>6. Water level:</b> <input type="radio"/> High <input checked="" type="radio"/> Normal <input type="radio"/> Low					
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle <u>one</u> of the following:    Very pleasing <input checked="" type="radio"/> Somewhat pleasing    Neither pleasing nor displeasing    Somewhat displeasing    Very displeasing					
Please describe. List any factors that make it pleasing or not pleasing.		Enjoyed walk along shaded boardwalk, traffic noise, boardwalk could use some maintenance - broken board (under knee)			Overall aesthetic impression of site  Objectionable deposits in/characteristics of the water  along boardwalk access points in water
<b>8a. Is the color or clarity of the water unattractive?</b>					
Yes <input checked="" type="radio"/> No					
If yes, please describe:					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>					
Yes <input checked="" type="radio"/> No					
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>		Colorless    Red    Green <input checked="" type="radio"/> Brown    Other (please indicate)			
<b>B. Water Clarity:</b>		Completely clear <input checked="" type="radio"/> Fairly clear <input checked="" type="radio"/> Fairly cloudy    Completely cloudy			
<b>C. Water Surface:</b> (Circle all that apply)		Normal    Oily sheen    Foamy <input checked="" type="radio"/> Floating aquatic plants Natural debris    Neon green sheen    Other (please indicate)			
<b>10a. Is there floating or submerged garbage present in the water?</b>					
Yes <input checked="" type="radio"/> No					
If yes, circle visible item(s):		Building materials    Medical items    Household waste    Sewage-related litter Food-related litter    Fishing-related litter    Other (please indicate) <input checked="" type="radio"/> did see some garbage			
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
Yes <input checked="" type="radio"/> No					
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
Yes <input checked="" type="radio"/> No					
If yes, list what:					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
Yes <input checked="" type="radio"/> No					

<b>12a. Is there garbage along the shoreline?</b>			
If yes, circle type(s):	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
	Building materials	Medical Items <i>very little</i>	Household waste Sewage-related litter
	Food-related litter	Fishing-related litter	Other (please indicate) _____
<b>12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?</b>			
	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
<b>13a. Along the shoreline, are there problem animals or problems caused by animals?</b>			
If yes, list type(s):	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
<b>13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?</b>			
	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
<b>14a. Is there nuisance vegetation along the shoreline?</b>			
If yes, list type if known and amount:	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
	Algae, lily pads, grasses. Weeds in water - was worse for fishing, man we saw.		
<b>14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?</b>			
	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
<b>15a. Are there any other shoreline substances that are not specifically mentioned on this form?</b>			
If yes, list type(s):	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
<b>15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?</b>			
	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
<b>16. Have you previously evaluated this station?</b>			
	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?			
Comments: Please include anything else you thought should be reported while completing this survey.	Essentially handicapp @ accessible, though were a few spots someone may have cliff difficulty. Fisherman enjoying location. No facilities - bathroom. Long walk along boardwalk - though could fish from area closer.		
<b>17. END TIME:</b>	2:15pm		
<b>For volunteer coordinator/DNR use only</b>			
Date the data sheet was reviewed by contractor:	Andrea Oliver	Check box if data sheet meets quality control requirements	<input checked="" type="checkbox"/>
Aesthetic Impression score:	82415		
Assessment score:			0

Objectionable deposits on the shoreline

Additional feedback

QA/QC

entered

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	PAUL WEISS	<b>2. Station name:</b>	WIETOR WHARF	Form revision date: 02/17/15	
<b>3. Monitoring date:</b>	8/8/15 m/d/d/yy	<b>4. Start time (include AM/PM):</b>	9:30 AM		
<b>5. Water conditions:</b>	Calm	<input checked="" type="radio"/> Slight movement	Moderate flow or waves		Rough or fast flowing
<b>6. Water level:</b>	<input checked="" type="radio"/> High	Normal	Low		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle <u>one</u> of the following:	<input checked="" type="radio"/> Very pleasing	<input type="radio"/> Somewhat pleasing	<input type="radio"/> Neither pleasing nor displeasing	<input type="radio"/> Somewhat displeasing	<input type="radio"/> Very displeasing
Please describe. List any factors that make it pleasing or not pleasing.	SOME GREEN "PARTICLES" ON SURFACE				Overall aesthetic impression of site
<b>8a. Is the color or clarity of the water unattractive?</b>	Yes		<input checked="" type="radio"/> No		
If yes, please describe:					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>	Yes		No		
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	Colorless	Red	<input checked="" type="radio"/> Green	Brown	Other (please indicate) _____
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	<input checked="" type="radio"/> Fairly cloudy	Completely cloudy	
<b>C. Water Surface:</b> (Circle all that apply)	<input checked="" type="radio"/> Normal	Oily sheen	Foamy	Floating aquatic plants:	
	<input checked="" type="radio"/> Natural debris	Neon green sheen	Other (please indicate)	GREEN PARTICLES	
<b>10a. Is there floating or submerged garbage present in the water?</b>					
	Yes		<input checked="" type="radio"/> No		
If yes, circle visible item(s):	Building materials	Medical items	Household waste	Sewage-related litter	
	Food-related litter	Fishing-related litter	Other (please indicate)		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>	Yes		No		
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
	Yes		<input checked="" type="radio"/> No		
If yes, list what:					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>	Yes		No		

Objectionable deposits in/characteristics of the water

12a. Is there garbage along the shoreline?

Yes

No

If yes, circle type(s):

Building materials

Medical items

Household waste

Sewage-related litter

Food-related litter

Fishing-related litter

Other (please indicate) \_\_\_\_\_

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes

No

13a. Along the shoreline, are there problem animals or problems caused by animals?

Yes

No

If yes, list type(s):

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes

No

14a. Is there nuisance vegetation along the shoreline?

Yes

No

If yes, list type if known and amount:

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes

No

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

Yes

No

If yes, list type(s):

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes

No

16. Have you previously evaluated this station?

Yes

No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

17. END TIME:

9:45 AM

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

9/3/15

Check box if data sheet meets quality control requirements



Aesthetic impression score:

0

Assessment score:

0

Objectionable deposits on the shoreline

Additional feedback

QA/QC

1

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# Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

1. Your name: SCHUBERT, Tom 2. Station name: WIETOR WHARF

3. Monitoring date: 9-1 mth d/vv 4. Start time (include AM/PM): 3:00 AM

5. Water conditions: Calm Slight movement Moderate flow or waves Rough or fast flowing

6. Water level: High Normal Low

7. Overall, how aesthetically pleasing do you find the site?

Circle one of the following: Very pleasing Somewhat pleasing Neither pleasing nor displeasing Somewhat displeasing Very displeasing

Please describe. List any factors that make it pleasing or not pleasing.  
Relatively clean. Growth out back along Boardwalk, water running (Duck Creek) out to Bay.

8a. Is the color or clarity of the water unattractive?

Yes No

If yes, please describe:

8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?

Yes No

9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.

A. Water Color: Colorless Red Green Brown Other (please indicate)

B. Water Clarity: Completely clear Fairly clear Fairly cloudy Completely cloudy

C. Water Surface: Normal Oily sheen Foamy Floating aquatic plants  
(Circle all that apply) Natural debris Neon green sheen Other (please indicate)

10a. Is there floating or submerged garbage present in the water?

Yes No

If yes, circle visible item(s):

Building materials Medical items Household waste Sewage-related litter  
Food-related litter Fishing-related litter Other (please indicate)

10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?

Yes No

11a. Are any other substances present in the water that are not specifically mentioned on this form?

Yes No

If yes, list what:

11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?

Yes No

Form revision date: 02/17/15

Overall aesthetic impression of site

Objectionable deposits/in characteristics of the water

12a. Is there garbage along the shoreline?

Yes

No

If yes, circle type(s):

Building materials

Medical items

Household waste

Sewage-related litter

Food-related litter

Fishing-related litter

Other (please indicate) \_\_\_\_\_

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes

No

13a. Along the shoreline, are there problem animals or problems caused by animals?

Yes

No

If yes, list type(s):

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes

No

14a. Is there nuisance vegetation along the shoreline?

Yes

No

If yes, list type if known and amount:

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes

No

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

Yes

No

If yes, list type(s):

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes

No

16. Have you previously evaluated this station?

Yes

No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

Very pleasant place. 2 kayakers on Dutch Creek. 2 Fisherman at end of wharf

17. END TIME:

3:00 2:45

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

9-10-15

Check box if data sheet meets quality control requirements



Aesthetic impression score:

0

Assessment score:

0

Objectionable deposits on the shoreline

Additional feedback

QA/QC

new entered

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

# 1

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>		<i>Mark DeBaker</i>		<b>2. Station name:</b>		<i>Wester Wave</i>		Form/revision date: 02/17/15			
<b>3. Monitoring date:</b>		<i>9<sup>am</sup> 6/3/2015</i>		<b>4. Start time (include AM/PM):</b>		<i>6:10 PM</i>					
<b>5. Water conditions:</b>		<input checked="" type="radio"/> Calm		<input type="radio"/> Slight movement		<input type="radio"/> Moderate flow or waves			<input type="radio"/> Rough or fast flowing		
<b>6. Water level:</b>		<input checked="" type="radio"/> High		<input type="radio"/> Normal		<input type="radio"/> Low			Overall aesthetic impression of site		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>											
Circle <u>one</u> of the following: <input type="radio"/> Very pleasing <input type="radio"/> Somewhat pleasing <input type="radio"/> Neither pleasing nor displeasing <input checked="" type="radio"/> Somewhat displeasing <input type="radio"/> Very displeasing											
Please describe. List any factors that make it pleasing or not pleasing. <i>Scum on water</i>											
<b>8a. Is the color or clarity of the water unattractive?</b>											
<input checked="" type="radio"/> Yes <input type="radio"/> No											
If yes, please describe: <i>Green Scum</i>											
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>											
<input type="radio"/> Yes <input checked="" type="radio"/> No											
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>											
<b>A. Water Color:</b>		<input type="radio"/> Colorless		<input type="radio"/> Red		<input type="radio"/> Green		<input checked="" type="radio"/> Brown		<input type="radio"/> Other (please indicate)	
<b>B. Water Clarity:</b>		<input type="radio"/> Completely clear		<input type="radio"/> Fairly clear		<input type="radio"/> Fairly cloudy		<input checked="" type="radio"/> Completely cloudy			
<b>C. Water Surface:</b> (Circle all that apply)		<input type="radio"/> Normal		<input type="radio"/> Oily sheen		<input type="radio"/> Foamy		<input checked="" type="radio"/> Floating aquatic plants			
		<input type="radio"/> Natural debris		<input type="radio"/> Neon green sheen		<input type="radio"/> Other (please indicate)					
<b>10a. Is there floating or submerged garbage present in the water?</b>											
<input checked="" type="radio"/> Yes <input type="radio"/> No											
If yes, circle visible item(s):											
		<input type="radio"/> Building materials		<input type="radio"/> Medical items		<input type="radio"/> Household waste		<input type="radio"/> Sewage-related litter			
		<input checked="" type="radio"/> Food-related litter		<input type="radio"/> Fishing-related litter		<input type="radio"/> Other (please indicate)					
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>											
<input type="radio"/> Yes <input checked="" type="radio"/> No											
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>											
<input type="radio"/> Yes <input checked="" type="radio"/> No											
If yes, list what:											
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>											
<input type="radio"/> Yes <input type="radio"/> No											

Objectable deposits in/characteristics of the water

12a. Is there garbage along the shoreline?

Yes  No

If yes, circle type(s):

Building materials	Medical items	Household waste	Sewage-related litter
<u>Food-related litter</u>	Fishing-related litter	Other (please indicate) _____	

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes   No

13a. Along the shoreline, are there problem animals or problems caused by animals?

Yes   No

If yes, list type(s):

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes   No

14a. Is there nuisance vegetation along the shoreline?

Yes  No

If yes, list type if known and amount:

*Phragmites / brush*

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes   No

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

Yes   No

If yes, list type(s):

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes   No

16. Have you previously evaluated this station?

Yes  No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

*Area is not as well kept as earlier years and green scum is heaviest I have seen.*

Comments: Please include anything else you thought should be reported while completing this survey.

17. END TIME:

*6:20 PM*

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	<i>10-16-15</i>	Check box if data sheet meets quality control requirements	<input type="checkbox"/>
Aesthetic impression score:	<i>3</i>		
Assessment score:	<i>0</i>		

Objectionable deposits on the shoreline

Additional feedback

QA/QC



110  
entered

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	jeanie keating		<b>2. Station name:</b>	west LAZARP	
<b>3. Monitoring date:</b>	10/24/15		<b>4. Start time (include AM/PM):</b>	11:25am	
<b>5. Water conditions:</b>	Calm	Slight movement	<u>Moderate flow or waves</u>		Rough or fast flowing
<b>6. Water level:</b>	<u>High</u>	Normal		Low	
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle <u>one</u> of the following:	Very pleasing	Somewhat pleasing	<u>Neither pleasing nor displeasing</u>		Somewhat displeasing Very displeasing
Please describe. List any factors that make it pleasing or not pleasing.	there is a lot of noise from the nearby hwy there was at one time some blacktop that is now in crumbled chunks near the entrance of the water				
<b>8a. Is the color or clarity of the water unattractive?</b>					
If yes, please describe:	Yes		<u>No</u>		
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>					
	Yes		<u>No</u>		
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	Colorless	Red	Green	<u>Brown ish</u> Other (please indicate)	
<b>B. Water Clarity:</b>	Completely clear	<u>Fairly clear</u>	Fairly cloudy	Completely cloudy	
<b>C. Water Surface:</b> (Circle all that apply)	<u>Normal</u>	Oily sheen	<u>Foamy</u>	Floating aquatic plants	
	Natural debris	Neon green sheen	Other (please indicate)		
<b>10a. Is there floating or submerged garbage present in the water?</b>					
If yes, circle visible item(s):	Yes		No		
	Building materials	Medical items	<u>Household waste</u>	Sewage-related litter	
	Food-related litter	Fishing-related litter	Other (please indicate)		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
	Yes		<u>No</u>		
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
If yes, list what:	Yes		No		
	<u>white foam</u>				
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
	Yes		<u>No</u>		

Form revision date: 02/07/15  
Overall aesthetic impression of site  
Objectionable deposits/in/characteristics of the water

12a. Is there garbage along the shoreline?

If yes, circle type(s):

<input type="radio"/> Yes	<input type="radio"/> No
<input type="checkbox"/> Building materials <input type="checkbox"/> Medical items <input type="checkbox"/> Household waste <input type="checkbox"/> Sewage-related litter <input type="checkbox"/> Food-related litter <input type="checkbox"/> Fishing-related litter Other (please indicate) <u>clothing</u>	

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

13a. Along the shoreline, are there problem animals or problems caused by animals?

If yes, list type(s):

<input type="radio"/> Yes	<input type="radio"/> No

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

<input type="radio"/> Yes	<input type="radio"/> No

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

If yes, list type(s):

<input type="radio"/> Yes	<input type="radio"/> No

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

16. Have you previously evaluated this station?

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

<input type="radio"/> Yes	<input type="radio"/> No

Comments: Please include anything else you thought should be reported while completing this survey.

the smell of sewage

17. END TIME:

11:34am

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	11-5-15	Check box if data sheet meets quality control requirements	<input checked="" type="checkbox"/>
Aesthetic impression score:	2		
Assessment score:	0		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

MW  
Unexcel

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	Kristine Klaser	<b>2. Station name:</b>	West Lazaarre / Kayak Launch	Form revision date: 02/17/15	
<b>3. Monitoring date:</b>	10 <sup>th</sup> / 18 / 2015	<b>4. Start time (include AM/PM):</b>	2:00pm		
<b>5. Water conditions:</b>	Calm <u>Slight movement</u> Moderate flow or waves Rough or fast flowing				
<b>6. Water level:</b>	High <u>Normal</u> Low				
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					Overall aesthetic impression of site
Circle <u>one</u> of the following:	Very pleasing	Somewhat pleasing	Neither pleasing nor displeasing	<u>Somewhat displeasing</u>	
Please describe. List any factors that make it pleasing or not pleasing.	Garbage, debris,				
<b>8a. Is the color or clarity of the water unattractive?</b>					Objectionable deposits in/characteristics of the water
If yes, please describe:	Yes <u>No</u>				
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>					
	Yes <u>No</u>				
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance.</b>					
<b>For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	Colorless	Red	Green	<u>Brown</u>	Other (please indicate)
<b>B. Water Clarity:</b>	<u>Completely clear</u>	Fairly clear	<u>Fairly cloudy</u>	Completely cloudy	
<b>C. Water Surface:</b> (Circle all that apply)	<u>Normal</u>	Oily sheen	Foamy	<u>Floating aquatic plants</u>	
	<u>Natural debris</u>	Neon green sheen		Other (please indicate)	
<b>10a. Is there floating or submerged garbage present in the water?</b>					
If yes, circle visible item(s):	Yes <u>No</u>				
	Building materials	Medical items	Household waste	Sewage-related litter	
	Food-related litter	Fishing-related litter		Other (please indicate)	
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
	Yes <u>No</u>				
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
If yes, list what:	Yes <u>No</u>				
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
	Yes <u>No</u>				

12a. Is there garbage along the shoreline?

If yes, circle type(s):

<input type="radio"/> Yes	<input type="radio"/> No
Building materials	Medical items Household waste Sewage-related litter
Food-related litter	Fishing-related litter Other (please indicate)

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

13a. Along the shoreline, are there problem animals or problems caused by animals?

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

<input checked="" type="radio"/> Yes	<input type="radio"/> No
Phragmites	

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Yet
---------------------------	-------------------------------------	-------------------------------

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

If yes, list type(s):

<input checked="" type="radio"/> Yes	<input type="radio"/> No
Broken Up Blacktop	

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

16. Have you previously evaluated this station?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

17. END TIME:

2:15 PM

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	11-5-15	Check box if data sheet meets quality control requirements	<input checked="" type="checkbox"/>
Aesthetic impression score:	3		
Assessment score:	0		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

405  
Entered

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

1. Your name:	Mark DeBaker		2. Station name:	10 Lazavre AV	
3. Monitoring date:	9m/09/15		4. Start time (include AM/PM):	5:30	
5. Water conditions:	Calm	<u>Slight movement</u>	Moderate flow or waves	Rough or fast flowing	
6. Water level:	High	<u>Normal</u>	Low		
7. Overall, how aesthetically pleasing do you find the site?					
Circle <u>one</u> of the following:					
Very pleasing <u>Somewhat pleasing</u> Neither pleasing nor displeasing      Somewhat displeasing      Very displeasing					
Please describe. List any factors that make it pleasing or not pleasing.					
Small opening to Fox					
8a. Is the color or clarity of the water unattractive?					
If yes, please describe:					
<u>Yes</u> No					
Brown & cloudy					
8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?					
Yes <u>No</u>					
9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.					
A. Water Color:	Colorless	Red	Green	<u>Brown</u>	Other (please indicate) _____
B. Water Clarity:	Completely clear	Fairly clear	Fairly cloudy	<u>Completely cloudy</u>	
C. Water Surface: (Circle all that apply)	<u>Normal</u>	Oily sheen	Foamy	Floating aquatic plants	
	Natural debris	Neon green sheen	Other (please indicate) _____		
10a. Is there floating or submerged garbage present in the water?					
If yes, circle visible item(s):					
<u>Yes</u> <u>No</u>					
Building materials      Medical items      Household waste      Sewage-related litter					
Food-related litter      Fishing-related litter      Other (please indicate) _____					
10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?					
Yes      No					
11a. Are any other substances present in the water that are not specifically mentioned on this form?					
If yes, list what:					
<u>Yes</u> <u>No</u>					
11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?					
Yes      No					

Form revision  
date: 02/17/15

Overall aesthetic  
impression of site

Objectionable deposits in/ characteristics of the water

12a. Is there garbage along the shoreline?

If yes, circle type(s):

<input checked="" type="radio"/> Yes	<input type="radio"/> No
Building materials	Medical Items Household waste Sewage-related litter
<input checked="" type="radio"/> Food-related litter	<input checked="" type="radio"/> Fishing-related litter
Other (please indicate) _____	

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

13a. Along the shoreline, are there problem animals or problems caused by animals?

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

<input checked="" type="radio"/> Yes	<input type="radio"/> No
<i>Phragmites on either side of opening</i>	

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

16. Have you previously evaluated this station?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

*New Huge Home next to site seemed to be taking over area/Muddy Mess*

17. END TIME:

*5:40 NO EROSION CONTROL*

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	<i>10-16-15</i>	Check box if data sheet meets quality control requirements	<input checked="" type="checkbox"/>
Aesthetic impression score:	<i>1</i>		
Assessment score:	<i>0</i>		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

entered

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>		<i>Kathryn Thunes</i>		<b>2. Station name:</b>		<i>W. Lorraine Kayak Launch</i>	
<b>3. Monitoring date:</b>		<i>8/10/18</i>		<b>4. Start time (include AM/PM):</b>		<i>8:25 PM</i>	
<b>5. Water conditions:</b>		<input type="checkbox"/> Calm	<input type="checkbox"/> Slight movement	<input checked="" type="checkbox"/> Moderate flow or waves	<input type="checkbox"/> Rough or fast flowing		
<b>6. Water level:</b>		<input type="checkbox"/> High		<input checked="" type="checkbox"/> Normal		<input type="checkbox"/> Low	
<b>7. Overall, how aesthetically pleasing do you find the site?</b>							
Circle <u>one</u> of the following:		<input type="checkbox"/> Very pleasing	<input type="checkbox"/> Somewhat pleasing	<input type="checkbox"/> Neither pleasing nor displeasing	<input checked="" type="checkbox"/> Somewhat displeasing	<input type="checkbox"/> Very displeasing	
Please describe. List any factors that make it pleasing or not pleasing.		<i>Garbage, broken black top pieces, smelly, foamy</i>					
<b>8a. Is the color or clarity of the water unattractive?</b>							
		<input checked="" type="checkbox"/> Yes			<input type="checkbox"/> No		
If yes, please describe:		<i>brown, cloudy</i>					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>							
		<input type="checkbox"/> Yes			<input checked="" type="checkbox"/> No		
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>							
<b>A. Water Color:</b>		<input type="checkbox"/> Colorless	<input type="checkbox"/> Red	<input type="checkbox"/> Green	<input checked="" type="checkbox"/> Brown	<input type="checkbox"/> Other (please indicate) _____	
<b>B. Water Clarity:</b>		<input type="checkbox"/> Completely clear	<input type="checkbox"/> Fairly clear	<input checked="" type="checkbox"/> Fairly cloudy	<input type="checkbox"/> Completely cloudy		
<b>C. Water Surface:</b>		<input type="checkbox"/> Normal	<input type="checkbox"/> Oily sheen	<input checked="" type="checkbox"/> Foamy	<input type="checkbox"/> Floating aquatic plants		
(Circle all that apply)		<input type="checkbox"/> Natural debris	<input type="checkbox"/> Neon green sheen	<input type="checkbox"/> Other (please indicate) _____			
<b>10a. Is there floating or submerged garbage present in the water?</b>							
		<input type="checkbox"/> Yes			<input checked="" type="checkbox"/> No		
If yes, circle visible item(s):		<input type="checkbox"/> Building materials	<input type="checkbox"/> Medical items	<input type="checkbox"/> Household waste	<input type="checkbox"/> Sewage-related litter		
		<input type="checkbox"/> Food-related litter	<input type="checkbox"/> Fishing-related litter		<input type="checkbox"/> Other (please indicate) _____		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>							
		<input type="checkbox"/> Yes			<input checked="" type="checkbox"/> No		
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>							
		<input checked="" type="checkbox"/> Yes			<input type="checkbox"/> No		
If yes, list what:		<i>stick</i>					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>							
		<input type="checkbox"/> Yes			<input checked="" type="checkbox"/> No		

Form revision: State 02/17/15  
Overall aesthetic impression of site  
Objectionable deposits/characteristics of the water

12a. Is there garbage along the shoreline?

If yes, circle type(s):

Yes		No <input checked="" type="radio"/>	
Building materials	Medical items	Household waste	Sewage-related litter
Food-related litter	Fishing-related litter	Other (please indicate) _____	

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes	No <input checked="" type="radio"/>
-----	-------------------------------------

13a. Along the shoreline, are there problem animals or problems caused by animals?

If yes, list type(s):

Yes	No <input checked="" type="radio"/>

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes	No <input checked="" type="radio"/>
-----	-------------------------------------

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

Yes	No <input checked="" type="radio"/>

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes	No <input checked="" type="radio"/>
-----	-------------------------------------

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

If yes, list type(s):

Yes	No <input checked="" type="radio"/>

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes	No <input checked="" type="radio"/>
-----	-------------------------------------

16. Have you previously evaluated this station?

Yes	No <input checked="" type="radio"/>
-----	-------------------------------------

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

No sign identifying site, uneven dirt path leading to water. Rotten mud. Jam around. No designated parking. Wouldn't know this was here without your map. Building/area under construction.

17. END TIME:

2:35 pm

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	Andrea <sup>82415</sup> [Signature]	Check box if data sheet meets quality control requirements	<input type="checkbox"/>
Aesthetic impression score:	3		
Assessment score:	0		

Objectionable deposits on the shoreline

Additional feedback

QA/QC



met entered

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

1. Your name: MATTHEW NELSON 2. Station name: WEST LAZARRE

3. Monitoring date: 10/24/2015 4. Start time (include AM/PM): 11:25 am

5. Water conditions: Calm Slight movement Moderate flow or waves Rough or fast flowing

6. Water level: High Normal Low

7. Overall, how aesthetically pleasing do you find the site?

Circle one of the following: Very pleasing Somewhat pleasing Neither pleasing nor displeasing Somewhat displeasing Very displeasing

Please describe. List any factors that make it pleasing or not pleasing.  
Garbage on shoreline, unpleasant odor

8a. Is the color or clarity of the water unattractive?

Yes No

If yes, please describe:  
mild murkiness

8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?

Yes No

9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.

A. Water Color: Colorless Red Green Brown Other (please indicate)

B. Water Clarity: Completely clear Fairly clear Fairly cloudy Completely cloudy

C. Water Surface: Normal Oily sheen Foamy Floating aquatic plants

(Circle all that apply) Natural debris Neon green sheen Other (please indicate)

10a. Is there floating or submerged garbage present in the water?

Yes No

If yes, circle visible item(s): Building materials Medical items Household waste Sewage-related litter  
Food-related litter Fishing-related litter Other (please indicate)

10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?

Yes No

11a. Are any other substances present in the water that are not specifically mentioned on this form?

Yes No

If yes, list what:

11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?

Yes No

Form revision date: 02/27/15

Overall aesthetic impression of site

Objectionable deposits/characteristics of the water

12a. Is there garbage along the shoreline?

Yes

No

If yes, circle type(s):

Building materials

Medical items

Household waste

Sewage-related litter

Food-related litter

Fishing-related litter

Other (please indicate)

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes

No

13a. Along the shoreline, are there problem animals or problems caused by animals?

Yes

No

If yes, list type(s):

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes

No

14a. Is there nuisance vegetation along the shoreline?

Yes

No

If yes, list type if known and amount:

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes

No

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

Yes

No

If yes, list type(s):

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes

No

16. Have you previously evaluated this station?

Yes

No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

This area should be made easier to access by users - unpaired + muddy, minimal access to shoreline.

17. END TIME:

11:34 am

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

11-5-15

Check box if data sheet meets quality control requirements



Aesthetic Impression score:

3

Assessment score:

0

Objectorable deposits on the shoreline

Additional feedback

QA/QC

MS  
Luzerne

## Green Bay Volunteer Aesthetics Monitoring Data Sheet

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DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	Madeline Sweeney	<b>2. Station name:</b>	West Luzerne Kayak Launch	Form revision date: 02/17/15	
<b>3. Monitoring date:</b>	10/11/18/2015	<b>4. Start time (include AM/PM):</b>	2:00 pm		
<b>5. Water conditions:</b>	Calm <input type="checkbox"/> Slight movement <input checked="" type="checkbox"/>	Moderate flow or waves <input type="checkbox"/>	Rough or fast flowing <input type="checkbox"/>		
<b>6. Water level:</b>	High <input type="checkbox"/>	Normal <input checked="" type="checkbox"/>	Low <input type="checkbox"/>		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle <u>one</u> of the following:	Very pleasing <input type="checkbox"/>	Somewhat pleasing <input type="checkbox"/>	Neither pleasing nor displeasing <input type="checkbox"/>	Somewhat displeasing <input checked="" type="checkbox"/>	Very displeasing <input type="checkbox"/>
Please describe. List any factors that make it pleasing or not pleasing.	- garbage - debris				Overall aesthetic impression of site
<b>8a. Is the color or clarity of the water unattractive?</b>					
If yes, please describe:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>					
Yes <input type="checkbox"/> No <input type="checkbox"/>					
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance.</b>					
<b>For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	Colorless <input type="checkbox"/>	Red <input type="checkbox"/>	Green <input type="checkbox"/>	Brown <input type="checkbox"/>	Other (please indicate) <u>yellow</u>
<b>B. Water Clarity:</b>	Completely clear <input type="checkbox"/>	Fairly clear <input type="checkbox"/>	Fairly cloudy <input checked="" type="checkbox"/>	Completely cloudy <input type="checkbox"/>	
<b>C. Water Surface:</b> (Circle all that apply)	Normal <input checked="" type="checkbox"/>	Oily sheen <input type="checkbox"/>	Foamy <input type="checkbox"/>	Floating aquatic plants <input type="checkbox"/>	
	Natural debris <input checked="" type="checkbox"/>	Neon green sheen <input type="checkbox"/>	Other (please indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>					
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
If yes, circle visible item(s):	Building materials <input type="checkbox"/>	Medical items <input type="checkbox"/>	Household waste <input type="checkbox"/>	Sewage-related litter <input type="checkbox"/>	
	Food-related litter <input type="checkbox"/>	Fishing-related litter <input type="checkbox"/>	Other (please indicate) _____		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
Yes <input type="checkbox"/> No <input type="checkbox"/>					
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
If yes, list what:					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
Yes <input type="checkbox"/> No <input type="checkbox"/>					

Objectionable deposits in characteristics of the water

12a. Is there garbage along the shoreline?

If yes, circle type(s):

<input checked="" type="radio"/> Yes		<input type="radio"/> No	
<input checked="" type="checkbox"/> Building materials	<input type="checkbox"/> Medical Items	<input checked="" type="checkbox"/> Household waste	<input type="checkbox"/> Sewage-related litter
<input checked="" type="checkbox"/> Food-related litter	<input type="checkbox"/> Fishing-related litter	Other (please indicate) _____	

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

13a. Along the shoreline, are there problem animals or problems caused by animals?

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

<input checked="" type="radio"/> Yes	<input type="radio"/> No
P/Phragmites 7	

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

If yes, list type(s):

<input checked="" type="radio"/> Yes	<input type="radio"/> No
building material - broken concrete	

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
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16. Have you previously evaluated this station?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

17. END TIME:

2:15 pm

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	11-5-15	Check box if data sheet meets quality control requirements	<input type="checkbox"/>
Aesthetic Impression score:	3		
Assessment score:	1		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

Entered

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

<b>1. Your name:</b>	PATRICIA FINAGAN-DROWE		<b>2. Station name:</b>	W. LAZARUS AVE-	
<b>3. Monitoring date:</b>	AUG 18 2015		<b>4. Start time (include AM/PM):</b>	9:45 AM	
<b>5. Water conditions:</b>	Calm	Slight movement	Moderate flow or waves	Rough or fast flowing	
<b>6. Water level:</b>	High	Normal	Low		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>	Circle <u>one</u> of the following: Very pleasing    Somewhat pleasing <u>Neither pleasing nor displeasing</u> Somewhat displeasing    Very displeasing				
Please describe. List any factors that make it pleasing or not pleasing.	MAJOR CONSTRUCTION TAKING PLACE ADJACENT TO SITE - MUDS ROAD MUDDY - SITE ITSELF MESSY - LOGS OR BRANCHES, CUT WEARS, ETC AT WATER EDGE -				
<b>8a. Is the color or clarity of the water unattractive?</b>	Yes <u>No</u>				
If yes, please describe:	CLEAR RIGHT NEXT TO SHORE - BUT CLOUDY ABOUT 10 FT OUT				
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>	Yes <u>No</u>				
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance.</b>	For water surface, please circle all applicable attributes.				
<b>A. Water Color:</b>	Colorless	Red	<u>Green</u>	Brown	Other (please indicate) _____
<b>B. Water Clarity:</b>	<u>Completely clear</u>	Fairly clear	Fairly cloudy	Completely cloudy	
<b>C. Water Surface:</b>	<u>Normal</u>	Oily sheen	Foamy	Floating aquatic plants	
(Circle all that apply)	Natural debris	Neon green sheen	Other (please indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>	Yes <u>No</u>				
If yes, circle visible item(s):	Building materials	Medical items	Household waste	Sewage-related litter	
	Food-related litter	Fishing-related litter	Other (please indicate) _____		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>	Yes <u>No</u>				
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>	Yes <u>No</u>				
If yes, list what:					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>	Yes <u>No</u>				

Form revision  
date: 02/17/15

Overall aesthetic  
impression of site

Objectionable deposits in/characteristics of the water

**12a. Is there garbage along the shoreline?**

If yes, circle type(s):

<input checked="" type="radio"/> Yes	<input type="radio"/> No
Building materials	Medical items Household waste Sewage-related litter
Food-related litter <i>water bottles</i>	Fishing-related litter Other (please indicate) _____

**12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?**

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

**13a. Along the shoreline, are there problem animals or problems caused by animals?**

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known and amount:

<input checked="" type="radio"/> Yes	<input type="radio"/> No
<i>UNKNOWN - but lots of it - cut weeds, etc.</i>	

**14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?**

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

**15a. Are there any other shoreline substances that are not specifically mentioned on this form ?**

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?**

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

**16. Have you previously evaluated this station?**

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

*Access has changed - harder to get to site - quite overgrown*

Comments: Please include anything else you thought should be reported while completing this survey.

**17. END TIME:**

*10<sup>10</sup> AM*

**For volunteer coordinator/DNR use only**

Date the data sheet was reviewed by contractor:	<i>9-1-15</i>	Check box if data sheet meets quality control requirements	<input checked="" type="checkbox"/>
Aesthetic impression score:	<i>2.5</i>		
Assessment score:	<i>2</i>		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

entered

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

1. Your name: PAUL WELLS 2. Station name: W. LAZARRE/ALLOUFEZ

3. Monitoring date: 8/19/15 mm/dd/yy 4. Start time (include AM/PM): 3:45 PM

5. Water conditions: Calm Slight movement Moderate flow or waves Rough or fast flowing

6. Water level: High Normal Low

7. Overall, how aesthetically pleasing do you find the site?

Circle one of the following: Very pleasing Somewhat pleasing Neither pleasing nor displeasing Somewhat displeasing Very displeasing

Please describe. List any factors that make it pleasing or not pleasing. TRAFFIC NOISE FROM 172 BRIDGE

8a. Is the color or clarity of the water unattractive?

Yes No

If yes, please describe: BROWNISH-GREEN

8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?

Yes No

9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.

A. Water Color: Colorless Red Green Brown Other (please indicate)

B. Water Clarity: Completely clear Fairly clear Fairly cloudy Completely cloudy

C. Water Surface: Normal Oily sheen Foamy Floating aquatic plants: Natural debris Neon green sheen Other (please indicate)

10a. Is there floating or submerged garbage present in the water?

Yes No

If yes, circle visible item(s): Building materials Medical items Household waste Sewage-related litter Food-related litter Fishing-related litter Other (please indicate)

10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?

Yes No

11a. Are any other substances present in the water that are not specifically mentioned on this form?

Yes No

If yes, list what:

11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?

Yes No

Form/revision date: 02/17/15

Overall/aesthetic impression of site

Observable deposits in/characteristics of the water

12a. Is there garbage along the shoreline?

Yes

No

If yes, circle type(s):

Building materials

Medical items

Household waste

Sewage-related litter

Food-related litter

Fishing-related litter

Other (please indicate)

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes

No

13a. Along the shoreline, are there problem animals or problems caused by animals?

Yes

No

If yes, list type(s):

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes

No

14a. Is there nuisance vegetation along the shoreline?

Yes

No

If yes, list type if known and amount:

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes

No

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

Yes

No

If yes, list type(s):

PLASTIC BAG, WHITE STYROFOAM PIECES

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes

No

16. Have you previously evaluated this station?

Yes

No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

ON-GOING CONSTRUCTION ON BIG, NEW HOUSE.

17. END TIME:

3:30 AM

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

9-3-15

Check box if data sheet meets quality control requirements



Aesthetic impression score:

1

Assessment score:

0

Objectionable deposits on the shoreline

Additional feedback

QA/QC



~~WATER~~ new  
ENA.

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Andrea Gruen, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5497, andrea.gruen@wi.gov

1. Your name: Arturcia Finko-Stro 2. Station name: W. LAZARUS AVE

3. Monitoring date: 11/17/15 4. Start time (include AM/PM): 10<sup>15</sup> AM

5. Water conditions: Calm    Slight movement    Moderate flow or waves    Rough or fast flowing

6. Water level: High    Normal    Low

#### 7. Overall, how aesthetically pleasing do you find the site?

Circle one of the following: Very pleasing    Somewhat pleasing    Neither pleasing nor displeasing    Somewhat displeasing    Very displeasing

Please describe. List any factors that make it pleasing or not pleasing.  
Muddy approach to site - access diminished - some litter around site -

#### 8a. Is the color or clarity of the water unattractive?

Yes    No

If yes, please describe:  
Cloudy - foamy

#### 8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?

Yes    No

#### 9. For water color and clarity, please circle the answer choice that best describes the present appearance.

For water surface, please circle all applicable attributes.

A. Water Color: Colorless    Red    Green    Brown    Other (please indicate) \_\_\_\_\_

B. Water Clarity: Completely clear    Fairly clear    Fairly cloudy    Completely cloudy

C. Water Surface: Normal    Oily sheen    Foamy    Floating aquatic plants

(Circle all that apply) Natural debris    Neon green sheen    Other (please indicate) \_\_\_\_\_

#### 10a. Is there floating or submerged garbage present in the water?

Yes    No

If yes, circle visible item(s): Building materials    Medical items    Household waste    Sewage-related litter  
Food-related litter    Fishing-related litter    Other (please indicate) Pieces of plastic

#### 10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?

Yes    No

#### 11a. Are any other substances present in the water that are not specifically mentioned on this form?

Yes    No

If yes, list what:

#### 11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?

Yes    No

Form revision  
date: 02/17/15

Overall aesthetic  
impression of site

Objectionable deposits in characteristics of the water

12a. Is there garbage along the shoreline?

Yes

No

If yes, circle type(s):

Building materials

Medical items

Household waste

Sewage-related litter

Food-related litter

Fishing-related litter

Other (please indicate) \_\_\_\_\_

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes

No

13a. Along the shoreline, are there problem animals or problems caused by animals?

Yes

No

If yes, list type(s):

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes

No

14a. Is there nuisance vegetation along the shoreline?

Yes

No

If yes, list type if known and amount:

Getting more "overgrown" -

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes

No

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

Yes

No

If yes, list type(s):

Plastic pieces - Soda cans - Ketchup bottle - Old boards -

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes

No

16. Have you previously evaluated this station?

Yes

No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Site somewhat improved since last visit when rapra construction taking place ~~slightly~~ nearby - but construction completed now - so fewer beer cans & shoddy - but site somewhat difficult to access now Muddy path to shore

Comments: Please include anything else you thought should be reported while completing this survey.

17. END TIME:

10:30 AM

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

1-12-15

Check box if data sheet meets quality control requirements



Aesthetic impression score:

3

Assessment score:

3

Objectionable deposits on the shoreline

Additional feedback

QA/QC