

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 <insert contractor's name and contact info>

1. Your name:	Dawson Bender	2. Station name:	Bay Beach	Form revision date: 01/06/15		
3. Monitoring date:	08 th 26 th 2016	4. Start time (include AM/PM):	4:05 P.M			
5. Water conditions:	<input checked="" type="radio"/> Calm	<input type="radio"/> Slight movement	<input type="radio"/> Moderate flow or waves		<input type="radio"/> Rough or fast flowing	
6. Water level:	<input type="radio"/> High	<input type="radio"/> Normal	<input checked="" type="radio"/> Low			
7. Overall, how aesthetically pleasing do you find the site?						
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.					Overall aesthetic impression of site	
8a. Is the color or clarity of the water unattractive?						
	<input type="radio"/> Yes	<input checked="" type="radio"/> 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?						
	<input type="radio"/> Yes	<input type="radio"/> No				
9. For water color and clarity, please circle the answer choice that best describes the present appearance.						
For water surface, please circle any applicable attributes.						
A. Water Color:	<input checked="" type="radio"/> Colorless	<input type="radio"/> Red	<input type="radio"/> Green	<input type="radio"/> Brown		<input type="radio"/> Other (please indicate) _____
B. Water Clarity:	<input checked="" type="radio"/> Completely clear	<input type="radio"/> Fairly clear	<input type="radio"/> Fairly cloudy	<input type="radio"/> Completely cloudy		
C. Water Surface:	<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) _____			
10a. Is there floating or submerged garbage present in the water?						
	<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) _____			
10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?						
	<input type="radio"/> Yes	<input type="radio"/> No				
11a. Are any other substances present in the water that are not specifically mentioned on this form?						
	<input type="radio"/> Yes	<input checked="" type="radio"/> No				
If yes, list type(s) and reason(s):						
11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?						
	<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) and reason for problem(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 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):

Cig butts

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:

4:15 P.M.

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by <contractor>:

Berk

Data entered into SWIMS?

Aesthetic impression score (for DNR use only):

0

Assessment score (for DNR use only):

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 <insert contractor's name and contact info>

1. Your name:	Jim Meyer			2. Station name:	BAY Beach		
3. Monitoring date:	08/26/16			4. Start time (include AM/PM):	4:06		
5. Water conditions:	Calm	<u>Slight movement</u>	Moderate flow or waves	Rough or fast flowing			
6. Water level:	High	Normal	Very	<u>Low</u>			
7. Overall, how aesthetically pleasing do you find the site?	Circle one of the following: Very pleasing, <u>Somewhat pleasing</u> , Neither pleasing nor displeasing, Somewhat displeasing, Very displeasing						
8a. Is the color or clarity of the water unattractive?	Yes <u>No</u>						
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 any applicable attributes.						
A. Water Color:	<u>Colorless</u>	Red	Green	Brown	Other (please indicate) _____		
B. Water Clarity:	Completely clear	Fairly clear	Fairly cloudy	Completely cloudy			
C. Water Surface:	<u>Normal</u>	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?	Yes <u>No</u>						
If yes, circle visible item(s):	Building materials	Medical items	Household waste	Sewage-related litter	Food-related litter		
			<u>Fishing-related litter</u>	Other (please indicate) <u>Carp skeleton</u>			
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 type(s) and reason(s):							
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>						

Form revision date: 01/06/15

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) <u>Cia Batts</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?

Yes

No

If yes, list type(s) and reason for problem(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 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):

Tippy Rocks (could cause injury)

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:

4:17

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by <contractor>: <u>BGM</u>	Data entered into SWIMS? <input type="checkbox"/>
Aesthetic impression score (for DNR use only): <u>1</u>	
Assessment score (for DNR use only): <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 <insert contractor's name and contact info>

1. Your name:	Boeky Williamson			2. Station name:	Bay Beach		Form revision date: 01/06/15
3. Monitoring date:	08/26/2016			4. Start time (include AM/PM):	3:30 P.M.		
5. Water conditions:	Calm	<u>Slight movement</u>	Moderate flow or waves	Rough or fast flowing			
6. Water level:	High		Normal	<u>Very</u>	<u>Low</u>		
7. Overall, how aesthetically pleasing do you find the site?							
Circle one 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.		Water clarity is surprisly good!					
8a. Is the color or clarity of the water unattractive?							
		<u>No</u>		<u>Yes</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?							
		<u>Yes</u>			<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 any applicable attributes.							
A. Water Color:	<u>Colorless</u>	Red	Green	Brown	Other (please indicate) _____		
B. Water Clarity:	<u>Completely clear</u>	Fairly clear	Fairly cloudy	Completely cloudy			
C. Water Surface: (Circle all that apply)	<u>Normal</u>	Oily sheen	Foamy	Floating aquatic plants			
	<u>Natural debris</u>	Neon green sheen	Other (please indicate) _____				
10a. Is there floating or submerged garbage present in the water?							
		<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) <u>one dead fish</u>			
10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?							
		<u>Yes</u>			<u>No</u>		
11a. Are any other substances present in the water that are not specifically mentioned on this form?							
		<u>Yes</u>			<u>No</u>		
If yes, list type(s) and reason(s):							
11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?							
		<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) and reason for problem(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 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.

Objectionable deposits on the shoreline

Additional feedback

17. END TIME:

4:10 P.M.

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by <contractor>:

BGH

Data entered into SWIMS?

Aesthetic impression score (for DNR use only):

1

Assessment score (for DNR use only):

0

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 <insert contractor's name and contact info>

1. Your name:	<u>M. S. Royer</u>	2. Station name:	<u>Bay Beach</u>	Form revision date: 01/06/15		
3. Monitoring date:	<u>08-11-2016</u>	4. Start time (include AM/PM):	<u>3:30 PM</u>			
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 one 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.						
8a. Is the color or clarity of the water unattractive?	Yes <u>No</u>				Objectionable deposits / characteristics of the water	
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 any applicable attributes.						
A. Water Color:	<u>Colorless</u>	Red	Green	Brown		Other (please indicate) _____
B. Water Clarity:	Completely clear	Fairly clear	<u>Fairly cloudy</u>	<u>Completely cloudy</u>		
C. Water Surface:	Normal	Oily sheen	Foamy	<u>Floating aquatic plants</u>		
(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?	Yes <u>No</u>					
If yes, circle visible item(s):	Building materials	<u>Medical items</u>	Household waste	Sewage-related litter		
	Food-related litter	<u>Fishing-related litter</u>		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 type(s) and reason(s):						
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>					

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
Food-related litter	Fishing-related litter	Other (please indicate) <u>Cig butts</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) and reason for problem(s):

<input checked="" 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 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
---------------------------	-------------------------------------

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.

(Empty text area for comments)

17. END TIME:

4:10 PM

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by <contractor>:

B61c

Data entered into SWIMS?

Aesthetic impression score (for DNR use only):

1

Assessment score (for DNR use only):

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 <insert contractor's name and contact info>

1. Your name:	Kelly Reyer	2. Station name:	Voyager Park
3. Monitoring date:	8/26/15	4. Start time (include AM/PM):	3:30pm
5. Water conditions:	Calm <u>Slight movement</u>	Moderate flow or waves	Rough or fast flowing
6. Water level:	High	<u>Normal</u>	Low

Form revision date:
01/06/15

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.
foam!

Overall aesthetic impression of site

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

If yes, please describe: Yes No

Streaks of

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 any 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) _____

Objectionable deposits in/characteristics of the water

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 type(s) and reason(s): 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

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
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) and reason for problem(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 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 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.

lots of cigs, foam, + algae

17. END TIME:

3:38

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by <contractor>:	BGL	Data entered into SWIMS?	<input type="checkbox"/>
Aesthetic Impression score (for DNR use only):	3		
Assessment score (for DNR use only):	1		

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 <insert contractor's name and contact info>

1. Your name: Amanda Manning		2. Station name: Voyager Park		Form revision date: 01/06/15			
3. Monitoring date: 08/26/16		4. Start time (include AM/PM): 3:10 PM					
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	Somewhat pleasing	Neither pleasing nor displeasing	<u>Somewhat displeasing</u>	Very displeasing	
Please describe. List any factors that make it pleasing or not pleasing.		looks dirty				Overall aesthetic impression of site	
8a. Is the color or clarity of the water unattractive?							
If yes, please describe:		<u>Yes</u>		No			
		Very green, can't see in it at all					
8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?							
		<u>Yes</u>		<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 any applicable attributes.							
A. Water Color:		Colorless	Red	<u>Green</u>	Brown		Other (please indicate) _____
B. Water Clarity:		Completely clear	Fairly clear	Fairly cloudy	<u>Completely cloudy</u>		
C. Water Surface: (Circle all that apply)		Normal	<u>Oily sheen</u>	Foamy	<u>floating aquatic plants</u>		
		<u>Natural debris</u>	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?							
		<u>Yes</u>		<u>No</u>			
11a. Are any other substances present in the water that are not specifically mentioned on this form?							
If yes, list type(s) and reason(s):		<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?							
		<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) and reason for problem(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 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:

3:19 PM

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by <contractor>:

BGK

Data entered into SWIMS?

Aesthetic impression score (for DNR use only):

3

Assessment score (for DNR use only):

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 <insert contractor's name and contact info>

1. Your name:	Alexandra Baker	2. Station name:	Voyager Park	Form revision date: 01/06/15	
3. Monitoring date:	08/06/16	4. Start time (include AM/PM):	3:10 PM		
5. Water conditions:	Calm <u>Slight movement</u> Moderate flow or waves Rough or fast flowing				
6. Water level:	<u>High</u> Normal Low				
7. Overall, how aesthetically pleasing do you find the site?					
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. Dark color, not clear					
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 any 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	
	<u>Natural debris</u>	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 type(s) and reason(s):					
11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?					
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) and reason for problem(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 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?

Y

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

U

17. END TIME:

3:18 pm

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by <contractor>:

BGK

Data entered into SWIMS?

Aesthetic impression score (for DNR use only):

2

Assessment score (for DNR use only):

1

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 <insert contractor's name and contact info>

1. Your name:	Ben Gjerd e	2. Station name:	Nauvageor Park	Form revision date: 01/06/15		
3. Monitoring date:	08/26/16	4. Start time (include AM/PM):	3:00 PM			
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.	Very opaque water				Overall aesthetic impression of site	
8a. Is the color or clarity of the water unattractive?						
If yes, please describe:	<u>Yes</u>		No			
	Dark Brown					
8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?						
	<u>Yes</u>		<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 any 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?						
	<u>Yes</u>		<u>No</u>			
11a. Are any other substances present in the water that are not specifically mentioned on this form?						
If yes, list type(s) and reason(s):	<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?						
	<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) and reason for problem(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 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.

Objectionable deposits on the shoreline

Additional feedback

17. END TIME:

3:10

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by <contractor>:

BGH

Data entered into SWIMS?

Aesthetic impression score (for DNR use only):

6

Assessment score (for DNR use only):

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 <Insert contractor's name and contact info>

1. Your name:	Justin Arzt	2. Station name:	Voyager Park	Form revision date: 01/06/15	
3. Monitoring date:	8/26/2016	4. Start time (include AM/PM):	3:00 PM		
5. Water conditions:	Calm Slight movement <u>Moderate flow or waves</u> 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	Somewhat pleasing	<u>Neither pleasing nor displeasing</u>	Somewhat displeasing	Very displeasing
Please describe. List any factors that make it pleasing or not pleasing.					
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		No		
9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle any 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?					
	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) _____	
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		<u>No</u>		
If yes, list type(s) and reason(s):					
11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?					
	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) and reason for problem(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 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.

Objectionable deposits on the shoreline

Additional feedback

17. END TIME:

3:19

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by <contractor>:

BGK

Data entered into SWIMS?

Aesthetic impression score (for DNR use only):

2

Assessment score (for DNR use only):

0

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 <insert contractor's name and contact info>

1. Your name:	Joe Linn	2. Station name:	Voyager Park	Form revision date: 01/06/15	
3. Monitoring date:	08/20/16	4. Start time (include AM/PM):	3:09		
5. Water conditions:	Calm	<input checked="" type="radio"/> Slight movement	Moderate flow or waves		Rough or fast flowing
6. Water level:	High	<input checked="" type="radio"/> Normal	Low		
7. Overall, how aesthetically pleasing do you find the site?					
Circle <u>one</u> of the following:	Very pleasing	Somewhat pleasing	<input checked="" type="radio"/> Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing
Please describe. List any factors that make it pleasing or not pleasing.	It is a bit murky, but from my experience most rivers are.				Overall aesthetic impression of site
8a. Is the color or clarity of the water unattractive?					
If yes, please describe:	<input checked="" type="radio"/> Yes		<input type="radio"/> No		Objectionable deposits in/characteristics of the water
	Its brownish which could throw some people off				
8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?					
	<input type="radio"/> Yes		<input checked="" type="radio"/> No		
9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle any applicable attributes.					
A. Water Color:	Colorless	Red	Green	<input checked="" type="radio"/> Brown	Other (please indicate) _____
B. Water Clarity:	Completely clear	Fairly clear	<input checked="" type="radio"/> Fairly cloudy	Completely cloudy	
C. Water Surface: (Circle all that apply)	Normal	Oily sheen	<input checked="" type="radio"/> 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):	<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) _____		
10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?					
	<input type="radio"/> Yes		<input checked="" type="radio"/> No		
11a. Are any other substances present in the water that are not specifically mentioned on this form?					
If yes, list type(s) and reason(s):	<input type="radio"/> Yes		<input checked="" type="radio"/> No		
11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?					
	<input type="radio"/> Yes		<input checked="" type="radio"/> 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) and reason for problem(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 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.

Objectionable deposits on the shoreline

Additional feedback

17. END TIME:

3:18 PM

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by <contractor>:

BEK

Data entered into SWIMS?

Aesthetic impression score (for DNR use only):

2

Assessment score (for DNR use only):

0

QA/QC

not entered - didn't need data

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 <insert contractor's name and contact info>

1. Your name:	Miriam Lyons	2. Station name:	Voyager Park
3. Monitoring date:	11 Mar / 16 / 96	4. Start time (include AM/PM):	3:10 PM
5. Water conditions:	Calm <u>Slight movement</u> Moderate flow or waves Rough or fast flowing		
6. Water level:	<u>High</u> Normal Low		

Form revision date: 01/06/15

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.

The water is kind of murky, but overall it seems nice.

Overall aesthetic impression of site

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

If yes, please describe: Yes No

It's murky

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

Yes for swimming No for fishing

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

Objectionable deposits in/characteristics of the water

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 type(s) and reason(s): 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

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) and reason for problem(s):

8
7

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 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.

The water seems fairly murky and kind of gross to swim in, but that wouldn't prevent me from fishing or coming to the park for the view.

17. END TIME:

3:19 PM

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by <contractor>:

Data entered into SWIMS?

Aesthetic impression score (for DNR use only):

Assessment score (for DNR use only):

Objectionable deposits on the shoreline

Additional feedback

QA/QC

NH entered - didn't

msc
CWA/BC

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 <insert contractor's name and contact info>

1. Your name:		Dan Burke		2. Station name:		Voyager Park		Form revision date: 01/06/15
3. Monitoring date:		8-26-14		4. Start time (include AM/PM):		3:10 PM		
5. Water conditions:		Calm	<u>Slight movement</u>	Moderate flow or waves	Rough or fast flowing			Overall aesthetic impression of site
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.		The color may be displeasing - but I'm used to it being from the ocean						
8a. Is the color or clarity of the water unattractive?								
If yes, please describe:		Yes			<u>No</u>			
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 any applicable attributes.								
A. Water Color:		Colorless	Red	<u>Green</u>	Brown	Other (please indicate) _____		
B. Water Clarity:		Completely clear	Fairly clear	<u>Fairly cloudy</u>	Completely cloudy			
C. Water Surface: (Circle all that apply)		<u>Normal</u>	Oily sheen	<u>Foamy</u>	Floating aquatic plants			
		Natural debris	<u>Neon green sheen</u>	Other (please indicate) _____				
10a. Is there floating or submerged garbage present in the water?								
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) _____				
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 type(s) and reason(s):		Yes			<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			

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) and reason for problem(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 and amount:

LOTS of grass growing between the 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.

17. END TIME:

3:19 PM

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by <contractor>:

Data entered into SWIMS?

Aesthetic impression score (for DNR use only):

Assessment score (for DNR use only):

Objectionable deposits on the shoreline

Additional feedback

QA/QC

??