

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:		Matthew Shelton		2. Station name:		Bay Beach		Form revision date: 01/06/15
3. Monitoring date:		07-27-17		4. Start time (include AM/PM):		10:00am		
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 one 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.								
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		<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)		Normal	Oily sheen	<u>Foamy</u>		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		<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		<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):		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		<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
Food-related litter	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?

Yes No

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

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

Yes No

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

Blank area for comments.

17. END TIME:

11:00am

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by <contractor>:	BSK	Data entered into SWIMS?	<input type="checkbox"/>
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:		Jeannette Peterson		2. Station name:		Bay Beach		Farm revision date: 01/06/15						
3. Monitoring date:		07-27-17		4. Start time (include AM/PM):		11:15 am								
5. Water conditions:		Calm Slight movement Moderate flow or waves		<input checked="" type="radio"/> Rough or fast flowing										
6. Water level:		<input checked="" type="radio"/> High		Normal		Low								
7. Overall, how aesthetically pleasing do you find the site?														
Circle <u>one</u> of the following:		Very pleasing		<input checked="" type="radio"/> Somewhat pleasing		Neither pleasing nor displeasing		Somewhat displeasing		Overall aesthetic impression of site				
Please describe. List any factors that make it pleasing or not pleasing.		The lapping waves & cool breeze coming from the water is very pleasant. Nice benches to sit on.												
8a. Is the color or clarity of the water unattractive?									Objectionable deposits in/characteristics of the water					
If yes, please describe:		<input checked="" type="radio"/> Yes		No		brownish gray color, can't see through very clearly								
8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?									Objectionable deposits in/characteristics of the water					
		<input checked="" type="radio"/> Yes		No		I won't swim								
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.									Objectionable deposits in/characteristics of the water					
A. Water Color:		Colorless		Red		Green		<input checked="" type="radio"/> Brown				Other (please indicate) _____		
B. Water Clarity:		Completely clear		Fairly clear		Fairly cloudy		<input checked="" type="radio"/> 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?									Objectionable deposits in/characteristics of the water					
If yes, circle visible item(s):		Yes		<input checked="" type="radio"/> No		Not that I can see								
		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?									Objectionable deposits in/characteristics of the water					
		Yes		<input checked="" type="radio"/> No										
11a. Are any other substances present in the water that are not specifically mentioned on this form?									Objectionable deposits in/characteristics of the water					
If yes, list type(s) and reason(s):		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?									Objectionable deposits in/characteristics of the water					
		Yes		No										

12a. Is there garbage along the shoreline?

If yes, circle type(s):

Building materials	<input checked="" type="radio"/> Yes	Medical items	<input type="radio"/> No
<input checked="" type="radio"/> Food-related litter		Fishing-related litter	
		Household waste	Sewage-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) and reason for problem(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 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?

Yes No

NA

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

Would like to see a small sand area to wade into the bay

17. END TIME:

11:20am

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by <contractor>:	BGK	Data entered into SWIMS?	<input type="checkbox"/>
Aesthetic Impression score (for DNR use only):	1		
Assessment score (for DNR use only):	2		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

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) and reason for problem(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 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?

Yes	No
-----	----

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

What's people to take care of it

17. END TIME:

11:15

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by <contractor>:	BGK	Data entered into SWIMS?	<input type="checkbox"/>
Aesthetic impression score (for DNR use only):	2		
Assessment score (for DNR use only):	0		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

not entered - doesn't meet

QAY
2c

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:	Jodie Wolla	2. Station name:	Bay Beach	Form revision date: 01/05/15		
3. Monitoring date:	07/27/17	4. Start time (include AM/PM):	11:00am			
5. Water conditions:	Calm	Slight movement	Moderate flow or waves		<input checked="" type="radio"/> Rough or fast flowing	
6. Water level:	<input checked="" type="radio"/> High	Normal	Low			
7. Overall, how aesthetically pleasing do you find the site?						
Circle <u>one</u> of the following:	Very pleasing	<input checked="" type="radio"/> Somewhat pleasing	Neither pleasing nor displeasing	<input type="radio"/> Somewhat displeasing	Overall aesthetic impression of site	
Please describe. List any factors that make it pleasing or not pleasing.	Pleasing = Benches, Trees, Amusement, Monument, Island Park (* Flowers would be nice, Benches)					
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	
	Brown					
8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?						
	<input checked="" 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:	Colorless	Red	Green	<input checked="" type="radio"/> Brown		Other (please indicate) _____
B. Water Clarity:	Completely clear	Fairly clear	Fairly cloudy	<input checked="" type="radio"/> Completely cloudy		
C. Water Surface: (Circle all that apply)	Normal	Oily sheen	<input checked="" type="radio"/> Foamy	<input checked="" type="radio"/> Floating aquatic plants		
	<input checked="" type="radio"/> 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 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 type="radio"/> 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) and reason for problem(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 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.

--

17. END TIME:

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For volunteer coordinator/DNR use only

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

Objectable 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:	Cathy Huffman	2. Station name:	COMMUNIVERSITY
3. Monitoring date:	7-27-17	4. Start time (include AM/PM):	1:00
5. Water conditions:	Calm	Slight movement	Moderate flow or waves
6. Water level:	High	Normal	Low

01/05/15

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.

impression of site

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 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

garbage along the shoreline?

Building material	Yes	No
Food-related litter	Yes	No
Household waste	Yes	No
Sewage-related litter	Yes	No
Other (please indicate)	Yes	No

2a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

Yes	No
-----	----

3a, are there problem animals or plants caused by animals?

Yes	No
-----	----

3b, do these animal-related problems prevent you from accessing, enjoying, or using the water?

Yes	No
-----	----

4a, does this nuisance vegetation along the shoreline?

Yes	No
-----	----

4b, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

Yes	No
-----	----

5, are there any other shoreline substances that are not specifically mentioned on this form?

Yes	No
-----	----

6, do any other shoreline substances prevent you from accessing, enjoying, or using the water?

Yes	No
-----	----

7, has this station been evaluated?

Yes	No
-----	----

8, has this station been evaluated for any aesthetic issues along the shoreline?

9, what should be done to improve this station?

Objectable deposits on the shoreline

Additional feedback

For volunteer coordinator/DNR use only

Reviewed by (contractor):	BGK	Data entered into SWIMS?	<input type="checkbox"/>
Score (for DNR use only):	0		
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:	Scott Bohm	2. Station name:	Comm University Park	Form revision date: 01/06/15	
3. Monitoring date:	07/27/17	4. Start time (include AM/PM):	1:00 PM		
5. Water conditions:	Calm	Slight movement	Moderate flow or waves		<u>Rough or fast flowing</u>
6. Water level:	<u>High</u>	Normal	Low		
7. Overall, how aesthetically pleasing do you find the site?					
Circle one 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.	Nice atmosphere, green space, not a lot of people				Overall aesthetic impression of site
8a. Is the color or clarity of the water unattractive?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>				
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	<u>Fairly clear</u>	Fairly cloudy	Completely cloudy	
C. Water Surface: (Circle all that apply)	Normal	Oily sheen	<u>Foamy</u>	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 <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) _____		
10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>				
11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				

Objectionable deposits in/characteristics of the water

Objectionable deposits on the shoreline

12a. Is there garbage along the shoreline?

If yes, circle type(s):

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

Yes No

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) and reason for problem(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 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
Zebra mussels

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.

Additional feedback

17. END TIME:

1:07

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by <contractor>:

0

Data entered into SWIMS?

Aesthetic impression score (for DNR use only):

1

Assessment score (for DNR use only):

36%

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:	DEAN VAN KAUWENB ²	2. Station name:	COMMUNO PARK	Form revision date: 01/06/15	
3. Monitoring date:	7/27/17	4. Start time (include AM/PM):	1:15 PM		
5. Water conditions:	<input checked="" type="radio"/> Calm	<input type="radio"/> Slight movement	<input type="radio"/> Moderate flow or waves		<input checked="" type="radio"/> Rough or fast flowing
6. Water level:	<input checked="" type="radio"/> High	<input type="radio"/> Normal	<input 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?					
If yes, please describe:	<input type="radio"/> Yes	<input checked="" type="radio"/> No			
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 type="radio"/> Colorless	<input type="radio"/> Red	<input type="radio"/> Green	<input checked="" type="radio"/> Brown	<input type="radio"/> Other (please indicate) _____
B. Water Clarity:	<input type="radio"/> Completely clear	<input type="radio"/> Fairly clear	<input checked="" type="radio"/> Fairly cloudy	<input type="radio"/> Completely cloudy	
C. Water Surface: (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) _____		
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			
	<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) _____		
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			

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) and reason for problem(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 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?

Yes	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>: <u>BEK</u>	Data entered into SWIMS? <input type="checkbox"/>
Aesthetic impression score (for DNR use only): <u>0</u>	
Assessment score (for DNR use only): <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 <insert contractor's name and contact info>

1. Your name:	Eugene Woods	2. Station name:	Metro boat launch	Form revision date: 01/06/15		
3. Monitoring date:	07 27 17	4. Start time (include AM/PM):	10:30 am			
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:	<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.	Availability, bathrooms, grass, picnic tables, birds				Overall aesthetic impression of site	
8a. Is the color or clarity of the water unattractive?						
If yes, please describe:	<u>Yes</u> Dredge <u>No</u>					
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	<u>Fairly cloudy</u>	Completely cloudy		
C. Water Surface: (Circle all that apply)	Normal	Oily sheen	<u>Foamy</u>	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?

If yes, circle type(s):

Yes		<input checked="" 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?

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 checked="" type="radio"/> Yes	No
Goose poop	

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

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

14a. Is there nuisance vegetation along the shoreline?

If yes, list type and amount:

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

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

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):

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

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

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

16. Have you previously evaluated this station?

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.

Make red platform accessible for public fishing

17. END TIME:

10:35 am

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): 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:		Glen Ness		2. Station name:		Metro		Form revision date: 01/06/15
3. Monitoring date:		7/27/17		4. Start time (include AM/PM):		10:15		
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 location						Overall aesthetic impression of site
8a. Is the color or clarity of the water unattractive?								
If yes, please describe.		Yes		No				
		a lot more attractive than it was in my youth						
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: (Circle all that apply)		Normal	Oily sheen	Foamy	Floating aquatic plants			
		Natural debris	Neon green sheen	Other (please indicate) garbage				
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) by normal people litter				
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				

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) 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 checked="" type="radio"/> Yes	<input type="radio"/> No
Normal every place	

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.

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17. END TIME:

10:30

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by <contractor>:	BGE	Data entered into SWIMS?	<input type="checkbox"/>
Aesthetic impression score (for DNR use only):	2		
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:	Giselle	2. Station name:	Metro	Form revision date: 01/05/15	
3. Monitoring date:	07272017	4. Start time (include AM/PM):	10:25		
5. Water conditions:	Calm	Slight movement	<u>Moderate flow or waves</u>	Rough or fast flowing	
6. Water level:	<u>High</u>	Normal	Low		
7. Overall, how aesthetically pleasing do you find the site?					
Circle one of the following: Please describe. List any factors that make it pleasing or not pleasing.	Very pleasing	<u>Somewhat pleasing</u>	Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing
8a. Is the color or clarity of the water unattractive?					
If yes, please describe:	<u>Yes</u>		No		Overall aesthetic impression of site
	looks dirty				
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)	Normal	<u>Oily sheen</u>	Foamy	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):	<u>Yes</u>		No		Objectable deposits in/characteristics of the water
	Building materials	Medical items	Household waste	Sewage-related litter	
	<u>Food-related litter</u>	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>		

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?

Yes No

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

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

Yes No

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

17. END TIME:

10:35

For volunteer coordinator/DNR use only

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

M. NESS

2. Station name:

METRO BOAT LAUNCH

3. Monitoring date:

7/27/17

4. Start time (Include AM/PM):

1030AM

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

Nelther pleasing nor displeasing

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

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

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 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

Form revision date:
03/06/15

Overall aesthetic impression of site

Objectionable deposits in characteristics of the water

12a. Is there garbage along the shoreline?

If yes, circle type(s):

<input checked="" type="checkbox"/> Yes	<input 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"/> Yes	<input checked="" type="checkbox"/> 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="checkbox"/> Yes	<input type="checkbox"/> No
PELICANS; GEASE	

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

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

14a. Is there nuisance vegetation along the shoreline?

If yes, list type and amount:

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

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

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

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

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

16. Have you previously evaluated this station?

<input type="checkbox"/> Yes	<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.

17. END TIME:

1045

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	BEL	Data entered into SWIMS?	<input type="checkbox"/>
Aesthetic Impression score (for DNR use only):	1		
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 Megan O'Shea, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5465, megan.oshea@wi.gov

1. Your name: MARTIN STEVENS 2. Station name: METCO

3. Monitoring date: 8/30/17 4. Start time (include AM/PM): 10:30AM

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

6. Water level: High Normal 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.
SOMETIMES IT IS TOO CROWDED... TENTS, ETC.

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

Yes Yes No

If yes, please describe:
GREENISH/CLOUDY

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

Yes 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 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 No

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

Yes No 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 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	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 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.

Objectionable deposits on the shoreline

Additional feedback

17. END TIME:

10:39 AM

For volunteer coordinator/DNR use only

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

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 Megan O'Shea, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5465, megan.oshea@wi.gov

1. Your name:	Stanley Brown	2. Station name:	Metro Boat	Form revision date: 02/17/15		
3. Monitoring date:	6/20/17	4. Start time (include AM/PM):	10:30 AM			
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:	<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.	good fishing easy access					
8a. Is the color or clarity of the water unattractive?						
	Yes		<u>No</u>		Objectionable deposits in/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 all 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:	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?						
	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) _____			
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>			

12a. Is there garbage along the shoreline?

If yes, circle type(s):

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

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

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

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

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.

The metal structure is ugly and should provide public access to have room for fishing AND wildlife viewing

17. END TIME:

10:35am

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

BEIC

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

not entered - incomplete

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: Stanley Brown 2. Station name: Meto Boat Launch

3. Monitoring date: 07/27/2017 4. Start time (include AM/PM): 10:30

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.

Form revision date: 01/06/15
Overall aesthetic impression of site

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 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: (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?

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):

	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?

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

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?

Fish chits walk the fish?

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

17. END TIME:

10:49

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by <contractor>: *[Signature]* Data entered into SWIMS?

Aesthetic impression score (for DNR use only): *[Signature]*
 Assessment score (for DNR use only): *not entered too many incomplete*

Objectionable deposits on the shoreline

Additional feedback

04/04

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: Frank Reynard 2. Station name: Perkofski

3. Monitoring date: 7/27/17 4. Start time (include AM/PM): 9:15

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.
Come here everyday peace + quiet

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 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)

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

If yes, circle visible item(s): 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

Form revision date: 01/06/15

Overall aesthetic impression of site

Objectonable deposits in/characteristics of the water

12a. Is there garbage along the shoreline?

If yes, circle type(s):

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) and reason for problem(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 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.

3 or 4 years-tho've been taking PCBs out of the water, the fish are much bigger than they used to be. vegetation must be improving

17. END TIME:

9:25

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by <contractor>:	BGK	Data entered into SWIMS?	<input type="checkbox"/>
Aesthetic Impression score (for DNR use only):	0		
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 Megan O'Shea, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5465, megan.oshea@wi.gov

1. Your name:	Patrick Jones	2. Station name:	Voyageur Park	Form revision date: 02/17/15		
3. Monitoring date:	8/05/17	4. Start time (include AM/PM):	2:22pm			
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 checked="" type="radio"/> High	<input type="radio"/> Normal	<input type="radio"/> Low			
7. Overall, how aesthetically pleasing do you find the site?						
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.	Green Particles, Algae Normally Occurring				Overall aesthetic impression of site	
8a. Is the color or clarity of the water unattractive?	Yes <input type="radio"/> No <input checked="" type="radio"/>					
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 <input type="radio"/> No <input checked="" type="radio"/>					
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="radio"/> Colorless	<input type="radio"/> Red	<input checked="" type="radio"/> Green	<input type="radio"/> Brown		<input type="radio"/> Other (please indicate) _____
B. Water Clarity:	<input type="radio"/> Completely clear	<input type="radio"/> Fairly clear	<input checked="" type="radio"/> Fairly cloudy	<input type="radio"/> Completely cloudy		
C. Water Surface: (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) _____				
10a. Is there floating or submerged garbage present in the water?	Yes <input type="radio"/> No <input checked="" type="radio"/>					
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) _____				
10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?	Yes <input type="radio"/> No <input checked="" type="radio"/>					
11a. Are any other substances present in the water that are not specifically mentioned on this form?	Yes <input type="radio"/> No <input checked="" type="radio"/>					
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 <input type="radio"/> No <input checked="" type="radio"/>					

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?

NONE

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

17. END TIME:

2:33 pm

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

Beil

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

internal

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 Megan O'Shea, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5465, megan.oshea@wi.gov

1. Your name:	BRYAN STARY	2. Station name:	VOYAGEUR	Form revision date: 02/17/15	
3. Monitoring date:	8/30/17	4. Start time (include AM/PM):	9:30AM		
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 checked="" type="radio"/> Normal	<input type="radio"/> Low		
7. Overall, how aesthetically pleasing do you find the site?					
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.	ALGAL BLOOM PROBLEMS				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		
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 all applicable attributes.					
A. Water Color:	<input type="radio"/> Colorless	<input type="radio"/> Red	<input checked="" type="radio"/> Green	<input type="radio"/> Brown	<input type="radio"/> Other (please indicate) _____
B. Water Clarity:	<input type="radio"/> Completely clear	<input type="radio"/> Fairly clear	<input checked="" type="radio"/> Fairly cloudy	<input type="radio"/> Completely cloudy	
C. Water Surface:	<input 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 checked="" type="radio"/> Neon green sheen	<input type="radio"/> 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		
	<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) _____		
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 what:	<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		

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.

17. END TIME:

9:41 AM

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	Beik	Check box if data sheet meets quality control requirements	<input 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 Megan O'Shea, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5465, megan.oshea@wi.gov

1. Your name:	Scott Filippek	2. Station name:	Voyageur Park	Form revision date: 02/17/15		
3. Monitoring date:	8/13/17	4. Start time (include AM/PM):	9:35AM			
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 checked="" type="radio"/> Normal	<input 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				Overall aesthetic impression of site	
Please describe. List any factors that make it pleasing or not pleasing.	great fishing					
8a. Is the color or clarity of the water unattractive?	<input type="radio"/> Yes <input checked="" type="radio"/> No				Objectionable deposits in/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?	<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 all applicable attributes.						
A. Water Color:	<input type="radio"/> Colorless	<input type="radio"/> Red	<input checked="" type="radio"/> Green	<input type="radio"/> Brown		<input type="radio"/> Other (please indicate) _____
B. Water Clarity:	<input type="radio"/> Completely clear	<input checked="" 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="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) _____			
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?	<input type="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Yes <input checked="" 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
<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
<i>Some times of the year - goose poop</i>	

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 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.

17. END TIME:

9:43pm

For volunteer coordinator/DNR use only

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

Objectionable deposits on the shoreline

Additional feedback

QA/QC

entwiel

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 Megan O'Shea, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5465, megan.oshea@wi.gov

1. Your name:	Richard Toth	2. Station name:	Voyager Park	Form revision date: 02/17/15																								
3. Monitoring date:	8/30/17	4. Start time (include AM/PM):	9:20am																									
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 checked="" type="radio"/> High	<input type="radio"/> Normal	<input type="radio"/> Low	Overall aesthetic impression of site																								
7. Overall, how aesthetically pleasing do you find the site?	Circle <u>one</u> of the following: <table border="0" style="width:100%"> <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> Please describe. List any factors that make it pleasing or not pleasing. Bathroom, easy access				<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																								
8a. Is the color or clarity of the water unattractive?	<table border="0" style="width:100%"> <tr> <td><input type="radio"/> Yes</td> <td><input checked="" type="radio"/> No</td> </tr> </table> If yes, please describe:				<input type="radio"/> Yes	<input checked="" type="radio"/> No																						
<input type="radio"/> Yes	<input checked="" type="radio"/> No																											
8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?	<table border="0" style="width:100%"> <tr> <td><input type="radio"/> Yes</td> <td><input checked="" type="radio"/> No</td> </tr> </table>				<input type="radio"/> Yes	<input checked="" type="radio"/> No																						
<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 all applicable attributes.	<table border="0" style="width:100%"> <tr> <td>A. Water Color:</td> <td><input type="radio"/> Colorless</td> <td><input type="radio"/> Red</td> <td><input type="radio"/> Green</td> <td><input checked="" type="radio"/> Brown</td> <td><input type="radio"/> Other (please indicate) _____</td> </tr> <tr> <td>B. Water Clarity:</td> <td><input type="radio"/> Completely clear</td> <td><input type="radio"/> Fairly clear</td> <td><input checked="" type="radio"/> Fairly cloudy</td> <td><input type="radio"/> Completely cloudy</td> <td></td> </tr> <tr> <td>C. Water Surface:</td> <td><input checked="" type="radio"/> Normal</td> <td><input type="radio"/> Oily sheen</td> <td><input type="radio"/> Foamy</td> <td><input type="radio"/> Floating aquatic plants</td> <td></td> </tr> <tr> <td>(Circle all that apply)</td> <td><input type="radio"/> Natural debris</td> <td><input type="radio"/> Neon green sheen</td> <td><input type="radio"/> Other (please indicate) _____</td> <td></td> <td></td> </tr> </table>				A. Water Color:	<input type="radio"/> Colorless	<input type="radio"/> Red	<input type="radio"/> Green	<input checked="" type="radio"/> Brown	<input type="radio"/> Other (please indicate) _____	B. Water Clarity:	<input type="radio"/> Completely clear	<input type="radio"/> Fairly clear	<input checked="" 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) _____		
A. Water Color:	<input type="radio"/> Colorless	<input type="radio"/> Red	<input type="radio"/> Green	<input checked="" type="radio"/> Brown	<input type="radio"/> Other (please indicate) _____																							
B. Water Clarity:	<input type="radio"/> Completely clear	<input type="radio"/> Fairly clear	<input checked="" 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?	<table border="0" style="width:100%"> <tr> <td><input checked="" type="radio"/> Yes</td> <td><input type="radio"/> No</td> </tr> </table> If yes, circle visible item(s): <table border="0" style="width:100%"> <tr> <td><input type="radio"/> Building materials</td> <td><input type="radio"/> Medical items</td> <td><input type="radio"/> Household waste</td> <td><input type="radio"/> Sewage-related litter</td> </tr> <tr> <td><input type="radio"/> Food-related litter</td> <td><input checked="" type="radio"/> Fishing-related litter</td> <td><input type="radio"/> Other (please indicate) _____</td> <td></td> </tr> </table>				<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"/> Food-related litter	<input checked="" type="radio"/> Fishing-related litter	<input type="radio"/> Other (please indicate) _____															
<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"/> Food-related litter	<input checked="" type="radio"/> Fishing-related litter	<input type="radio"/> Other (please indicate) _____																										
10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?	<table border="0" style="width:100%"> <tr> <td><input type="radio"/> Yes</td> <td><input checked="" type="radio"/> No</td> </tr> </table>				<input type="radio"/> Yes	<input checked="" type="radio"/> No																						
<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?	<table border="0" style="width:100%"> <tr> <td><input type="radio"/> Yes</td> <td><input checked="" type="radio"/> No</td> </tr> </table> If yes, list what:				<input type="radio"/> Yes	<input checked="" type="radio"/> No																						
<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?	<table border="0" style="width:100%"> <tr> <td><input type="radio"/> Yes</td> <td><input checked="" type="radio"/> No</td> </tr> </table>				<input type="radio"/> Yes	<input checked="" type="radio"/> No																						
<input type="radio"/> 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
Household waste	Sewage-related litter
Food-related litter	Syringes
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
pet waste	

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 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
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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.

Keep one gate open in winter
↳ nice fishing for German Brown

17. END TIME:

9:54 am

For volunteer coordinator/DNR use only

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

Objectionable deposits on the shoreline

Additional feedback

OA/C

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 Megan O'Shea, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5465, megan.oshea@wi.gov

1. Your name:	Elen Watermolen		2. Station name:	Voyageur Park		Form revision date: 02/17/15
3. Monitoring date:	8/30/17		4. Start time (include AM/PM):	9:24AM		
5. Water conditions:	<input checked="" type="radio"/> Calm	Slight movement	Moderate flow or waves	<input type="radio"/> Rough or fast flowing		
6. Water level:	<input checked="" type="radio"/> High	Normal		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	<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.	water color					
8a. Is the color or clarity of the water unattractive?						
	<input checked="" type="radio"/> Yes			<input type="radio"/> No		
If yes, please describe:	bright green					
8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?						
	<input checked="" 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 all applicable attributes.						
A. Water Color:	Colorless	Red	<input checked="" type="radio"/> Green	Brown	Other (please indicate) _____	
B. Water Clarity:	Completely clear	Fairly clear	Fairly cloudy	<input checked="" type="radio"/> Completely cloudy		
C. Water Surface: (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) _____		
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):	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?						
	<input type="radio"/> Yes			<input checked="" type="radio"/> 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="radio"/> 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 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 checked="" 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 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
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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.

pretty park especially in spring

17. END TIME:

9:33AM

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	BCIK	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

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 Megan O'Shea, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5465, megan.oshea@wi.gov

1. Your name:		Joscelyn Good		2. Station name:		Voyager		Form revision date: 02/17/15	
3. Monitoring date:		08/25/14		4. Start time (include AM/PM):		2:47am			
5. Water conditions:		Calm	<u>Slight movement</u>	Moderate flow or waves	Rough or fast flowing				
6. Water level:		High	<u>Normal</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.		Green Saw a minnow							Overall aesthetic impression of site
8a. Is the color or clarity of the water unattractive?		Yes <u>No</u>							
If yes, please describe:		It's just a river							
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	<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)		<u>Normal</u>	<u>Oily sheen</u>	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?									
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 <u>No</u>							
11a. Are any other substances present in the water that are not specifically mentioned on this form?									
If yes, list what:		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 <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?

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.

Objectionable deposits on the shoreline

Additional feedback

17. END TIME:

2:36pm

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	Btk	Check box if data sheet meets quality control requirements	<input type="checkbox"/>
Aesthetic impression score:	2		
Assessment score:	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 Megan O'Shea, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5465, megan.oshea@wi.gov

1. Your name:		Olivia Nickwitz		2. Station name:		VOYAGER		Form revision date: 02/17/15			
3. Monitoring date:		08/25/17		4. Start time (include AM/PM):		2:23pm					
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 checked="" type="radio"/> Normal		<input type="radio"/> Low		Overall aesthetic impression of site			
7. Overall, how aesthetically pleasing do you find the site?											
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 type="radio"/> Somewhat displeasing <input checked="" type="radio"/> Very displeasing											
Please describe. List any factors that make it pleasing or not pleasing.											
Green, cloudy											
8a. Is the color or clarity of the water unattractive?											
<input checked="" type="radio"/> Yes <input type="radio"/> No											
If yes, please describe:											
It looks like I can't can't go in											
8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?											
<input checked="" 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 all applicable attributes.											
A. Water Color:		<input type="radio"/> Colorless		<input type="radio"/> Red		<input checked="" type="radio"/> Green		<input type="radio"/> Brown		<input type="radio"/> Other (please indicate) _____	
B. Water Clarity:		<input type="radio"/> Completely clear		<input type="radio"/> Fairly clear		<input type="radio"/> Fairly cloudy		<input checked="" type="radio"/> Completely cloudy			
C. Water Surface:		<input type="radio"/> Normal		<input checked="" type="radio"/> Oily sheen		<input type="radio"/> Foamy		<input type="radio"/> Floating aquatic plants			
(Circle all that apply)		<input type="radio"/> Natural debris		<input checked="" 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 checked="" 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 what:											
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											

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	Objectionable deposits on the shoreline
	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
13a. Along the shoreline, are there problem animals or problems caused by animals?		
If yes, list type(s):	<input type="checkbox"/> Yes <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"/> Yes <input checked="" type="checkbox"/> No		
14a. Is there nuisance vegetation along the shoreline?		
If yes, list type if known and amount:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?		
<input type="checkbox"/> Yes <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"/> Yes <input checked="" type="checkbox"/> No	
15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
16. Have you previously evaluated this station?		
<input type="checkbox"/> Yes <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?	It is just green and cloudy, but not too much garbage in the water.	
Comments: Please include anything else you thought should be reported while completing this survey.		
17. END TIME:		
2:31pm		
For volunteer coordinator/DNR use only		
Date the data sheet was reviewed by contractor:	Beth	Check box if data sheet meets quality control requirements <input type="checkbox"/>
Aesthetic impression score:	4	QA/QC
Assessment score:	2	

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 Megan O'Shea, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5465, megan.oshea@wi.gov

1. Your name:	Thomas Blink	2. Station name:	Voyageur	Form revision date: 02/17/15	
3. Monitoring date:	08/28/17	4. Start time (include AM/PM):	2:20 PM		
5. Water conditions:	Calm <input type="radio"/> Slight movement <input checked="" type="radio"/>	Moderate flow or waves <input type="radio"/>	Rough or fast flowing <input type="radio"/>		
6. Water level:	High <input checked="" type="radio"/>	Normal <input type="radio"/>	Low <input type="radio"/>		
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 checked="" type="radio"/>	Neither pleasing nor displeasing <input type="radio"/>	Somewhat displeasing <input type="radio"/>	Very displeasing <input type="radio"/>
Please describe. List any factors that make it pleasing or not pleasing.	Overall the park is fairly pleasing, although the water has a very green color which makes it seem unclean and the park has some litter				Overall aesthetic impression of site
8a. Is the color or clarity of the water unattractive?	Yes <input type="radio"/> No <input checked="" type="radio"/>				
If yes, please describe:	It has a very green color making it seem unclean				
8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?	Yes <input type="radio"/> No <input checked="" type="radio"/>				
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 <input type="radio"/>	Red <input type="radio"/>	Green <input checked="" type="radio"/>	Brown <input type="radio"/>	Other (please indicate) _____
B. Water Clarity:	Completely clear <input type="radio"/>	Fairly clear <input type="radio"/>	Fairly cloudy <input type="radio"/>	Completely cloudy <input checked="" type="radio"/>	
C. Water Surface: (Circle all that apply)	Normal <input checked="" 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 checked="" type="radio"/>	Other (please indicate) _____		
10a. Is there floating or submerged garbage present in the water?					
Yes <input type="radio"/> No <input checked="" type="radio"/>					
If yes, circle visible item(s):	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) _____		
10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?	Yes <input type="radio"/> No <input checked="" type="radio"/>				
11a. Are any other substances present in the water that are not specifically mentioned on this form?					
Yes <input type="radio"/> No <input checked="" type="radio"/>					
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 <input type="radio"/> No <input type="radio"/>				

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	Household waste
	Food-related litter	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 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 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
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:	2:35 pm		
For volunteer coordinator/DNR use only			
Date the data sheet was reviewed by contractor:	Btk	Check box if data sheet meets quality control requirements	<input 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 Megan O'Shea, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5465, megan.oshea@wi.gov

1. Your name:		Cole Johnson	2. Station name:		Voyageur	Form revision date: 02/17/15
3. Monitoring date:		08/28/17	4. Start time (include AM/PM):		2:20 PM	
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 checked="" type="radio"/> High	<input checked="" type="radio"/> Windy	<input type="radio"/> Low		
7. Overall, how aesthetically pleasing do you find the site?						
Circle <u>one</u> of the following:		<input type="radio"/> Very pleasing	<input type="radio"/> Somewhat pleasing	<input checked="" type="radio"/> 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.		Green color in some areas but not disgusting (no garbage present)				
8a. Is the color or clarity of the water unattractive?						
If yes, please describe:		<input checked="" type="radio"/> Yes NEVER Green color (not very clear)				
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 all applicable attributes.						
A. Water Color:		<input type="radio"/> Colorless	<input type="radio"/> Red	<input checked="" type="radio"/> Green	<input type="radio"/> Brown	<input type="radio"/> Other (please indicate) _____
B. Water Clarity:		<input type="radio"/> Completely clear	<input type="radio"/> Fairly clear	<input checked="" type="radio"/> Fairly cloudy	<input type="radio"/> Completely cloudy	
C. Water Surface: (Circle all that apply)		<input type="radio"/> Normal	<input checked="" 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) _____		
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				
		<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 checked="" type="radio"/> No				
11a. Are any other substances present in the water that are not specifically mentioned on this form?						
If yes, list what:		<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				

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.

--

17. END TIME: 2:31pm

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	Berk	Check box if data sheet meets quality control requirements	<input type="checkbox"/>
Aesthetic Impression score:	2		
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 Megan O'Shea, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5465, megan.oshea@wi.gov

1. Your name:		Brittany Schmidt		2. Station name:		Noyagaur Park		Form revision date: 03/17/15	
3. Monitoring date:		09/25/17		4. Start time (include AM/PM):		2:25pm			
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 checked="" type="radio"/> Normal		<input type="radio"/> Low			
7. Overall, how aesthetically pleasing do you find the site?									
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 type="radio"/> Somewhat displeasing	<input checked="" type="radio"/> Very displeasing			
Please describe. List any factors that make it pleasing or not pleasing.		color, smell							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					
		bad color: green-ish							
8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?									
		<input checked="" 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 all applicable attributes.									
A. Water Color:		<input type="radio"/> Colorless	<input type="radio"/> Red	<input checked="" type="radio"/> Green	<input type="radio"/> Brown	<input type="radio"/> Other (please indicate) _____			
B. Water Clarity:		<input type="radio"/> Completely clear	<input type="radio"/> Fairly clear	<input type="radio"/> Fairly cloudy	<input checked="" type="radio"/> Completely cloudy				
C. Water Surface:		<input type="radio"/> Normal	<input checked="" 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?									
If yes, circle visible item(s):		<input type="radio"/> Yes		<input checked="" 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"/> Food-related litter	<input type="radio"/> Fishing-related litter	<input type="radio"/> 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 what:		<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 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:

2:38 PM

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

BEK

Check box if data sheet meets quality control requirements

Aesthetic impression score:

4

Assessment score:

2

Objectionable deposits on the shoreline

Additional feedback

QA/QC

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
NA	

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
NA	

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
NA	

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?

NA

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

NA

17. END TIME:

2:31pm

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	BC-1K	Check box if data sheet meets quality control requirements	<input type="checkbox"/>
Aesthetic impression score:	2		
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 Megan O'Shea, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5465, megan.oshea@wi.gov

1. Your name:	Hayley Spain	2. Station name:	Voyageur Park	Form revision date: 02/17/15	
3. Monitoring date:	08/25/17	4. Start time (include AM/PM):	2:24pm		
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 checked="" type="radio"/> Normal	<input type="radio"/> Low		
7. Overall, how aesthetically pleasing do you find the site?					
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 type="radio"/> Somewhat displeasing	<input checked="" type="radio"/> Very displeasing
Please describe. List any factors that make it pleasing or not pleasing.	color, smell				Overall aesthetic impression of site
8a. Is the color or clarity of the water unattractive?	<input checked="" type="radio"/> Yes <input type="radio"/> No				
If yes, please describe:	bad color - greenish/brownish				
8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?	<input checked="" 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 all applicable attributes.					
A. Water Color:	<input type="radio"/> Colorless	<input type="radio"/> Red	<input checked="" type="radio"/> Green	<input type="radio"/> Brown	<input type="radio"/> Other (please indicate) _____
B. Water Clarity:	<input type="radio"/> Completely clear	<input type="radio"/> Fairly clear	<input type="radio"/> Fairly cloudy	<input checked="" type="radio"/> Completely cloudy	
C. Water Surface:	<input type="radio"/> Normal	<input checked="" 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="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) _____		
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 what:					
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					

Objectable 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	Household waste
	<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 checked="" type="radio"/> Yes	<input 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 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
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:		2:33pm	
For volunteer coordinator/DNR use only			
Date the data sheet was reviewed by contractor:	BGV	Check box if data sheet meets quality control requirements	<input type="checkbox"/>
Aesthetic impression score:	4		
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.

If you have questions or to return this survey, please contact Megan O'Shea, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5465, megan.oshea@wi.gov

1. Your name:	Clare Kubica	2. Station name:	Vanguard Park	Form revision date: 02/17/15	
3. Monitoring date:	08/29/2017	4. Start time (include AM/PM):	2:30		
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 checked="" type="radio"/> Normal	<input type="radio"/> Low		
7. Overall, how aesthetically pleasing do you find the site?					
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. Water is very green					
8a. Is the color or clarity of the water unattractive?					
<input checked="" type="radio"/> Yes <input type="radio"/> No					
If yes, please describe: Can't see bottom					
8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?					
<input checked="" 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 all applicable attributes.					
A. Water Color:	<input type="radio"/> Colorless	<input type="radio"/> Red	<input checked="" type="radio"/> Green	<input type="radio"/> Brown	<input type="radio"/> Other (please indicate) _____
B. Water Clarity:	<input type="radio"/> Completely clear	<input type="radio"/> Fairly clear	<input checked="" type="radio"/> Fairly cloudy	<input type="radio"/> Completely cloudy	
C. Water Surface: (Circle all that apply)	<input checked="" type="radio"/> Normal	<input checked="" 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) _____		
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="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) _____					
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?					
<input checked="" type="radio"/> Yes <input type="radio"/> 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 checked="" 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?

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?

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.

17. END TIME:

2:38 pm

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	BGM	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

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 Megan O'Shea, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5465, megan.oshea@wi.gov

1. Your name:	Jack Markham	2. Station name:	Voyagers	Form revision date: 02/17/15	
3. Monitoring date:	08/25/17	4. Start time (include AM/PM):	2:23pm		
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 checked="" type="radio"/> Normal	<input type="radio"/> Low		
7. Overall, how aesthetically pleasing do you find the site?					
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.					
Water has thin layer of algae due to lack of movement in the channel					
8a. Is the color or clarity of the water unattractive?					
<input checked="" type="radio"/> Yes <input type="radio"/> No					
If yes, please describe:					
Its green					
8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?					
<input checked="" 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 all applicable attributes.					
A. Water Color:	<input type="radio"/> Colorless	<input type="radio"/> Red	<input checked="" type="radio"/> Green	<input type="radio"/> Brown	<input type="radio"/> Other (please indicate) _____
B. Water Clarity:	<input type="radio"/> Completely clear	<input type="radio"/> Fairly clear	<input type="radio"/> Fairly cloudy	<input checked="" type="radio"/> Completely cloudy	
C. Water Surface: (Circle all that apply)	<input type="radio"/> Normal	<input checked="" 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) _____		
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="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) _____					
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?					
<input type="radio"/> Yes <input checked="" type="radio"/> 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="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?		<input checked="" type="radio"/> Yes	<input type="radio"/> No
If yes, circle type(s):	Building materials	Medical items	Household waste
	<input checked="" type="radio"/> Food-related litter	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
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 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 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 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 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:		2:31 PM	
For volunteer coordinator/DNR use only			
Date the data sheet was reviewed by contractor:	BEK	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

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 Megan O'Shea, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5465, megan.oshea@wi.gov

1. Your name:	Chase Meyer	2. Station name:	Voyageur Park	Form revision date: 02/17/15		
3. Monitoring date:	8/25/17	4. Start time (include AM/PM):	2:22pm			
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 <u>one</u> of the following:	Very pleasing	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.						
8a. Is the color or clarity of the water unattractive?						
	Yes		No		Objectionable deposits in/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		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		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) _____			
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		Objectionable deposits in/characteristics of the water	
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?		<input checked="" type="radio"/> Yes	<input type="radio"/> No
If yes, circle type(s):	Building materials	Medical items	Household waste
	<u>Food-related litter</u>	<u>Fishing-related litter</u>	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?		<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 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
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:		2:29pm	
For volunteer coordinator/DNR use only			
Date the data sheet was reviewed by contractor:	<u>Benk</u>	Check box if data sheet meets quality control requirements	<input 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 Megan O'Shea, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-652-5465, megan.oshea@wi.gov

1. Your name:	Maggie West	2. Station name:	Vonnahmeur Park	Form revision date: 02/17/15	
3. Monitoring date:	8/28/17	4. Start time (include AM/PM):	2:24 pm		
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 checked="" type="radio"/> Normal	<input type="radio"/> Low		
7. Overall, how aesthetically pleasing do you find the site?					
Circle <u>one</u> of the following:	<input type="radio"/> Very pleasing	<input type="radio"/> Somewhat pleasing	<input checked="" 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.	green				Overall aesthetic impression of site
8a. Is the color or clarity of the water unattractive?	<input checked="" type="radio"/> Yes <input type="radio"/> No				
If yes, please describe:	green				
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 all applicable attributes.					
A. Water Color:	<input type="radio"/> Colorless	<input type="radio"/> Red	<input checked="" type="radio"/> Green	<input type="radio"/> Brown	<input type="radio"/> Other (please indicate) _____
B. Water Clarity:	<input type="radio"/> Completely clear	<input type="radio"/> Fairly clear	<input type="radio"/> Fairly cloudy	<input checked="" type="radio"/> Completely cloudy	
C. Water Surface: (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 checked="" 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="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) _____	
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 what:					
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):

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:

2:32 pm

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

Berk

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

Not entered - didn't

met
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 Megan O'Shea, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5465, megan.oshea@wi.gov

1. Your name:	Collin Kempfert	2. Station name:	Voyageur	Form revision date: 02/17/15	
3. Monitoring date:	2/25/15	4. Start time (include AM/PM):	2:24pm		
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 checked="" type="radio"/> Normal	<input type="radio"/> Low		
7. Overall, how aesthetically pleasing do you find the site?					
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 type="radio"/> Somewhat displeasing	<input checked="" type="radio"/> Very displeasing
Please describe. List any factors that make it pleasing or not pleasing.	Green algae later on top of water				
8a. Is the color or clarity of the water unattractive?					
If yes, please describe:	<input checked="" type="radio"/> Yes		<input type="radio"/> No		
8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?					
	<input checked="" 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 all applicable attributes.					
A. Water Color:	<input type="radio"/> Colorless	<input type="radio"/> Red	<input checked="" type="radio"/> Green	<input type="radio"/> Brown	<input type="radio"/> Other (please indicate) _____
B. Water Clarity:	<input type="radio"/> Completely clear	<input type="radio"/> Fairly clear	<input checked="" type="radio"/> Fairly cloudy	<input type="radio"/> Completely cloudy	
C. Water Surface: (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) _____		
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		
	<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) _____		
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 what:	<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		

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
	Food-related litter	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?		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?	N.A		
	Very green water		
Comments: Please include anything else you thought should be reported while completing this survey.			
17. END TIME:		2:32 pm	
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:			
Assessment score:			

027

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 Megan O'Shea, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5465, megan.oshea@wi.gov

1. Your name:	Jack Truman	2. Station name:	Fox River	Form revision date: 02/17/15		
3. Monitoring date:	08/23/17	4. Start time (include AM/PM):	2:30 pm			
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	<input checked="" type="radio"/> Somewhat pleasing	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.	good grass and trees Some garbage, decent amount of other people					
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	
	When you look closely there's some algae					
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 all applicable attributes.						
A. Water Color:	Colorless	Red	<input checked="" type="radio"/> Green	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)	<input checked="" type="radio"/> 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):	<input type="radio"/> Yes		<input checked="" type="radio"/> No		Objectionable deposits in/characteristics of the water	
	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 what:	<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?

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
dead frog	

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 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.

general paper/cigarette garbage as well

17. END TIME:

2:35 pm

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	BAK	Check box if data sheet meets quality control requirements	<input type="checkbox"/>
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Aesthetic Impression score:	1
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Assessment score:	0
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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 Megan O'Shea, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5465, megan.oshea@wi.gov

1. Your name: CASH JOHNSON 2. Station name: ONE FOR WARE

3. Monitoring date: 8/30/17 4. Start time (include AM/PM): 11 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.

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?

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
---------------------------	-------------------------------------

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:

11:10AM

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

Beck

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 Megan O'Shea, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5465, megan.oshea@wi.gov

1. Your name:	CORA JOHNSON	2. Station name:	VIETOR WARE
3. Monitoring date:	02/13/17	4. Start time (include AM/PM):	11:00AM
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

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.

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: 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?

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?

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?

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.

17. END TIME:

11:10 AM

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

BEK

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

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 Megan O'Shea, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5465, megan.oshea@wi.gov

1. Your name:	Josh Johnson	2. Station name:	Victor Wharf	Form revision date: 02/17/15
3. Monitoring date:	8/30/17	4. Start time (include AM/PM):	11 am	
5. Water conditions:	<input checked="" type="radio"/> Calm <input checked="" type="radio"/> Slight movement 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?				
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. algae bloom				
8a. Is the color or clarity of the water unattractive?				
Yes No				
If yes, please describe: algae				
8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?				
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 all 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:	Normal Oily sheen Foamy Floating aquatic plants			
(Circle all that apply)	Natural debris <input checked="" type="radio"/> Neon green sheen Other (please indicate) _____			
10a. Is there floating or submerged garbage present in the water?				
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) _____				
10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?				
Yes <input checked="" type="radio"/> No				
11a. Are any other substances present in the water that are not specifically mentioned on this form?				
Yes <input checked="" type="radio"/> 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 <input checked="" type="radio"/> No				

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 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 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:

11:03 am

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

BEIK

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

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:	Steven	2. Station name:		Form revision date: 01/06/15		
3. Monitoring date:	7-27-17	4. Start time (include AM/PM):	1 PM			
5. Water conditions:	<input type="checkbox"/> Calm <input type="checkbox"/> Slight movement <input type="checkbox"/> Moderate flow or waves <input type="checkbox"/> Rough or fast flowing					
6. Water level:	<input type="checkbox"/> High <input type="checkbox"/> Normal <input type="checkbox"/> Low					
7. Overall, how aesthetically pleasing do you find the site?						
Circle <u>one</u> of the following: Please describe. List any factors that make it pleasing or not pleasing.	<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	Overall aesthetic impression of site
8a. Is the color or clarity of the water unattractive?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input 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 any applicable attributes.						
A. Water Color:	<input type="checkbox"/> Colorless	<input type="checkbox"/> Red	<input type="checkbox"/> Green	<input checked="" type="checkbox"/> Brown	<input type="checkbox"/> Other (please indicate) _____	
B. Water Clarity:	<input type="checkbox"/> Completely clear	<input type="checkbox"/> Fairly clear	<input type="checkbox"/> Fairly cloudy	<input checked="" type="checkbox"/> Completely cloudy		
C. Water Surface: (Circle all that apply)	<input type="checkbox"/> Normal	<input type="checkbox"/> Oily sheen	<input checked="" 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) _____			
10a. Is there floating or submerged garbage present in the water?						
If yes, circle visible item(s):	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Other (please indicate) <u>Dead fish</u>			
10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?						
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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="checkbox"/> Yes <input type="checkbox"/> No					
11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?						
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						

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) and reason for problem(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 and amount

Yes	No
<i>small trees along shore / they get cut down / trim</i>	

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.

(Empty comment box)

17. END TIME:

1:20 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

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:	Bernie Quintanilla	2. Station name:	10:32	Form revision date: 01/06/15	
3. Monitoring date:	7-27-17	4. Start time (include AM/PM):			
5. Water conditions:	<input type="checkbox"/> Calm <input type="checkbox"/> Slight movement <input type="checkbox"/> Moderate flow or waves <input checked="" type="checkbox"/> Rough or fast flowing				
6. Water level:	<input checked="" type="checkbox"/> High <input type="checkbox"/> Normal <input type="checkbox"/> Low				
7. Overall, how aesthetically pleasing do you find the site?					
Circle <u>one</u> of the following:					
Please describe. List any factors that make it pleasing or not pleasing.					
<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					
8a. Is the color or clarity of the water unattractive?					
If yes, please describe:					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
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 any applicable attributes.					
A. Water Color:	Colorless	Red	Green	<input checked="" type="checkbox"/> Brown	Other (please indicate) _____
B. Water Clarity:	Completely clear	Fairly clear	<input checked="" type="checkbox"/> Fairly cloudy	Completely cloudy	
C. Water Surface:	Normal	Oily sheen	<input checked="" type="checkbox"/> 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):					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Building materials Medical items Household waste Sewage-related litter Food-related litter Fishing-related litter Other (please indicate) <u>macroalga</u>					
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?					
If yes, list type(s) and reason(s):					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
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					

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
Building materials	Medical items	Household waste
Food-related litter	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 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.

Additional feedback

Beautiful, great fishing for families

17. END TIME:

10:36

For volunteer coordinator/DNR use only

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

QA/QC

Objectionable deposits on the shoreline

Additional feedback

QA/QC