

✓  
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:	Anna Hooley	2. Station name:	Bay Beach	Form revision date: 02/17/15		
3. Monitoring date:	08/04/13	4. Start time (include AM/PM):	10:19am			
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 type="radio"/> Normal <input type="radio"/> Low <input checked="" 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 type="radio"/>	Neither pleasing nor displeasing <input type="radio"/>	Somewhat displeasing <input checked="" type="radio"/>	Overall aesthetic impression of site	
Please describe. List any factors that make it pleasing or not pleasing.	Blue-green Algae, lots of debris plastic litter					
8a. Is the color or clarity of the water unattractive?						
	<input checked="" type="radio"/> Yes		<input type="radio"/> No		Objectionable deposits in/characteristics of the water	
If yes, please describe:	Green/brown, not transparent					
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 <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 checked="" type="radio"/>	Completely cloudy <input type="radio"/>		
C. Water Surface:	Normal <input type="radio"/>	Oily sheen <input type="radio"/>	Foamy <input type="radio"/>	Floating aquatic plants <input checked="" type="radio"/>		
(Circle all that apply)	Natural debris <input checked="" type="radio"/>	Neon green sheen <input checked="" type="radio"/>	Other (please indicate) _____			
10a. Is there floating or submerged garbage present in the water?						
	<input checked="" type="radio"/> Yes		<input type="radio"/> No			
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 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?						
	<input checked="" 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 checked="" type="radio"/> Yes		<input type="radio"/> No			
If yes, list what:	Plant stalks in water					
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			

<b>12a. Is there garbage along the shoreline?</b>								
If yes, circle type(s):	<input checked="" type="radio"/> <b>Yes</b> <span style="margin-left: 200px;"><input type="radio"/> <b>No</b></span>							
	<table border="0" style="width: 100%;"> <tr> <td style="width: 25%;">Building materials</td> <td style="width: 25%;">Medical Items</td> <td style="width: 25%;">Household waste</td> <td style="width: 25%;">Sewage-related litter</td> </tr> <tr> <td><input checked="" type="radio"/> Food-related litter</td> <td><input type="radio"/> Fishing-related litter</td> <td colspan="2"><input type="radio"/> Other (please Indicate) _____</td> </tr> </table>	Building materials	Medical Items	Household waste	Sewage-related litter	<input checked="" type="radio"/> Food-related litter	<input type="radio"/> Fishing-related litter	<input type="radio"/> Other (please Indicate) _____
Building materials	Medical Items	Household waste	Sewage-related litter					
<input checked="" type="radio"/> Food-related litter	<input type="radio"/> Fishing-related litter	<input type="radio"/> Other (please Indicate) _____						
<b>12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?</b>								
<input checked="" type="radio"/> <b>Yes</b> <span style="margin-left: 200px;"><input type="radio"/> <b>No</b></span>								
<b>13a. Along the shoreline, are there problem animals or problems caused by animals?</b>								
If yes, list type(s):	<input type="radio"/> <b>Yes</b> <span style="margin-left: 200px;"><input checked="" type="radio"/> <b>No</b></span>							
<b>13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?</b>								
<input type="radio"/> <b>Yes</b> <span style="margin-left: 200px;"><input type="radio"/> <b>No</b></span>								
<b>14a. Is there nuisance vegetation along the shoreline?</b>								
If yes, list type if known and amount:	<input checked="" type="radio"/> <b>Yes</b> <span style="margin-left: 200px;"><input type="radio"/> <b>No</b></span>							
<b>14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?</b>								
<input type="radio"/> <b>Yes</b> <span style="margin-left: 200px;"><input checked="" type="radio"/> <b>No</b></span>								
<b>15a. Are there any other shoreline substances that are not specifically mentioned on this form ?</b>								
If yes, list type(s):	<input type="radio"/> <b>Yes</b> <span style="margin-left: 200px;"><input checked="" type="radio"/> <b>No</b></span>							
<b>15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?</b>								
<input type="radio"/> <b>Yes</b> <span style="margin-left: 200px;"><input checked="" type="radio"/> <b>No</b></span>								
<b>16. Have you previously evaluated this station?</b>	<input type="radio"/> <b>Yes</b> <span style="margin-left: 200px;"><input checked="" type="radio"/> <b>No</b></span>							
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.	Definite blue-green algae & tons of debris							
<b>17. END TIME:</b>	10:28 am							
<b>For volunteer coordinator/DNR use only</b>								
Date the data sheet was reviewed by contractor:	B516 <span style="float: right;"><input type="checkbox"/> Check box if data sheet meets quality control requirements</span>							
Aesthetic impression score:	3							
Assessment score:	4							

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

<b>1. Your name:</b>	Caitlyn Avey		<b>2. Station name:</b>	Bay Beach		Form revision date: 02/17/15
<b>3. Monitoring date:</b>	08/04/18		<b>4. Start time (include AM/PM):</b>	10:20am		
<b>5. Water conditions:</b>	Calm	<u>Slight movement</u>	Moderate flow or waves	Rough or fast flowing		
<b>6. Water level:</b>	High	<u>Normal</u>	Low			
<b>7. Overall, how aesthetically pleasing do you find the site?</b>						Overall aesthetic impression of site
Circle <u>one</u> of the following:	Very pleasing	Somewhat pleasing	<u>Neither pleasing nor displeasing</u>	Somewhat displeasing	Very displeasing	
Please describe. List any factors that make it pleasing or not pleasing.	☺ - rocks, park, shoreline ☹ - hard to get to water, sand covered in debris					
<b>8a. Is the color or clarity of the water unattractive?</b>						Objectionable deposits in/characteristics of the water
	Yes		<u>No</u>			
If yes, please describe:						
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>						
	Yes		<u>No</u>			
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>						
<b>A. Water Color:</b>	Colorless	Red	Green	<u>Brown</u>	Other (please indicate) _____	
<b>B. Water Clarity:</b>	Completely clear	<u>Fairly clear</u>	Fairly cloudy	Completely cloudy		
<b>C. Water Surface:</b> (Circle all that apply)	<u>Normal</u>	Oily sheen	Foamy	Floating aquatic plants		
	Natural debris	Neon green sheen	Other (please indicate) _____			
<b>10a. Is there floating or submerged garbage present in the water?</b>						
	<u>Yes</u>		No			
If yes, circle visible item(s):	Building materials	Medical items	Household waste	Sewage-related litter		
	Food-related litter	Fishing-related litter	Other (please indicate) _____			
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>						
	Yes		<u>No</u>			
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>						
	Yes		<u>No</u>			
If yes, list what:						
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>						
	Yes		<u>No</u>			

12a. Is there garbage along the shoreline?

If yes, circle type(s):

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

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

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

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

If yes, list type(s):

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

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

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

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

<input checked="" type="radio"/> Yes	<input type="radio"/> No
Prevents use of sandy beach ↑	

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
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16. Have you previously evaluated this station?

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

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

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


17. END TIME:

10:25
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For volunteer coordinator/DNR use only

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

Objectionable deposits on the shoreline

Additional feedback

QA/QC



✓  
entered

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

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

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

1. Your name:	Chase Rayer	2. Station name:	Bay Beach	Revision date: 2/17/15				
3. Monitoring date:	8/14/18	4. Start time (include AM/PM):	10:19					
5. Water conditions:	<input checked="" type="radio"/> Calm	<input type="radio"/> Slight movement	<input type="radio"/> Moderate flow or waves		<input type="radio"/> Rough or fast flowing			
6. Water level:	<input type="radio"/> High	<input type="radio"/> Normal	<input checked="" type="radio"/> Low					
7. Overall, how aesthetically pleasing do you find the site?					Overall aesthetic impression of 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.								
8a. Is the color or clarity of the water unattractive?								
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?								
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.					Objectionable deposits in/characteristics of the water			
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 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 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 checked="" type="radio"/> Building materials	<input type="radio"/> Medical items	<input type="radio"/> Household waste	<input type="radio"/> Sewage-related litter
					<input checked="" type="radio"/> Food-related litter	<input type="radio"/> Fishing-related litter	<input type="radio"/> Other (please indicate)	
10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?								
11a. Are any other substances present in the water that are not specifically mentioned on this form?								
If yes, list what:								
					<input checked="" type="radio"/> Yes	<input type="radio"/> No		
					ROCKS			
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		

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 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
6' W POOP	

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

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

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

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

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

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

16. Have you previously evaluated this station?

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

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

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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:

10:20am

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

Bork

Check box if data sheet meets quality control requirements

Aesthetic Impression score:

1

Assessment score:

3

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

<b>1. Your name:</b>	Chris Acy	<b>2. Station name:</b>	Bay Beach	Form revision date: 02/17/15	
<b>3. Monitoring date:</b>	08/04/18	<b>4. Start time (include AM/PM):</b>	10:20 am		
<b>5. Water conditions:</b>	<input checked="" type="radio"/> Calm	<input type="radio"/> Slight movement	<input type="radio"/> Moderate flow or waves		<input type="radio"/> Rough or fast flowing
<b>6. Water level:</b>	<input type="radio"/> High	<input checked="" type="radio"/> Normal	<input type="radio"/> Low		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle <u>one</u> of the following: <input type="radio"/> Very pleasing <input 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. Little infrastructure, no AIS, lots of wildlife					
<b>8a. Is the color or clarity of the water unattractive?</b>					
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No					
If yes, please describe:					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>					
<input checked="" type="radio"/> Yes <input type="radio"/> No					
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	<input type="radio"/> Colorless	<input type="radio"/> Red	<input checked="" type="radio"/> Green	<input checked="" type="radio"/> Brown	<input type="radio"/> Other (please indicate) _____
<b>B. Water Clarity:</b>	<input type="radio"/> Completely clear	<input checked="" type="radio"/> Fairly clear	<input type="radio"/> Fairly cloudy	<input type="radio"/> Completely cloudy	
<b>C. Water Surface:</b> (Circle all that apply)	<input checked="" type="radio"/> Normal	<input type="radio"/> Oily sheen	<input type="radio"/> Foamy	<input type="radio"/> Floating aquatic plants	
	<input checked="" type="radio"/> Natural debris	<input checked="" type="radio"/> Neon green sheen	<input type="radio"/> Other (please indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>					
<input checked="" type="radio"/> Yes <input type="radio"/> No					
If yes, circle visible item(s):					
	<input checked="" type="radio"/> Building materials	<input type="radio"/> Medical items	<input type="radio"/> Household waste	<input type="radio"/> Sewage-related litter	
	<input checked="" type="radio"/> Food-related litter	<input type="radio"/> Fishing-related litter	<input type="radio"/> Other (please indicate) _____		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
<input type="radio"/> Yes <input checked="" type="radio"/> No					
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
<input type="radio"/> Yes <input checked="" type="radio"/> No					
If yes, list what:					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
<input type="radio"/> Yes <input type="radio"/> No					

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

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

*More blue-green algae, lots of natural debris*

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

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**17. END TIME:**

*10:24 am*

For volunteer coordinator/DNR use only

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

Objectionable deposits on the shoreline

Additional feedback:

QA/QC

✓

entered

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
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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:	Dawson Beyer	2. Station name:	Ray Beach	Form revision date 02/17/15	
3. Monitoring date:	3/4/18	4. Start time (include AM/PM):	10:19am		
5. Water conditions:	<input checked="" type="radio"/> Calm	<input type="radio"/> Slight movement	<input type="radio"/> Moderate flow or waves		<input type="radio"/> Rough or fast flowing
6. Water level:	<input type="radio"/> High	<input type="radio"/> Normal	<input checked="" type="radio"/> Low		
7. Overall, how aesthetically pleasing do you find the site?					
Circle <u>one</u> of the following:	<input type="radio"/> Very pleasing	<input checked="" 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.					
8a. Is the color or clarity of the water unattractive?					
	<input type="radio"/> Yes		<input checked="" type="radio"/> No		
If yes, please describe:					
8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?					
	<input type="radio"/> Yes		<input 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 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?					
	<input checked="" type="radio"/> Yes		<input type="radio"/> No		
If yes, circle visible item(s):	<input checked="" type="radio"/> Building materials	<input type="radio"/> Medical items	<input checked="" type="radio"/> Household waste	<input type="radio"/> Sewage-related litter	
	<input checked="" type="radio"/> Food-related litter	<input type="radio"/> Fishing-related litter	<input type="radio"/> Other (please indicate) _____		
10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?					
	<input checked="" 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 checked="" type="radio"/> No		

Overall aesthetic impression of site

Objectionable deposits in/characteristics of the water

<b>12a. Is there garbage along the shoreline?</b>		<input checked="" type="radio"/> Yes	<input type="radio"/> No
If yes, circle type(s):	<input checked="" type="radio"/> Building materials <input type="radio"/> Medical items <input checked="" type="radio"/> Household waste <input type="radio"/> Sewage-related litter <input checked="" type="radio"/> Food-related litter <input checked="" type="radio"/> Fishing-related litter <input type="radio"/> Other (please indicate) _____		
<b>12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?</b>		<input checked="" type="radio"/> Yes	<input type="radio"/> No
<b>13a. Along the shoreline, are there problem animals or problems caused by animals?</b>		<input checked="" type="radio"/> Yes	<input type="radio"/> No
If yes, list type(s):	goose poop		
<b>13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?</b>		<input checked="" type="radio"/> Yes	<input type="radio"/> No
<b>14a. Is there nuisance vegetation along the shoreline?</b>		<input checked="" type="radio"/> Yes	<input type="radio"/> No
If yes, list type if known and amount:	Jewelweed		
<b>14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?</b>		<input checked="" type="radio"/> Yes	<input type="radio"/> No
<b>15a. Are there any other shoreline substances that are not specifically mentioned on this form ?</b>		<input checked="" type="radio"/> Yes	<input type="radio"/> No
If yes, list type(s):	lots of rocks		
<b>15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?</b>		<input checked="" type="radio"/> Yes	<input type="radio"/> No
<b>16. Have you previously evaluated this station?</b>		<input checked="" type="radio"/> Yes	<input type="radio"/> No
If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?	There's more beach/sand		
Comments: Please include anything else you thought should be reported while completing this survey.			
<b>17. END TIME:</b>		10:26am	
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:	1		
Assessment score:	S		

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



<b>1. Your name:</b>	Jan. Megan Schmitz	<b>2. Station name:</b>	Bay Beach	Form revision date: 02/17/15				
<b>3. Monitoring date:</b>	02/10/18	<b>4. Start time (include AM/PM):</b>	10:19am					
<b>5. Water conditions:</b>	Calm <input type="checkbox"/> Slight movement <input checked="" type="checkbox"/>	Moderate flow or waves <input type="checkbox"/>	Rough or fast flowing <input type="checkbox"/>					
<b>6. Water level:</b>	High <input type="checkbox"/>	Normal <input type="checkbox"/>	Low <input checked="" type="checkbox"/>					
<b>7. Overall, how aesthetically pleasing do you find the site?</b>								
Circle <u>one</u> of the following:		Very pleasing <input type="checkbox"/>	Somewhat pleasing <input checked="" type="checkbox"/>	Neither pleasing nor displeasing <input type="checkbox"/>	Somewhat displeasing <input type="checkbox"/>	Very displeasing <input type="checkbox"/>	Overall aesthetic impression of site	
Please describe. List any factors that make it pleasing or not pleasing.								
<b>8a. Is the color or clarity of the water unattractive?</b>								
		Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>				
If yes, please describe:								
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>								
		Yes <input type="checkbox"/>		No <input type="checkbox"/>				
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>								
<b>A. Water Color:</b>	Colorless <input type="checkbox"/>	Red <input type="checkbox"/>	Green <input type="checkbox"/>	Brown <input type="checkbox"/>	Other (please indicate) blue <input checked="" type="checkbox"/>			Objectionable deposits in/characteristics of the water
<b>B. Water Clarity:</b>	Completely clear <input type="checkbox"/>	Fairly clear <input checked="" type="checkbox"/>	Fairly cloudy <input type="checkbox"/>	Completely cloudy <input type="checkbox"/>				
<b>C. Water Surface:</b>	Normal <input type="checkbox"/>	Oily sheen <input type="checkbox"/>	Foamy <input type="checkbox"/>	Floating aquatic plants <input checked="" type="checkbox"/>				
(Circle all that apply)	Natural debris <input checked="" type="checkbox"/>	Neon green sheen <input type="checkbox"/>	Other (please indicate) _____					
<b>10a. Is there floating or submerged garbage present in the water?</b>								
		Yes <input type="checkbox"/>		No <input type="checkbox"/>				
If yes, circle visible item(s):		Building materials <input type="checkbox"/>	Medical items <input type="checkbox"/>	Household waste <input type="checkbox"/>	Sewage-related litter <input type="checkbox"/>			
		Food-related litter <input checked="" type="checkbox"/>	Fishing-related litter <input type="checkbox"/>	Other (please indicate) _____				
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>								
		Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>				
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>								
		Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>				
If yes, list what:								
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>								
		Yes <input type="checkbox"/>		No <input type="checkbox"/>				

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

If yes, circle type(s):

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

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

Yes  No

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

If yes, list type(s):

Yes  No

geese

**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

bive green algae

**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:**

10:28 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:	1		
Assessment score:	3		

Objectionable deposits on the shoreline

Additional feedback

QA/QC



## Green Bay Volunteer Aesthetics Monitoring Data Sheet

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

<b>1. Your name:</b>	JOSEPH PRESTLEY	<b>2. Station name:</b>	BAY BEACH	Form revision date: 02/17/15	
<b>3. Monitoring date:</b>	08/04/18	<b>4. Start time (include AM/PM):</b>	10:19am		
<b>5. Water conditions:</b>	<input checked="" type="radio"/> Calm      Slight movement      Moderate flow or waves      Rough or fast flowing				
<b>6. Water level:</b>	High      Normal <input checked="" type="radio"/> Low				
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle <u>one</u> of the following:      Very pleasing <input checked="" type="radio"/> Somewhat pleasing      Neither pleasing nor displeasing      Somewhat displeasing      Very displeasing					
Please describe. List any factors that make it pleasing or not pleasing.					
THE WATER IS PRETTY IN SOME AREAS EASILY ACCESSIBLE AND MOSTLY GARBAGE POLLUTION-FREE					
<b>8a. Is the color or clarity of the water unattractive?</b>					
Yes      No					
If yes, please describe:					
CLOUDY AND BROWN w/ ABUNDANT ALGAE					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>					
Yes      No					
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	Colorless	Red	Green	<input checked="" type="radio"/> Brown	Other (please indicate) _____
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	<input checked="" type="radio"/> Fairly cloudy	Completely cloudy	
<b>C. Water Surface:</b>	Normal	Oily sheen	Foamy	Floating aquatic plants	
(Circle all that apply)	Natural debris	<input checked="" type="radio"/> Neon green sheen	Other (please indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>					
Yes      No					
If yes, circle visible item(s):					
Building materials      Medical Items      Household waste      Sewage-related litter <input checked="" type="radio"/> Food-related litter      Fishing-related litter      Other (please indicate) _____					
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
Yes <input checked="" type="radio"/> No					
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
Yes <input checked="" type="radio"/> No					
If yes, list what:					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
Yes      No					

Overall aesthetic impression of site

Objectionable deposits in/characteristics of the water

<b>12a. Is there garbage along the shoreline?</b>	
If yes, circle type(s):	<input checked="" type="radio"/> Yes <input type="radio"/> No Building materials      Medical items      Household waste      Sewage-related litter <input checked="" type="radio"/> Food-related litter      Fishing-related litter      Other (please indicate) _____
<b>12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?</b>	
<input type="radio"/> Yes <input checked="" type="radio"/> No	
<b>13a. Along the shoreline, are there problem animals or problems caused by animals?</b>	
If yes, list type(s):	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?</b>	
<input type="radio"/> Yes <input type="radio"/> No	
<b>14a. Is there nuisance vegetation along the shoreline?</b>	
If yes, list type if known and amount:	<input checked="" type="radio"/> Yes <input type="radio"/> No WEEDS, UNKNOWN TYPE
<b>14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?</b>	
<input type="radio"/> Yes <input checked="" type="radio"/> No	
<b>15a. Are there any other shoreline substances that are not specifically mentioned on this form?</b>	
If yes, list type(s):	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?</b>	
<input type="radio"/> Yes <input type="radio"/> No	
<b>16. Have you previously evaluated this station?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?	
Comments: Please include anything else you thought should be reported while completing this survey.	
<b>17. END TIME:</b>	10:25 AM
<b>For volunteer coordinator/DNR use only</b>	
Date the data sheet was reviewed by contractor:	BGK <input type="checkbox"/> Check box if data sheet meets quality control requirements
Aesthetic Impression score:	1
Assessment score:	1

Objectionable deposits on the shoreline

Additional feedback

QA/QC

# 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

<b>1. Your name:</b>	Tiera Schultz	<b>2. Station name:</b>	Bay Beach	Form revision date: 02/17/15		
<b>3. Monitoring date:</b>	08/04/18	<b>4. Start time (include AM/PM):</b>	10:19 AM			
<b>5. Water conditions:</b>	Calm <u>Slight movement</u>	Moderate flow or waves	Rough or fast flowing			
<b>6. Water level:</b>	High	Normal	<u>Low</u>			
<b>7. Overall, how aesthetically pleasing do you find the site?</b>						
Circle <u>one</u> of the following:	Very pleasing	<u>Somewhat pleasing</u>	Neither pleasing nor displeasing	<u>Somewhat displeasing</u>	Very displeasing	
Please describe. List any factors that make it pleasing or not pleasing.	garbage, dead fish				Overall aesthetic impression of site	
<b>8a. Is the color or clarity of the water unattractive?</b>						
	Yes		<u>No</u>			
If yes, please describe:						
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>						
	Yes		<u>No</u>			
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>						
<b>A. Water Color:</b>	Colorless	Red	<u>Green</u>	Brown		Other (please indicate)
<b>B. Water Clarity:</b>	Completely clear	<u>Fairly clear</u>	Fairly cloudy	Completely cloudy		
<b>C. Water Surface:</b> (Circle all that apply)	Normal	Oily sheen	Foamy	<u>Floating aquatic plants</u>		
	<u>Natural debris</u>	Neon green sheen	<u>Other (please indicate) Blue/green algae</u>			
<b>10a. Is there floating or submerged garbage present in the water?</b>						
	<u>Yes</u>		No			
If yes, circle visible item(s):	Building materials	Medical items	Household waste	Sewage-related litter		
	<u>Food-related litter</u>		<u>Fishing-related litter</u>	Other (please indicate)		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>						
	Yes		<u>No</u>			
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>						
	<u>Yes</u>		No			
If yes, list what:	<u>Blue/green algae</u>					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>						
	<u>Yes</u>		No			

Objectable deposits in/characteristics of the water

<b>12a. Is there garbage along the shoreline?</b>		<input checked="" type="radio"/> Yes	<input type="radio"/> No
If yes, circle type(s):	Building materials Food-related litter Medical Items Fishing-related litter Household waste Sewage-related litter Other (please indicate) Shotgun Shells		
<b>12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?</b>		<input checked="" type="radio"/> Yes	<input type="radio"/> No
<b>13a. Along the shoreline, are there problem animals or problems caused by animals?</b>		<input checked="" type="radio"/> Yes	<input type="radio"/> No
If yes, list type(s):	Canada Goose population		
<b>13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?</b>		<input type="radio"/> Yes	<input checked="" type="radio"/> No
<b>14a. Is there nuisance vegetation along the shoreline?</b>		<input checked="" type="radio"/> Yes	<input type="radio"/> No
If yes, list type if known and amount:	Blue/green algae		
<b>14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?</b>		<input checked="" type="radio"/> Yes	<input type="radio"/> No
<b>15a. Are there any other shoreline substances that are not specifically mentioned on this form?</b>		<input checked="" type="radio"/> Yes	<input type="radio"/> No
If yes, list type(s):	Blue/green algae		
<b>15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?</b>		<input checked="" type="radio"/> Yes	<input type="radio"/> No
<b>16. Have you previously evaluated this station?</b>		<input checked="" 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.	large amounts of garbage		
<b>17. END TIME:</b>		10:28 AM	
<b>For volunteer coordinator/DNR use only</b>			
Date the data sheet was reviewed by contractor:	BGL	Check box if data sheet meets quality control requirements	<input type="checkbox"/>
Aesthetic Impression score:	1		
Assessment score:	2		

Objectionable deposits on the shoreline

don't double count

don't double count

Additional feedback

QA/QC

NOT entered - doesn't meet JAY DC

## 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

<b>1. Your name:</b>	Datto Mergot	<b>2. Station name:</b>	Bay Beach	Form revision date: 02/17/15
<b>3. Monitoring date:</b>	08/04/2018	<b>4. Start time (include AM/PM):</b>	10:15 AM	
<b>5. Water conditions:</b>	Calm <u>Slight movement</u> Moderate flow or waves    Rough or fast flowing			
<b>6. Water level:</b>	High <u>Normal</u> Low			
<b>7. Overall, how aesthetically pleasing do you find the site?</b>				
Circle <u>one</u> of the following:				
Very pleasing    Somewhat pleasing    Neither pleasing nor displeasing <u>Somewhat displeasing</u> Very displeasing				
Please describe. List any factors that make it pleasing or not pleasing.				
<b>8a. Is the color or clarity of the water unattractive?</b>				
<input checked="" type="radio"/> Yes <input type="radio"/> No				
If yes, please describe:				
Brown				
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>				
<input checked="" type="radio"/> Yes <input type="radio"/> No				
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>				
<b>A. Water Color:</b>	Colorless    Red    Green <u>Brown</u> Other (please indicate) _____			
<b>B. Water Clarity:</b>	Completely clear    Fairly clear    Fairly cloudy <u>Completely cloudy</u>			
<b>C. Water Surface:</b>	<input checked="" type="checkbox"/> Normal    Oily sheen    Foamy    Floating aquatic plants			
(Circle all that apply)	Natural debris    Neon green sheen    Other (please indicate) _____			
<b>10a. Is there floating or submerged garbage present in the water?</b>				
<input checked="" type="radio"/> Yes <input type="radio"/> No				
If yes, circle visible item(s):				
<input checked="" type="checkbox"/> Building materials <input type="checkbox"/> Medical items <input type="checkbox"/> Household waste <input type="checkbox"/> Sewage-related litter <input checked="" type="checkbox"/> Food-related litter <input type="checkbox"/> Fishing-related litter <input type="checkbox"/> Other (please indicate) _____				
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>				
<input checked="" type="radio"/> Yes <input type="radio"/> No				
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>				
<input checked="" type="radio"/> Yes <input type="radio"/> No				
If yes, list what:				
Drift wood				
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>				
<input checked="" type="radio"/> Yes <input type="radio"/> No				

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"/> <b>Yes</b>		<input type="radio"/> <b>No</b>	
Building materials	Medical Items	Household waste	Sewage-related litter
<input checked="" type="radio"/> <b>Food-related litter</b>	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"/> <b>Yes</b>	<input type="radio"/> <b>No</b>
---------------------------------------------	---------------------------------

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

If yes, list type(s):

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

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

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

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

If yes, list type if known and amount:

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

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

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

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

If yes, list type(s):

<input checked="" type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>
<i>Sand - making a beginning of a beach</i>	

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

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

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

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

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

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

**17. END TIME:**

*10:25 am*

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:			

Objectionable deposits on the shoreline

Additional feedback

QA/QC



<b>12a. Is there garbage along the shoreline?</b>		<input checked="" type="radio"/> Yes	<input type="radio"/> No
If yes, circle type(s):	Building materials Food-related litter	Medical Items Fishing-related litter	Household waste Sewage-related litter Other (please indicate) _____
<b>12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?</b>		<input type="radio"/> Yes	<input checked="" type="radio"/> No
<b>13a. Along the shoreline, are there problem animals or problems caused by animals?</b>		<input checked="" type="radio"/> Yes	<input type="radio"/> No
If yes, list type(s):	Goose + seagull poop		
<b>13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?</b>		<input type="radio"/> Yes	<input checked="" type="radio"/> No
<b>14a. Is there nuisance vegetation along the shoreline?</b>		<input checked="" type="radio"/> Yes	<input type="radio"/> No
If yes, list type if known and amount:	Phragmites		
<b>14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?</b>		<input type="radio"/> Yes	<input checked="" type="radio"/> No
<b>15a. Are there any other shoreline substances that are not specifically mentioned on this form?</b>		<input checked="" type="radio"/> Yes	<input type="radio"/> No
If yes, list type(s):	Gravel rock rip rap		
<b>15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?</b>		<input type="radio"/> Yes	<input checked="" type="radio"/> No
<b>16. Have you previously evaluated this station?</b>		<input type="radio"/> Yes	<input checked="" type="radio"/> No
If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?			
Comments: Please include anything else you thought should be reported while completing this survey.			
<b>17. END TIME:</b>	10:30 AM		
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:			

Objectionable deposits on the shoreline

???

Additional feedback

QA/QC



Not entered - not a data sheet

### 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:	George Castellanos	2. Station name:	Bay Beach	Form revision date: 02/17/15		
3. Monitoring date:	02/04/18	4. Start time (include AM/PM):	10:19			
5. Water conditions:	<input checked="" type="radio"/> Calm	<input type="radio"/> Slight movement	<input type="radio"/> Moderate flow or waves		<input type="radio"/> Rough or fast flowing	
6. Water level:	<input type="radio"/> High	<input type="radio"/> Normal	<input checked="" type="radio"/> Low			
7. Overall, how aesthetically pleasing do you find the site?						
Circle <u>one</u> of the following:	<input checked="" type="radio"/> Very pleasing	<input type="radio"/> Somewhat pleasing	<input type="radio"/> Neither pleasing nor displeasing	<input type="radio"/> Somewhat displeasing	<input type="radio"/> Very displeasing	
Please describe. List any factors that make it pleasing or not pleasing.					Overall aesthetic impression of site	
8a. Is the color or clarity of the water unattractive?						
	<input type="radio"/> Yes	<input checked="" type="radio"/> No				
If yes, please describe:						
8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?						
	<input type="radio"/> Yes	<input type="radio"/> No				
9. For water color and clarity, please circle the answer choice that best describes the present appearance.						
For water surface, please circle all applicable attributes.						
A. Water Color:	<input checked="" type="radio"/> Colorless	<input type="radio"/> Red	<input type="radio"/> Green	<input type="radio"/> Brown		<input type="radio"/> Other (please indicate) _____
B. Water Clarity:	<input type="radio"/> Completely clear	<input checked="" type="radio"/> Fairly clear	<input 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 checked="" 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 checked="" type="radio"/> Yes	<input type="radio"/> No				
If yes, circle visible item(s):	<input checked="" type="radio"/> Building materials	<input type="radio"/> Medical items	<input checked="" type="radio"/> Household waste	<input type="radio"/> Sewage-related litter		
	<input checked="" type="radio"/> Food-related litter	<input type="radio"/> Fishing-related litter	<input type="radio"/> Other (please indicate) _____			
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	Fishing-related litter	Other (please Indicate) _____	

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

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

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

If yes, list type(s):

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

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

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

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

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

Frog, Jewel

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

17. END TIME:

10:30 am

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:			

Objectionable deposits on the shoreline

Additional feedback

QA/QC

not entered - QA/OC

### 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

<b>1. Your name:</b>	Rita Schuk	<b>2. Station name:</b>	Bay Beach	Form revision date: 02/17/15	
<b>3. Monitoring date:</b>	08/04/18	<b>4. Start time (include AM/PM):</b>	10:19 am		
<b>5. Water conditions:</b>	<input checked="" type="radio"/> Calm	<input type="radio"/> Slight movement	<input type="radio"/> Moderate flow or waves		<input type="radio"/> Rough or fast flowing
<b>6. Water level:</b>	<input type="radio"/> High	<input type="radio"/> Normal	<input type="radio"/> Low		<input checked="" type="radio"/> Low
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle <u>one</u> of the following:	<input checked="" type="radio"/> Very pleasing	<input type="radio"/> Somewhat pleasing	<input type="radio"/> Neither pleasing nor displeasing	<input type="radio"/> Somewhat displeasing	<input type="radio"/> Very displeasing
Please describe. List any factors that make it pleasing or not pleasing.	Wide open water, Bay, cleanish beach				Overall aesthetic impression of site
<b>8a. Is the color or clarity of the water unattractive?</b>					
If yes, please describe:	Yes <input type="radio"/> No <input checked="" type="radio"/>				
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>					
Yes <input type="radio"/> No <input type="radio"/>					
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	<input type="radio"/> Colorless	<input type="radio"/> Red	<input checked="" type="radio"/> Green	<input type="radio"/> Brown	<input type="radio"/> Other (please indicate)
<b>B. Water Clarity:</b>	<input type="radio"/> Completely clear	<input checked="" type="radio"/> Fairly clear	<input type="radio"/> Fairly cloudy	<input type="radio"/> Completely cloudy	
<b>C. Water Surface:</b> (Circle all that apply)	<input checked="" type="radio"/> Normal	<input type="radio"/> Oily sheen	<input type="radio"/> Foamy	<input type="radio"/> Floating aquatic plants	
	<input checked="" type="radio"/> Natural debris	<input type="radio"/> Neon green sheen	<input type="radio"/> Other (please indicate)		
<b>10a. Is there floating or submerged garbage present in the water?</b>					
If yes, circle visible item(s):	Yes <input checked="" type="radio"/> No <input type="radio"/>				
	<input type="radio"/> Building materials	<input type="radio"/> Medical items	<input checked="" type="radio"/> Household waste	<input type="radio"/> Sewage-related litter	
	<input type="radio"/> Food-related litter	<input type="radio"/> Fishing-related litter	<input checked="" type="radio"/> Other (please indicate) <u>trash</u>		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
Yes <input type="radio"/> No <input checked="" type="radio"/>					
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
If yes, list what:	Yes <input type="radio"/> No <input checked="" type="radio"/>				
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
Yes <input type="radio"/> No <input type="radio"/>					

Objectionable deposits in/characteristics of the water

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

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

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

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

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

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

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

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

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

If yes, list type if known and amount:	<input type="radio"/> <b>Yes</b>	<input checked="" type="radio"/> <b>No</b>

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

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

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

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

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

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

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

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

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

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

**17. END TIME:** 10:26 AM

For volunteer coordinator/DNR use only

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

Assessment score:

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:	Anna Hoosley	2. Station name:	Community Park	Form revision date: 02/17/15
3. Monitoring date:	08/04/14	4. Start time (include AM/PM):	10:48am	
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 <u>Somewhat pleasing</u> Neither pleasing nor displeasing    Somewhat displeasing    Very displeasing				
Please describe. List any factors that make it pleasing or not pleasing.				
Geese & pelicans floating, no garbage				
8a. Is the color or clarity of the water unattractive?				
If yes, please describe:				
<u>Yes</u> <del>No</del> Green & not very transparent				
8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?				
<u>Yes</u> 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	<u>Green</u>	Brown
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)	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> No				
11a. Are any other substances present in the water that are not specifically mentioned on this form?				
<u>Yes</u> <u>No</u>				
If yes, list what:				
11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?				
<u>Yes</u> 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):

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
Sponge weeds	

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

Yes	No
-----	----

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

If yes, list type(s):

Yes	No
-----	----

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

Yes	No
-----	----

16. Have you previously evaluated this station?

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

Yes	No
-----	----

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

Additional feedback

17. END TIME:

10:54 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:	2		

QA/QC

Objectionable deposits on the shoreline

# 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

✓  
*entered*

<b>1. Your name:</b>	Cathryn Agy	<b>2. Station name:</b>	University Park	Form revision date: 02/17/15
<b>3. Monitoring date:</b>	08/04/18	<b>4. Start time (include AM/PM):</b>	10:50am	
<b>5. Water conditions:</b>	Calm    Slight movement <u>Moderate flow or waves</u> Rough or fast flowing			
<b>6. Water level:</b>	High <u>Normal</u> Low			
<b>7. Overall, how aesthetically pleasing do you find the site?</b>				
Circle <u>one</u> of the following: <u>Very pleasing</u> Somewhat pleasing    Neither pleasing nor displeasing    Somewhat displeasing    Very displeasing				
Please describe. List any factors that make it pleasing or not pleasing. <i>Great location, small, but clean. Lots of shade, but not buggy - Great view</i>				
<b>8a. Is the color or clarity of the water unattractive?</b>				
Yes <u>No</u>				
If yes, please describe:				
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>				
Yes <u>No</u>				
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance.</b>				
<b>For water surface, please circle all applicable attributes.</b>				
<b>A. Water Color:</b>	Colorless    Red    Green <u>Brown</u> Other (please indicate) _____			
<b>B. Water Clarity:</b>	Completely clear <u>Fairly clear</u> Fairly cloudy    Completely cloudy			
<b>C. Water Surface:</b>	Normal    Oily sheen    Foamy    Floating aquatic plants			
(Circle all that apply)	Natural debris    Neon green sheen    Other (please indicate) _____			
<b>10a. Is there floating or submerged garbage present in the water?</b>				
Yes <u>No</u>				
If yes, circle visible item(s):				
Building materials    Medical items    Household waste    Sewage-related litter				
Food-related litter    Fishing-related litter    Other (please indicate) _____				
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>				
Yes <u>No</u>				
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>				
Yes <u>No</u>				
If yes, list what:				
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>				
Yes <u>No</u>				

Overall aesthetic impression of site

Objectionable deposits in/characteristics of the water

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

If yes, circle type(s):

Yes		<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):

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?**

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

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

If yes, list type if known 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?

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

**17. END TIME:**

11:00 am

**For volunteer coordinator/DNR use only**

Date the data sheet was reviewed by contractor:	BGT	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, 920-662-5465, megan.oshea@wi.gov

<b>1. Your name:</b>	Chris Acy	<b>2. Station name:</b>	<del>Community</del> Park	Form revision date: 02/17/15		
<b>3. Monitoring date:</b>	08/04/18	<b>4. Start time (include AM/PM):</b>	10:48 am			
<b>5. Water conditions:</b>	Calm    Slight movement <u>Moderate flow or waves</u> Rough or fast flowing					
<b>6. Water level:</b>	High <u>Normal</u> Low					
<b>7. Overall, how aesthetically pleasing do you find the site?</b>						
Circle <u>one</u> of the following:	Very pleasing	<u>Somewhat pleasing</u>	Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing	Overall aesthetic impression of site
Please describe. List any factors that make it pleasing or not pleasing.	Nice view, trees, wildlife Not pleasing: smokestacks,					
<b>8a. Is the color or clarity of the water unattractive?</b>						
If yes, please describe:	Yes <u>No</u>					Objectionable deposits in/characteristics of the water
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>						
Yes <u>No</u>						
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>						
<b>A. Water Color:</b>	Colorless	Red	<u>Green</u>	Brown	Other (please indicate) _____	
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	<u>Fairly cloudy</u>	Completely cloudy		
<b>C. Water Surface:</b> (Circle all that apply)	Normal	Oily sheen	Foamy	Floating aquatic plants		
	<u>Natural debris</u>	Neon green sheen	Other (please indicate) _____			
<b>10a. Is there floating or submerged garbage present in the water?</b>						
If yes, circle visible item(s):	Yes <u>No</u>					
	Building materials	Medical items	Household waste	Sewage-related litter		
	Food-related litter	Fishing-related litter	Other (please indicate) _____			
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>						
Yes    No						
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>						
If yes, list what:	<u>Yes</u> No/					
	Rocks					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>						
Yes <u>No</u>						

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

If yes, circle type(s):

<input checked="" type="radio"/> Yes		<input type="radio"/> No	
Building materials	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 checked="" type="radio"/> Yes		<input type="radio"/> No	
Goose poop			

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

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

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

If yes, list type if known and amount:

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

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

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

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

If yes, list type(s):

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

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

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

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

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

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

No changes. Nice park with good views

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

**17. END TIME:**

10:52 am

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:	1		
Assessment score: 3	0		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

✓  
ent.

### 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

<b>1. Your name:</b>	Dawson Reyer	<b>2. Station name:</b>	CommUniversity	Form revision date: 02/17/15
<b>3. Monitoring date:</b>	8/14/18	<b>4. Start time (include AM/PM):</b>	10:51am	
<b>5. Water conditions:</b>	Calm <u>Slight movement</u> Moderate flow or waves Rough or fast flowing			
<b>6. Water level:</b>	High Normal Low			
<b>7. Overall, how aesthetically pleasing do you find the site?</b>				Overall aesthetic impression of site
Circle <u>one</u> of the following:	Very pleasing <u>Somewhat pleasing</u> Neither pleasing nor displeasing Somewhat displeasing Very displeasing			
Please describe. List any factors that make it pleasing or not pleasing.				
<b>8a. Is the color or clarity of the water unattractive?</b>				Objectionable deposits in/characteristics of the water
Yes No <u>No</u>				
If yes, please describe:				
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>				
Yes No				
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>				
<b>A. Water Color:</b>	<u>Colorless</u> Red Green Brown Other (please indicate) _____			
<b>B. Water Clarity:</b>	Completely clear <u>Fairly clear</u> Fairly cloudy Completely cloudy			
<b>C. Water Surface:</b> (Circle all that apply)	<u>Normal</u> Oily sheen Foamy Floating aquatic plants Natural debris Neon green sheen Other (please indicate) _____			
<b>10a. Is there floating or submerged garbage present in the water?</b>				
Yes No <u>Yes</u>				
If yes, circle visible item(s):				
<u>Food-related litter</u> Building materials Medical items Household waste Sewage-related litter Fishing-related litter Other (please indicate) _____				
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>				
Yes No <u>No</u>				
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>				
Yes No <u>No</u>				
If yes, list what:				
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>				
Yes No				

**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
Some goosepoop	

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

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

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

If yes, list type if known and amount:

<input checked="" type="radio"/> Yes	<input type="radio"/> No
Makes access difficult	

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

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

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

**17. END TIME:**

11:02am

**For volunteer coordinator/DNR use only**

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

<b>1. Your name:</b>	Dotty Gump	<b>2. Station name:</b>	Communimint
<b>3. Monitoring date:</b>	08/04/18	<b>4. Start time (include AM/PM):</b>	10:48am
<b>5. Water conditions:</b>	Calm	Slight movement	Moderate flow or waves
<b>6. Water level:</b>	High	Normal	Low
<b>7. Overall, how aesthetically pleasing do you find the site?</b>			
Circle <u>one</u> of the following:	Very pleasing	Somewhat pleasing	Neither pleasing nor displeasing
			Somewhat displeasing
			Very displeasing
Please describe. List any factors that make it pleasing or not pleasing.	color of water		
<b>8a. Is the color or clarity of the water unattractive?</b>			
	Yes		No
If yes, please describe:	cloudy, green		
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>			
	Yes		No
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>			
<b>A. Water Color:</b>	Colorless	Red	Green
			Brown
			Other (please indicate) _____
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	Fairly cloudy
			Completely cloudy
<b>C. Water Surface:</b>	Normal	Oily sheen	Foamy
			Floating aquatic plants
(Circle all that apply)	Natural debris	Neon green sheen	Other (please indicate) _____
<b>10a. Is there floating or submerged garbage present in the water?</b>			
	Yes		No
If yes, circle visible item(s):	Building materials	Medical items	Household waste
			Sewage-related litter
	Food-related litter	Fishing-related litter	Other (please indicate) _____
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>			
	Yes		No
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>			
	Yes		No
If yes, list what:			
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>			
	Yes		No

ent.

Form revision date 02/17/15

Overall aesthetic impression of site

Objectionable deposits in/characteristics of the water

12a. Is there garbage along the shoreline?

If yes, circle type(s):

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

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

Yes	No
-----	----

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

If yes, list type(s):

Yes	No
-----	----

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

Yes	No
-----	----

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

Yes	No
-----	----

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

Yes	No
-----	----

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

If yes, list type(s):

Yes	No
-----	----

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

Yes	No
-----	----

16. Have you previously evaluated this station?

Yes	No
-----	----

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

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

Blank space for response to question 16.

Blank space for comments.

17. END TIME:

11:00 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:	3		
Assessment score:	1		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

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

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

<b>1. Your name:</b>	Emily Hanigillis	<b>2. Station name:</b>	Communiversity	Form revision date: 02/17/15	
<b>3. Monitoring date:</b>	08/04/18	<b>4. Start time (include AM/PM):</b>	10:48 am		
<b>5. Water conditions:</b>	Calm	Slight movement	Moderate flow or waves		Rough or fast flowing
<b>6. Water level:</b>	High	Normal			Low
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle <u>one</u> of the following: <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. Absolutely great view, shoreline has some native plants (more would always be better)					
<b>8a. Is the color or clarity of the water unattractive?</b>					
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
If yes, please describe:					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>					
Yes <input type="checkbox"/> No <input type="checkbox"/>					
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	Colorless	Red	Green	Brown	Other (please indicate) _____
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	Fairly cloudy	Completely cloudy	
<b>C. Water Surface:</b> (Circle all that apply)	Normal	Oily sheen	Foamy	Floating aquatic plants	
	Natural debris	Neon green sheen	Other (please indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>					
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
If yes, circle visible item(s):					
	Building materials	Medical items	Household waste	Sewage-related litter	
	Food-related litter	Fishing-related litter	Other (please indicate) _____		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
Yes <input type="checkbox"/> No <input type="checkbox"/>					
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
If yes, list what:					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
Yes <input type="checkbox"/> No <input type="checkbox"/>					

Overall aesthetic impression of site

Objectionable deposits in/characteristics of the water

ent.

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

If yes, circle type(s):

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

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

Yes	No
-----	----

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

If yes, list type(s):

Yes	No
Geese poop	

**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.

Additional feedback

**17. END TIME:**

10:52 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:	0		
Assessment score:	0		

Objectionable deposits on the shoreline

Additional feedback

QA/QC



# Green Bay Volunteer Aesthetics Monitoring Data Sheet

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

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

✓  
ent.

<b>1. Your name:</b>	Georgina Castellanos	<b>2. Station name:</b>	Communivorster
<b>3. Monitoring date:</b>	08/14/18	<b>4. Start time (include AM/PM):</b>	10:48 am
<b>5. Water conditions:</b>	Calm <u>Slight movement</u> Moderate flow or waves    Rough or fast flowing		
<b>6. Water level:</b>	High    Normal <u>Low</u>		

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
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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.**

<b>A. Water Color:</b>	Colorless	<u>Red</u>	<u>Green</u>	Brown	Other (please indicate) _____
<b>B. Water Clarity:</b>	<u>Completely clear</u>	<u>Fairly clear</u>	Fairly cloudy	Completely cloudy	
<b>C. Water Surface:</b> (Circle all that apply)	<u>Normal</u>	Oily sheen	Foamy	Floating aquatic plants	
	Natural debris	Neon green sheen	Other (please indicate) _____		

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
<input type="checkbox"/> Building materials <input checked="" type="checkbox"/> Food-related litter	<input type="checkbox"/> Medical Items <input type="checkbox"/> Household waste <input type="checkbox"/> Sewage-related litter <input type="checkbox"/> Fishing-related litter <input type="checkbox"/> Other (please Indicate)

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

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:**

1052 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: 0

0

Assessment score: 3

0

QA/QC

8a, 10a, 11a, 12a, 13a, 14a, 15a

07

ent.

### 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

<b>1. Your name:</b>		JOSEPH PRESTLEY		<b>2. Station name:</b>		COMMUNIVERSITY		Form revision date: 02/17/15	
<b>3. Monitoring date:</b>		08/04/18		<b>4. Start time (include AM/PM):</b>		10:48 AM			
<b>5. Water conditions:</b>		Calm	<input checked="" type="radio"/> Slight movement	Moderate flow or waves	<input type="radio"/> Rough or fast flowing				
<b>6. Water level:</b>		<input type="radio"/> High		<input checked="" type="radio"/> Normal	<input type="radio"/> Low				
<b>7. Overall, how aesthetically pleasing do you find the site?</b>									
Circle <u>one</u> of the following:		Very pleasing	<input checked="" type="radio"/> Somewhat pleasing	Neither pleasing nor displeasing	<input type="radio"/> Somewhat displeasing	Very displeasing			
Please describe. List any factors that make it pleasing or not pleasing.		LITTLE GARBAGE, DISPLEASING WATER COLOR							Overall aesthetic impression of site
<b>8a. Is the color or clarity of the water unattractive?</b>									
		<input checked="" type="radio"/> Yes			<input type="radio"/> No				
If yes, please describe:		VERY GREEN AND BROWN							
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>									
		<input checked="" type="radio"/> Yes			<input type="radio"/> No				
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>									
<b>A. Water Color:</b>		Colorless	Red	<input checked="" type="radio"/> Green	Brown	Other (please indicate) _____			
<b>B. Water Clarity:</b>		Completely clear	Fairly clear	Fairly cloudy	<input checked="" type="radio"/> Completely cloudy				
<b>C. Water Surface:</b> (Circle all that apply)		Normal	Oily sheen	Foamy	Floating aquatic plants				
		Natural debris	<input checked="" type="radio"/> Neon green sheen		Other (please indicate) _____				
<b>10a. Is there floating or submerged garbage present in the water?</b>									
		<input type="radio"/> Yes			<input checked="" type="radio"/> No				
If yes, circle visible item(s):		Building materials	Medical items	Household waste	Sewage-related litter				
		Food-related litter	Fishing-related litter	Other (please indicate) _____					
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>									
		<input type="radio"/> Yes			<input type="radio"/> No				
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>									
		<input type="radio"/> Yes			<input checked="" type="radio"/> No				
If yes, list what:									
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>									
		<input type="radio"/> Yes			<input type="radio"/> No				

Objectionable deposits in/characteristics of the water

12a. Is there garbage along the shoreline?

If yes, circle type(s):

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

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

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

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

If yes, list type(s):

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

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

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

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

<input checked="" type="radio"/> Yes	<input type="radio"/> No
WEEDS, SPARSE	

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

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

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

If yes, list type(s):

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

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

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

16. Have you previously evaluated this station?

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

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

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

17. END TIME:

10:32 AM

For volunteer coordinator/DNR use only

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

Objectionable deposits on the shoreline

Additional feedback

QA/QC

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

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

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

<b>1. Your name:</b>	Riley Smith	<b>2. Station name:</b>	COMMUNIKATION	Form revision date: 02/17/15	
<b>3. Monitoring date:</b>	02/04/18	<b>4. Start time (include AM/PM):</b>	10:45 am		
<b>5. Water conditions:</b>	<input type="checkbox"/> Calm <input type="checkbox"/> Slight movement <input checked="" type="checkbox"/> Moderate flow or waves <input type="checkbox"/> Rough or fast flowing				
<b>6. Water level:</b>	<input type="checkbox"/> High <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Low				
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle <u>one</u> of the following:					
<input checked="" type="checkbox"/> Very pleasing <input type="checkbox"/> Somewhat pleasing <input type="checkbox"/> Neither pleasing nor displeasing <input type="checkbox"/> Somewhat displeasing <input type="checkbox"/> Very displeasing					
Please describe. List any factors that make it pleasing or not pleasing.					
Wide open channel					
<b>8a. Is the color or clarity of the water unattractive?</b>					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If yes, please describe:					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	<input type="checkbox"/> Colorless	<input type="checkbox"/> Red	<input type="checkbox"/> Green	<input checked="" type="checkbox"/> Brown	<input type="checkbox"/> Other (please indicate) _____
<b>B. Water Clarity:</b>	<input type="checkbox"/> Completely clear	<input checked="" type="checkbox"/> Fairly clear	<input type="checkbox"/> Fairly cloudy	<input type="checkbox"/> Completely cloudy	
<b>C. Water Surface:</b>	<input type="checkbox"/> Normal	<input checked="" type="checkbox"/> Oily sheen	<input type="checkbox"/> Foamy	<input type="checkbox"/> Floating aquatic plants	
(Circle all that apply)	<input checked="" type="checkbox"/> Natural debris	<input type="checkbox"/> Neon green sheen	<input type="checkbox"/> Other (please indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If yes, circle visible item(s):					
<input type="checkbox"/> Building materials <input type="checkbox"/> Medical items <input type="checkbox"/> Household waste <input type="checkbox"/> Sewage-related litter <input type="checkbox"/> Food-related litter <input type="checkbox"/> Fishing-related litter <input type="checkbox"/> Other (please indicate) _____					
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If yes, list what:					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

Overall aesthetic impression of site

Objectionable deposits in/characteristics of the water

Ent.

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.

Additional feedback

17. END TIME:

10:50 am

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

7/6/12

Check box if data sheet meets quality control requirements

Aesthetic Impression score: 0

0

Assessment score: 0

0

0

QA/QC

Objectionable deposits on the shoreline



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.

*One of the nicer, cleaner parks we have observed today.*

17. END TIME:

*10:54 am*

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

*BGile*

Check box if data sheet meets quality control requirements

Aesthetic impression score: 0

*8*

Assessment score: 0

Objectionable deposits on the shoreline

Additional feedback

QA/QC



✓  
not entered - 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:	Chase Ryan	2. Station name:	Commoniversity	Foretvision date: 02/17/15
3. Monitoring date:	m/m/dd/yy	4. Start time (include AM/PM):	10:45 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?

If yes, please describe:

Yes  No

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

Yes  No

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

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

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

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

(Circle all that apply)

Natural debris Neon green sheen Other (please indicate)

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

If yes, circle visible item(s):

Yes  No

Building materials Medical items Household waste Sewage-related litter

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

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

Yes  No

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

If yes, list what:

Yes  No

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

Yes  No

Foretvision  
date: 02/17/15

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.

Objectionable deposits on the shoreline

Additional feedback

QA/QC

17. END TIME:

10:53am

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

Check box if data sheet meets quality control requirements

Aesthetic Impression score: 0

Assessment score: 3

???

not entered 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:	Jameson Schultz	2. Station name:	Comm University	Form revision date: 02/17/15	
3. Monitoring date:	08/04/18	4. Start time (include AM/PM):	10:50		
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
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		

Overall aesthetic impression of site

Objectionable deposits in/characteristics of the water

12a. Is there garbage along the shoreline?

If yes, circle type(s):

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

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

Yes	No
-----	----

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

If yes, list type(s):

Yes	No
geese	

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:

10:54am

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:			

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"/> <b>Yes</b>		<input type="radio"/> <b>No</b>	
<input checked="" type="checkbox"/> Building materials	Medical items	Household waste	Sewage-related litter
<input checked="" type="checkbox"/> 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"/> <b>No</b>
---------------------------	--------------------------------------------

**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"/> <b>No</b>

**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"/> <b>No</b>
---------------------------	--------------------------------------------

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

If yes, list type if known and amount:

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

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

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

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

If yes, list type(s):

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

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

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

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

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

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.

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**17. END TIME:**

11:16
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**For volunteer coordinator/DNR use only**

Date the data sheet was reviewed by contractor:	B61c	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

# 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

<b>1. Your name:</b>	Brady Stearnwell	<b>2. Station name:</b>	Fox Point	Form revision date: 02/17/15	
<b>3. Monitoring date:</b>	10/06/18	<b>4. Start time (include AM/PM):</b>	11:16		
<b>5. Water conditions:</b>	Calm    Slight movement	Moderate flow or waves    Rough or fast flowing			
<b>6. Water level:</b>	High	Normal	Low		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle one of the following:    Very pleasing    Somewhat pleasing    Neither pleasing nor displeasing    Somewhat displeasing    Very displeasing					
Please describe. List any factors that make it pleasing or not pleasing. lots of native vegetation, undeveloped shoreline, low litter					
<b>8a. Is the color or clarity of the water unattractive?</b>					
Yes    No					
If yes, please describe:					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>					
Yes    No					
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance.</b>					
For water surface, please circle all applicable attributes.					
<b>A. Water Color:</b>	Colorless	Red	Green	Brown	Other (please indicate) <u>Greenish Brown</u>
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	Fairly cloudy	Completely cloudy	
<b>C. Water Surface:</b> (Circle all that apply)	Normal	Oily sheen	Foamy	Floating aquatic plants	Other (please indicate) <u>Algae Present</u>
	Natural debris	Neon green sheen			
<b>10a. Is there floating or submerged garbage present in the water?</b>					
Yes    No					
If yes, circle visible item(s):					
Building materials    Medical items    Household waste    Sewage-related litter					
Food-related litter    Fishing-related litter    Other (please indicate)					
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
Yes    No					
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
Yes    No					
If yes, list what: Fallen leaves + woody debris					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
Yes    possibly    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?

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

Not an expert in terrestrial  
Invasives

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.

How do I know if it's preventing me from enjoying the water if I am currently not trying to enjoy the water?

17. END TIME:

11:20

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

BGM

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



# 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 Rexel 2. Station name: Fox Point Boat  
 3. Monitoring date: 7/14/18 4. Start time (include AM/PM): 9:00am

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="checkbox"/> Yes	<input type="checkbox"/> No
Building materials	Medical items Household waste Sewage-related litter
<input checked="" type="checkbox"/> 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?

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

If yes, list type(s):

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

14a. Is there nuisance vegetation along the shoreline?

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?

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

If yes, list type(s):

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

16. Have you previously evaluated this station?

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

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

17. END TIME:

9:08 am

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

BGK

Aesthetic impression score: 2

2

Assessment score: 4

2

Check box if data sheet meets quality control requirements

O4/QC

Objectionable deposits on the shoreline

Additional feedback

ent.

# 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: Dan Reyer 2. Station name: Fox Point boat launch Form revision date: 02/17/15

3. Monitoring date: 10/06/18 4. Start time (include AM/PM): 11:10am

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.  
Weird trees in the water

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

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:

11:20am

For volunteer coordinator/DNR use only

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

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):

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

TREES & BRANCHES

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:

11:15

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:

0

Assessment score:

0

Objectionable deposits on the shoreline

Additional feedback

QA/QC

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

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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

T  
CAF.

**1. Your name:** Dawson Royer  
**2. Station name:** Fox Point Boat Launch  
**4. Start time (include AM/PM):** 8:25am

**3. Monitoring date:** 7/14/18  
**5. Water conditions:**  Calm  Slight movement  Moderate flow or waves  Rough or fast flowing  
**6. Water level:**  High  Normal  Low

**7. Overall, how aesthetically pleasing do you find the site?**  
 Circle one of the following:  Very pleasing  Somewhat pleasing  Neither pleasing nor displeasing  Somewhat displeasing  Very displeasing

Please describe. List any factors that make it pleasing or not pleasing.  
 The water is pretty

**8a. Is the color or clarity of the water unattractive?**  Yes  No  
 If yes, please describe: green water - algae

**8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?**  Yes  No

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

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

**B. Water Clarity:**  Normal  Oily sheen  Foamy  Floating aquatic plants

**C. Water Surface:**  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="checkbox"/> Yes	<input type="checkbox"/> No		
Building materials	Medical items	Household waste	Sewage-related litter
<input checked="" type="checkbox"/> 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?

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

If yes, list type(s):

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

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

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
wild parsnip	

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

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

If yes, list type(s):

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

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

16. Have you previously evaluated this station?

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

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
more invasive species	

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

7. END TIME:

8:35 am

Date the data sheet was reviewed by contractor:

BGK

Aesthetic impression score:

1

Assessment score:

4

For volunteer coordinator/DNR use only

1

3

Check box if data sheet meets quality control requirements

QA/QC

Objectionable deposits on the shoreline

Additional feedback



# 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

<b>1. Your name:</b>	Dawson Reyer	<b>2. Station name:</b>	Fox-Point Boat Launch	Form revision date: 02/17/15
<b>3. Monitoring date:</b>	10/10/2018	<b>4. Start time (include AM/PM):</b>		
<b>5. Water conditions:</b>	Calm <input type="checkbox"/> Slight movement <input checked="" type="checkbox"/>	Moderate flow or waves <input type="checkbox"/>	Rough or fast flowing <input type="checkbox"/>	
<b>6. Water level:</b>	High <input type="checkbox"/>	Normal <input type="checkbox"/>	Low <input checked="" type="checkbox"/>	
<b>7. Overall, how aesthetically pleasing do you find the site?</b>				
Circle <u>one</u> of the following: Very pleasing <input type="checkbox"/> Somewhat pleasing <input checked="" type="checkbox"/> Neither pleasing nor displeasing <input type="checkbox"/> Somewhat displeasing <input checked="" type="checkbox"/> Very displeasing <input type="checkbox"/>				
Please describe. List any factors that make it pleasing or not pleasing. <div style="text-align: center; font-size: 1.2em;">lots of garbage</div>				
<b>8a. Is the color or clarity of the water unattractive?</b>				
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
If yes, please describe:				
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>				
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance.</b>				
For water surface, please circle all applicable attributes.				
<b>A. Water Color:</b>	Colorless <input type="checkbox"/>	Red <input type="checkbox"/>	Green <input checked="" type="checkbox"/>	Brown <input type="checkbox"/> Other (please indicate) _____
<b>B. Water Clarity:</b>	Completely clear <input checked="" type="checkbox"/>	Fairly clear <input type="checkbox"/>	Fairly cloudy <input type="checkbox"/>	Completely cloudy <input type="checkbox"/>
<b>C. Water Surface:</b>	Normal <input type="checkbox"/>	Oily sheen <input type="checkbox"/>	Foamy <input checked="" type="checkbox"/>	Floating aquatic plants <input type="checkbox"/>
(Circle all that apply)	Natural debris <input checked="" type="checkbox"/>	Neon green sheen <input type="checkbox"/>	Other (please indicate) _____	
<b>10a. Is there floating or submerged garbage present in the water?</b>				
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
If yes, circle visible item(s):				
<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"><input checked="" type="checkbox"/> Building materials</div> <div style="text-align: center;"><input type="checkbox"/> Medical items</div> <div style="text-align: center;"><input checked="" type="checkbox"/> Household waste</div> <div style="text-align: center;"><input type="checkbox"/> Sewage-related litter</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;"><input checked="" type="checkbox"/> Food-related litter</div> <div style="text-align: center;"><input type="checkbox"/> Fishing-related litter</div> <div style="text-align: center;"><input type="checkbox"/> Other (please indicate) _____</div> </div>				
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>				
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>				
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
If yes, list what:				
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>				
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				

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

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

If yes, list type(s):

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

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

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

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

<input checked="" type="radio"/> Yes	<input type="radio"/> No
bushy plants along the shoreline	

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?

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

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

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

Additional feedback

17. END TIME:

11:18 am

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

Bede

Check box if data sheet meets quality control requirements

Aesthetic impression score:

3

Assessment score:

3

QA/QC

Objectionable deposits on the shoreline

# 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

<b>1. Your name:</b>	Jeter Ribeiro	<b>2. Station name:</b>	Fox Point Boat Launch	Form revision date: 02/17/15																									
<b>3. Monitoring date:</b>	07/14/18	<b>4. Start time (include AM/PM):</b>	9:00 am																										
<b>5. Water conditions:</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; text-align: center;">Calm</td> <td style="width: 25%; text-align: center;"><u>Slight movement</u></td> <td style="width: 25%; text-align: center;">Moderate flow or waves</td> <td style="width: 25%; text-align: center;">Rough or fast flowing</td> </tr> </table>				Calm	<u>Slight movement</u>	Moderate flow or waves	Rough or fast flowing																					
Calm	<u>Slight movement</u>	Moderate flow or waves	Rough or fast flowing																										
<b>6. Water level:</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; text-align: center;"><u>High</u></td> <td style="width: 25%; text-align: center;">Normal</td> <td style="width: 25%; text-align: center;">Low</td> <td style="width: 25%;"></td> </tr> </table>				<u>High</u>	Normal	Low																						
<u>High</u>	Normal	Low																											
<b>7. Overall, how aesthetically pleasing do you find the site?</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; text-align: center;">Very pleasing</td> <td style="width: 25%; text-align: center;"><u>Somewhat pleasing</u></td> <td style="width: 25%; text-align: center;">Neither pleasing nor displeasing</td> <td style="width: 25%; text-align: center;">Somewhat displeasing</td> <td style="width: 25%; text-align: center;">Very displeasing</td> </tr> </table> <p>Circle <u>one</u> of the following:</p> <p>Please describe. List any factors that make it pleasing or not pleasing.</p> <p style="font-size: 1.2em;">Flowers, trees</p>				Very pleasing	<u>Somewhat pleasing</u>	Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing	Overall aesthetic impression of site																			
Very pleasing	<u>Somewhat pleasing</u>	Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing																									
<b>8a. Is the color or clarity of the water unattractive?</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"><u>Yes</u></td> <td style="width: 50%; text-align: center;">No</td> </tr> </table> <p>If yes, please describe:</p> <p style="font-size: 1.2em;">Green</p>				<u>Yes</u>	No																							
<u>Yes</u>	No																												
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"><u>Yes</u></td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>				<u>Yes</u>	No																							
<u>Yes</u>	No																												
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance.</b>	<p>For water surface, please circle all applicable attributes.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">A. Water Color:</td> <td style="width: 25%; text-align: center;">Colorless</td> <td style="width: 25%; text-align: center;">Red</td> <td style="width: 25%; text-align: center;"><u>Green</u></td> <td style="width: 25%; text-align: center;">Brown</td> <td style="width: 25%; text-align: center;">Other (please indicate) _____</td> </tr> <tr> <td>B. Water Clarity:</td> <td style="text-align: center;">Completely clear</td> <td style="text-align: center;">Fairly clear</td> <td style="text-align: center;"><u>Fairly cloudy</u></td> <td style="text-align: center;">Completely cloudy</td> <td></td> </tr> <tr> <td>C. Water Surface:</td> <td style="text-align: center;">Normal</td> <td style="text-align: center;">Oily sheen</td> <td style="text-align: center;">Foamy</td> <td style="text-align: center;"><u>Floating aquatic plant</u></td> <td></td> </tr> <tr> <td>(Circle all that apply)</td> <td style="text-align: center;">Natural debris</td> <td style="text-align: center;">Neon green sheen</td> <td style="text-align: center;">Other (please indicate) _____</td> <td></td> <td></td> </tr> </table>				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	<u>Floating aquatic plant</u>		(Circle all that apply)	Natural debris	Neon green sheen	Other (please indicate) _____			Objectionable deposits in/characteristics of the water
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	<u>Floating aquatic plant</u>																									
(Circle all that apply)	Natural debris	Neon green sheen	Other (please indicate) _____																										
<b>10a. Is there floating or submerged garbage present in the water?</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"><u>Yes</u></td> <td style="width: 50%; text-align: center;"><u>No</u></td> </tr> </table> <p>If yes, circle visible item(s):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Building materials</td> <td style="width: 25%;">Medical items</td> <td style="width: 25%;">Household waste</td> <td style="width: 25%;">Sewage-related litter</td> </tr> <tr> <td>Food-related litter</td> <td>Fishing-related litter</td> <td>Other (please indicate) _____</td> <td></td> </tr> </table>				<u>Yes</u>	<u>No</u>	Building materials	Medical items	Household waste	Sewage-related litter	Food-related litter	Fishing-related litter	Other (please indicate) _____																
<u>Yes</u>	<u>No</u>																												
Building materials	Medical items	Household waste	Sewage-related litter																										
Food-related litter	Fishing-related litter	Other (please indicate) _____																											
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"><u>Yes</u></td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>				<u>Yes</u>	No																							
<u>Yes</u>	No																												
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"><u>Yes</u></td> <td style="width: 50%; text-align: center;"><u>No</u></td> </tr> </table> <p>If yes, list what:</p> <p style="text-align: center;">-</p>				<u>Yes</u>	<u>No</u>																							
<u>Yes</u>	<u>No</u>																												
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"><u>Yes</u></td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>				<u>Yes</u>	No																							
<u>Yes</u>	No																												

12a. Is there garbage along the shoreline?

If yes, circle type(s):

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

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

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

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

If yes, list type(s):

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

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

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

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

Wild grasses <input checked="" type="radio"/>	No
-----------------------------------------------	----

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

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

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

If yes, list type(s):

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

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

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

16. Have you previously evaluated this station?

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 <input checked="" type="radio"/>
-----	-------------------------------------

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

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17. END TIME:

9:06 am

For volunteer coordinator/DNR use only

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

Objectionable deposits on the shoreline

Additional feedback

QA/QC

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

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

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

<b>1. Your name:</b>	Jeane Drover	<b>2. Station name:</b>	Fox Point Boat Launch
<b>3. Monitoring date:</b>	10/16/18	<b>4. Start time (include AM/PM):</b>	11:10 am
<b>5. Water conditions:</b>	Calm <u>Slight movement</u> Moderate flow or waves    Rough or fast flowing		
<b>6. Water level:</b>	<u>High</u> Normal    Low		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>	Circle <u>one</u> of the following:    Very pleasing <u>Somewhat pleasing</u> Neither pleasing nor displeasing    Somewhat displeasing    Very displeasing		
Please describe. List any factors that make it pleasing or not pleasing.	fall colors		
<b>8a. Is the color or clarity of the water unattractive?</b>	Yes <u>No</u>		
If yes, please describe:			
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>	Yes    No		
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance.</b>	For water surface, please circle all applicable attributes.		
<b>A. Water Color:</b>	Colorless    Red <u>Green</u> Brown    Other (please indicate) _____		
<b>B. Water Clarity:</b>	Completely clear    Fairly clear <u>Fairly cloudy</u> Completely cloudy		
<b>C. Water Surface:</b>	<u>Normal</u> Oily sheen    Foamy    Floating aquatic plants		
(Circle all that apply)	Natural debris    Neon green sheen    Other (please indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>	Yes <u>No</u>		
If yes, circle visible item(s):	Building materials    Medical items    Household waste    Sewage-related litter Food-related litter    Fishing-related litter    Other (please indicate) _____		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>	Yes    No		
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>	Yes <u>No</u>		
If yes, list what:			
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>	Yes    No		

Form revision  
Date: 02/17/15

Overall aesthetic  
impression of site

Objectionable deposits in/characteristics of the water

12a. Is there garbage along the shoreline?

If yes, circle type(s):

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

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

Yes  No

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

If yes, list type(s):

<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?

Yes  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?

Yes  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?

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?

Same

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

17. END TIME:

11:19 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:

1

Assessment score:

0

Objectionable deposits on the shoreline

Additional feedback

QA/QC

EMT.

# 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:	Katherine A. Zitt	2. Station name:	Fox Point Boat launch	Form revision date: 02/17/15
3. Monitoring date:	02/14/18	4. Start time (include AM/PM):	8:50 AM	
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 type="radio"/> Normal <input checked="" 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 type="radio"/> Neither pleasing nor displeasing <input type="radio"/> Somewhat displeasing <input checked="" type="radio"/> Very displeasing <input type="radio"/>			
Please describe. List any factors that make it pleasing or not pleasing.	Water murky, poor clarity, foam on shore			
8a. Is the color or clarity of the water unattractive?	Yes <input checked="" type="radio"/> No <input type="radio"/>			
If yes, please describe:	Murky, green algae like plant poor clarity			
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 <input type="radio"/>			
9. For water color and clarity, please circle the answer choice that best describes the present appearance.				
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 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 checked="" type="radio"/> No <input 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 checked="" 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 checked="" type="radio"/> No <input type="radio"/>			
If yes, list what:	Looks like shore preservation material			
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):

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

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

Yes

No

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

If yes, list type(s):

Yes

No

goose poop

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

Yes

No

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

Yes

No

wild parsnip

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.

Nice docks.

17. END TIME:

9:03 AM

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

BGvk

Check box if data sheet meets quality control requirements

Aesthetic impression score: 70

3

Assessment score: 40

2

Objectionable deposits on the shoreline

Additional feedback

QA/QC



ent.

# 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: Katherine Zitt 2. Station name: Fox Point

3. Monitoring date: 10/10/18 4. Start time (include AM/PM): 11:15 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.  
Nice facilities. Shore littered with all sorts of things

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

If yes, please describe: Yes No  
no clarity green

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

Yes No

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

For water surface, please circle all applicable attributes.

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

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

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

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

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

If yes, circle visible item(s): Yes No

Building materials Medical items Household waste Sewage-related litter

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

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

Yes No

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

If yes, list what: Yes No

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
<input checked="" type="radio"/> Household waste	<input type="radio"/> 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 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 goose poop.</i>	

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?

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

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

*Seems to be cleaner on the shore.*

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

*Still needs some work*

17. END TIME:

*11:19 AM*

For volunteer coordinator/DNR use only

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

Objectionable deposits on the shoreline

Additional feedback

QA/QC

ent.

# 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:		Kyle Kupsky		2. Station name:		Fox Point		Form revision date: 02/17/15	
3. Monitoring date:		10/06/18		4. Start time (include AM/PM):		11:11AM			
5. Water conditions:		Calm	<u>Slight movement</u>	Moderate flow or waves	Rough or fast flowing				
6. Water level:		<u>High</u>	Normal	Low					
7. Overall, how aesthetically pleasing do you find the site?									
Circle <u>one</u> of the following:		<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.									Overall aesthetic impression of site
8a. Is the color or clarity of the water unattractive?									
If yes, please describe:		Yes			<u>No</u>				
8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?									
		Yes			No				
9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle 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: (Circle all that apply)		<u>Normal</u>	Oily sheen	Foamy	Floating aquatic plants				
		<u>Natural debris</u>	<u>Neon green sheen</u>	Other (please indicate) _____					
10a. Is there floating or submerged garbage present in the water?									
If yes, circle visible item(s):		Yes			<u>No</u>				
		Building materials	Medical items	Household waste	Sewage-related litter				
		Food-related litter	Fishing-related litter	Other (please indicate) _____					
10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?									
		Yes			No				
11a. Are any other substances present in the water that are not specifically mentioned on this form?									
If yes, list 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			No				

Objectionable deposits in/characteristics of the water

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

If yes, circle type(s):

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

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

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

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

If yes, list type(s):

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

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

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

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

If yes, list type if known and amount:

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

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

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

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

If yes, list type(s):

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

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

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

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

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

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

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

Additional feedback

**17. END TIME:**

11/2/17

**For volunteer coordinator/DNR use only**

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

Objectionable deposits on the shoreline

Additional feedback

QA/QC



EMT.

# 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:	Laura Zeit	2. Station name:	Fox Point Boat Launch
3. Monitoring date:	07/14/18	4. Start time (include AM/PM):	8:50 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:	Very pleasing	<u>Somewhat pleasing</u>	Neither pleasing nor displeasing
Please describe. List any factors that make it pleasing or not pleasing.	Somewhat displeasing Very displeasing		
Rock along shore nice! Wild parsnip needs to go!			
8a. Is the color or clarity of the water unattractive?			
	<u>Yes</u>	No	
If yes, please describe:	Very green right now. Blue Green Algae?		
8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?			
	<u>Yes</u>	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 <u>Green</u> Brown Other (please indicate)		
B. Water Clarity:	Completely clear Fairly clear Fairly cloudy <u>Completely cloudy</u>		
C. Water Surface: (Circle all that apply)	Normal Oily sheen <u>Foamy-edge</u> Floating aquatic plants <u>Algae</u>		
	Natural debris Neon green sheen <u>Other</u> (please indicate)		
10a. Is there floating or submerged garbage present in the water?			
	<u>Yes</u>	No	
If yes, circle visible item(s):	<u>Building materials</u> <u>shore line</u> Medical Items <del>Household waste</del> 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	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	<input checked="" type="radio"/> Household waste	Sewage-related litter
Food-related litter	Fishing-related litter	Other (please Indicate) _____	

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

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

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

If yes, list type(s):

<input checked="" type="radio"/> Yes	<input type="radio"/> No
Goose poop on just one dock.	

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

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

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

If yes, list type if known and amount:

<input checked="" type="radio"/> Yes	<input type="radio"/> No
Wild parsnip!! Weeds. Virginia creeper, quite a few	

**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?**

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
X	

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

Love the rock along the shoreline. Might want to allow dogs on leash ( $\leq 6'$ ) - it controlled the goose problem in Oshtosh Menominee Park

**17. END TIME:**

9:04 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:	2		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

ent.

# 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:	Megan Hoff	2. Station name:	FOX point boat launch	Form revision date: 02/17/15
3. Monitoring date:	10/10/2018	4. Start time (include AM/PM):	11:10	
5. Water conditions:	Calm	<u>Slight movement</u>	Moderate flow or waves	Rough or fast flowing
6. Water level:	High	<u>Normal</u>		Low

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

Circle 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.

pleasing: trails, not a lot of litter (public areas), good	displeasing: minimal shoreline vegetation, lots of algae, smells
------------------------------------------------------------	------------------------------------------------------------------

Overall aesthetic impression of site

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

Yes  No

If yes, please describe:

very green

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

Yes  No

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

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

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

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

Objectionable deposits in/characteristics of the water

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

If yes, circle type(s):

<input checked="" type="radio"/> Yes	<input type="radio"/> No
<input checked="" type="checkbox"/> Building materials <input type="checkbox"/> Medical items <input 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) _____	

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

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

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

If yes, list type(s):

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

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

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

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

If yes, list type if known and amount:

<input checked="" type="radio"/> Yes	<input type="radio"/> No
<i>garlic mustard            phragmites reed (many grass), purple loosestrife</i>	

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

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

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

If yes, list type(s):

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

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

<input 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.

<i>good detritus            really bad water quality            decent shore line veg → good habitat for fish/waterfowl</i>
-------------------------------------------------------------------------------------------------------------------------------------

**17. END TIME:**

<i>11:20</i>
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**For volunteer coordinator/DNR use only**

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

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

<b>1. Your name:</b>	Rachel Sperngas	<b>2. Station name:</b>	Fox Point Post Launch	Form revision date: 02/17/15																									
<b>3. Monitoring date:</b>	07-14-18	<b>4. Start time (include AM/PM):</b>	8:50 a.m.																										
<b>5. Water conditions:</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; text-align: center;">Calm</td> <td style="width: 25%; text-align: center;">Slight movement</td> <td style="width: 25%; text-align: center;">Moderate flow or waves</td> <td style="width: 25%; text-align: center;">Rough or fast flowing</td> </tr> </table>				Calm	Slight movement	Moderate flow or waves	Rough or fast flowing																					
Calm	Slight movement	Moderate flow or waves	Rough or fast flowing																										
<b>6. Water level:</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; text-align: center;">High</td> <td style="width: 25%; text-align: center;">Normal</td> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;">Low</td> </tr> </table>				High	Normal		Low																					
High	Normal		Low																										
<b>7. Overall, how aesthetically pleasing do you find the site?</b>	<p>Circle <u>one</u> of the following:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 20%; text-align: center;">Very pleasing</td> <td style="width: 20%; text-align: center;">Somewhat pleasing</td> <td style="width: 20%; text-align: center;">Neither pleasing nor displeasing</td> <td style="width: 20%; text-align: center;">Somewhat displeasing</td> <td style="width: 20%; text-align: center;">Very displeasing</td> </tr> </table> <p>Please describe. List any factors that make it pleasing or not pleasing.</p> <p style="text-align: right; margin-right: 50px;">green water, foamy in places</p>				Very pleasing	Somewhat pleasing	Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing	Overall aesthetic impression of site																			
Very pleasing	Somewhat pleasing	Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing																									
<b>8a. Is the color or clarity of the water unattractive?</b>	<p style="text-align: center;">Yes <input checked="" type="radio"/> No <input type="radio"/></p> <p>If yes, please describe: green, foamy - wouldn't want to swim in it</p>																												
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>	<p style="text-align: center;">Yes <input checked="" type="radio"/> No <input type="radio"/></p>																												
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><b>A. Water Color:</b></td> <td style="width: 25%; text-align: center;">Colorless</td> <td style="width: 25%; text-align: center;">Red</td> <td style="width: 25%; text-align: center;">Green</td> <td style="width: 25%; text-align: center;">Brown</td> <td style="width: 25%; text-align: center;">Other (please indicate)</td> </tr> <tr> <td><b>B. Water Clarity:</b></td> <td style="text-align: center;">Completely clear</td> <td style="text-align: center;">Fairly clear</td> <td style="text-align: center;">Fairly cloudy</td> <td style="text-align: center;">Completely cloudy</td> <td></td> </tr> <tr> <td><b>C. Water Surface:</b> (Circle all that apply)</td> <td style="text-align: center;">Normal</td> <td style="text-align: center;">Oily sheen</td> <td style="text-align: center;">Foamy</td> <td style="text-align: center;">Floating aquatic plants</td> <td style="text-align: center;">Other (please indicate)</td> </tr> <tr> <td></td> <td style="text-align: center;">Natural debris</td> <td style="text-align: center;">Neon green sheen</td> <td></td> <td></td> <td></td> </tr> </table>				<b>A. Water Color:</b>	Colorless	Red	Green	Brown	Other (please indicate)	<b>B. Water Clarity:</b>	Completely clear	Fairly clear	Fairly cloudy	Completely cloudy		<b>C. Water Surface:</b> (Circle all that apply)	Normal	Oily sheen	Foamy	Floating aquatic plants	Other (please indicate)		Natural debris	Neon green sheen				Objectable deposits in/characteristics of the water
<b>A. Water Color:</b>	Colorless	Red	Green	Brown	Other (please indicate)																								
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	Fairly cloudy	Completely cloudy																									
<b>C. Water Surface:</b> (Circle all that apply)	Normal	Oily sheen	Foamy	Floating aquatic plants	Other (please indicate)																								
	Natural debris	Neon green sheen																											
<b>10a. Is there floating or submerged garbage present in the water?</b>	<p style="text-align: center;">Yes <input checked="" type="radio"/> No <input type="radio"/></p> <p>If yes, circle visible item(s):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Building materials</td> <td style="width: 25%;">Medical items</td> <td style="width: 25%;">Household waste</td> <td style="width: 25%;">Sewage-related litter</td> </tr> <tr> <td style="text-align: center;">cigarette butts</td> <td style="text-align: center;">bottle cap</td> <td style="text-align: center;">Fishing-related litter</td> <td style="text-align: center;">Other (please indicate)</td> </tr> <tr> <td style="text-align: center;">Food-related litter</td> <td></td> <td></td> <td></td> </tr> </table>				Building materials	Medical items	Household waste	Sewage-related litter	cigarette butts	bottle cap	Fishing-related litter	Other (please indicate)	Food-related litter																
Building materials	Medical items	Household waste	Sewage-related litter																										
cigarette butts	bottle cap	Fishing-related litter	Other (please indicate)																										
Food-related litter																													
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>	<p style="text-align: center;">Yes <input type="radio"/> No <input checked="" type="radio"/></p> <p style="text-align: right;">PL's minimal</p>																												
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>	<p style="text-align: center;">Yes <input type="radio"/> No <input checked="" type="radio"/></p> <p>If yes, list what:</p>																												
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>	<p style="text-align: center;">Yes <input type="radio"/> No <input checked="" type="radio"/></p>																												

12a. Is there garbage along the shoreline?

If yes, circle type(s):

<input checked="" type="radio"/> Yes <i>just a bit</i>	<input type="radio"/> No
Building materials	Medical Items <input checked="" type="radio"/> Household waste
Food-related litter	Sewage-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.

*I actually thought overall the site looks natural & clean outside of the health of the water.*

17. END TIME:

*8:58 AM*

For volunteer coordinator/DNR use only

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

Objectionable deposits on the shoreline

Additional feedback

QA/QC

ENT.

### 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

<b>1. Your name:</b>	Violet McKeefry			<b>2. Station name:</b>	Fox Point Boat Launch			Form revision date: 02/17/15
<b>3. Monitoring date:</b>	7/14/19			<b>4. Start time (include AM/PM):</b>	8:50 AM			
<b>5. Water conditions:</b>	Calm	<input checked="" type="radio"/> Slight movement	Moderate flow or waves	<input type="radio"/> Rough or fast flowing				
<b>6. Water level:</b>	High	<input checked="" type="radio"/> Normal			Low			
<b>7. Overall, how aesthetically pleasing do you find the site?</b>								Overall aesthetic impression of site
Circle <u>one</u> of the following:	<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.								
-								
<b>8a. Is the color or clarity of the water unattractive?</b>								
<input checked="" type="radio"/> Yes <input type="radio"/> No								
If yes, please describe:								
I see blue and green algae and I can't see the bottom								
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>								
<input checked="" type="radio"/> Yes <input type="radio"/> No								
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>								
<b>A. Water Color:</b>	Colorless	Red	<input checked="" type="radio"/> Green	Brown	Other (please indicate) _____			
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	Fairly cloudy	<input checked="" type="radio"/> Completely cloudy				
<b>C. Water Surface:</b> (Circle all that apply)	<input checked="" type="radio"/> Normal	Oily sheen	Foamy	<input checked="" type="radio"/> Floating aquatic plants				
	<input checked="" type="radio"/> Natural debris	<input checked="" type="radio"/> Neon green sheen		Other (please indicate) _____				
<b>10a. Is there floating or submerged garbage present in the water?</b>								
<input checked="" type="radio"/> Yes <input type="radio"/> No								
If yes, circle visible item(s):								
<input checked="" type="radio"/> Building materials		Medical items	Household waste	Sewage-related litter				
Food-related litter		Fishing-related litter		Other (please indicate) _____				
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>								
<input type="radio"/> Yes <input checked="" type="radio"/> No								
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>								
<input type="radio"/> Yes <input checked="" type="radio"/> No								
If yes, list what:								
-								
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>								
<input type="radio"/> Yes <input checked="" type="radio"/> No								

Objectonable deposits in/characteristics of the water

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

If yes, circle type(s):

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

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

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

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

If yes, list type(s):

<input checked="" type="radio"/> Yes	<input type="radio"/> No
Goose waste along the docks.	

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

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

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

If yes, list type if known and amount:

<input checked="" type="radio"/> Yes	<input type="radio"/> No
Wild Parsnip, and there is lots!	

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

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

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

If yes, list type(s):

<input checked="" type="radio"/> Yes	<input type="radio"/> No
Lots of algae growth!	

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

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

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

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

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

-

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

Blue green algae blooms are insane!

**17. END TIME:**

9:07 AM

For volunteer coordinator/DNR use only

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

Objectionable deposits on the shoreline

Additional feedback

QA/QC

EMA.

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

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

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

1. Your name:		Violet McKeown		2. Station name:		FOX POINT		Form revision date: 02/17/15
3. Monitoring date:		10/10/18		4. Start time (include AM/PM):		11:13 AM		
5. Water conditions:		Calm <u>Slight movement</u>		Moderate flow or waves		Rough or fast flowing		
6. Water level:		<u>High</u>		Normal		<u>Low</u>		Overall aesthetic impression of site
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.		The water, <del>with</del> lots of goose poop, docks are submerged.						Objectionable deposits in/characteristics of the water
8a. Is the color or clarity of the water unattractive?		<u>Yes</u>		No				
If yes, please describe:		gray and blue and green algae						
8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?		<u>Yes</u>		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		<u>Other (please indicate)</u>		<u>gray</u>		
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		<u>Natural debris</u>		<u>Neon green sheen</u>		
		Other (please indicate)						
10a. Is there floating or submerged garbage present in the water?		<u>Yes</u>		<u>No</u>				
If yes, circle visible item(s):		Building materials		Medical items		Household waste		
		Food-related litter		Fishing-related litter		Sewage-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):

<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 checked="" type="radio"/> Yes		<input type="radio"/> No	
goose poop all over a dock			

**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 checked="" type="radio"/> Yes		<input type="radio"/> No	
It smells of dead fish			

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

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

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

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

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

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

--

**17. END TIME:**

11:19 AM
----------

For volunteer coordinator/DNR use only

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

Objectionable deposits on the shoreline

Additional feedback

QA/QC

NIT ENT. 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: Chase Rey		2. Station name: Fox Point boat launch		Form revision date: 02/17/15		
3. Monitoring date: 10/18/18		4. Start time (include AM/PM): 11:13				
5. Water conditions:		Calm	<u>Slight movement</u>		Moderate flow or waves	Rough or fast flowing
6. Water level:		High	Normal		<u>Low</u>	
7. Overall, how aesthetically pleasing do you find the site?						
Circle <u>one</u> of the following:		Very pleasing	Somewhat pleasing	Neither pleasing nor displeasing	<u>Somewhat displeasing</u>	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:		<u>Yes</u>		No		
8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?						
		Yes		No		
9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.						
A. Water Color:		Colorless	Red	<u>Green</u>	Brown	Other (please indicate) _____
B. Water Clarity:		Completely clear	Fairly clear	Fairly cloudy	<u>Completely cloudy</u>	
C. Water Surface: (Circle all that apply)		Normal	Oily sheen	Foamy	<u>Floating aquatic plants</u>	
		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>		No		
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		No		

Overall aesthetic impression of site

Objectionable deposits in/characteristics of the water

77

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	<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?

If yes, list type(s):

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

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

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

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

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

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

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

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

If yes, list type(s):

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

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

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

16. Have you previously evaluated this station?

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

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

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

UN Pleasant Smell

17. END TIME:

11:16

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

Check box if data sheet meets quality control requirements

Aesthetic impression score:

Assessment score:

Objectionable deposits on the shoreline

Additional feedback

QA/QC



WTA ENT. 24/20

# 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:		2. Station name:		Form revision date: 02/17/15
3. Monitoring date:		4. Start time (include AM/PM):		
5. Water conditions:		6. Water level:		
7. Overall, how aesthetically pleasing do you find the site?		Overall aesthetic impression of site		
8a. Is the color or clarity of the water unattractive?		Objectionable deposits in/characteristics of the water		
8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?				
9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.				
10a. Is there floating or submerged garbage present in the water?				
10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?				
11a. Are any other substances present in the water that are not specifically mentioned on this form?				
11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?				

**1. Your name:** Georgiana Castillanos

**2. Station name:** Fox Point

**3. Monitoring date:** 10/08/18

**4. Start time (include AM/PM):** 11:10

**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

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	No
-----	----

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

If yes, list type(s):

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

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

Yes	No
-----	----

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

<u>Yes</u>	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	<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?

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

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

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

Objectionable deposits on the shoreline

Additional feedback

???

17. END TIME:

11:15

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

Check box if data sheet meets quality control requirements

Aesthetic impression score:

Assessment score:

QA/QC

WA. ent. 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:

Jeanne Drover

2. Station name:

Fox Point Boat Launch

3. Monitoring date:

07/14/18

4. Start time (include AM/PM):

8:25 am

5. Water conditions:

Calm

Slight movement

Moderate flow or waves

Rough or fast flowing

6. Water level:

High

Normal

Low

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

Circle one of the following:

Very pleasing

Somewhat pleasing

Neither pleasing nor displeasing

Somewhat displeasing

Very displeasing

Please describe. List any factors that make it pleasing or not pleasing.

Nice view but very green water

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

Yes

No

If yes, please describe:

green algae

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

Yes

No

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

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)

green

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

If yes, circle visible item(s):

Building materials

Yes

Medical items

Household waste

Sewage-related litter

Food-related litter

Fishing-related litter

Other (please indicate)

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

Yes

No

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

Yes

No

If yes, list what:

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

Yes

No

Objectionable deposits in/characteristics of the water

Form revision date: 02/17/15

Overall aesthetic impression of site

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?

Yes  No

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

If yes, list type(s):

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

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

Yes  No

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

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

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):

<input type="radio"/> Yes	<input checked="" type="radio"/> 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?

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

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

17. END TIME:

8:35 AM

Objectionable deposits on the shoreline

Additional feedback

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

Aesthetic impression score: 2

Assessment score: 5

Check box if data sheet meets quality control requirements

QA/QC

NT ENT 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: Lauren Nokes 2. Station name: Fox Point Launch

3. Monitoring date: 07/14/18 4. Start time (include AM/PM): 9:00 AM

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

6. Water level: High Normal Low

7. Overall, how aesthetically pleasing do you find the site?  
Circle one of the following: Very pleasing Somewhat pleasing Neither pleasing nor displeasing Somewhat displeasing Very displeasing

Please describe. List any factors that make it pleasing or not pleasing.

8a. Is the color or clarity of the water unattractive? Yes No

If yes, please describe:

The water is brownish green & opaque.

8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water? Yes No

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

A. Water Color: Colorless Red Green Brown Other (please indicate)  
B. Water Clarity: Completely clear Fairly clear Fairly cloudy Completely cloudy  
C. Water Surface: Normal Oily sheen Foamy Floating aquatic plants  
(Circle all that apply) Natural debris Neon green sheen Other (please indicate)

10a. Is there floating or submerged garbage present in the water? Yes No

If yes, circle visible item(s):

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

10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water? Yes No

11a. Are any other substances present in the water that are not specifically mentioned on this form? Yes No

If yes, list what:

11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water? Yes No

Form revision date: 02/17/15

Overall aesthetic impression of site

Objectable deposits in/characteristics of the water

12a. Is there garbage along the shoreline?

If yes, circle type(s):

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

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

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

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

If yes, list type(s):

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

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

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

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

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

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

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

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

If yes, list type(s):

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

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

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

16. Have you previously evaluated this station?

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 <input checked="" type="radio"/>
-----	-------------------------------------

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

-

17. END TIME:

9:05 AM

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

Check box if data sheet meets quality control requirements

Aesthetic Impression score: 1

Assessment score: 2

Objectionable deposits on the shoreline

Additional feedback

QA/QC

???

not ent. QA/oc.

### 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: Lily McKeefry 2. Station name: Fox Point Boat launch

3. Monitoring date: 7/14/2018 4. Start time (include AM/PM): 8:50 pm

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

6. Water level: High Normal Low

7. Overall, how aesthetically pleasing do you find the site?  
Circle one of the following: Very pleasing Somewhat pleasing Neither pleasing nor displeasing Somewhat displeasing Very displeasing

Please describe. List any factors that make it pleasing or not pleasing.  
The water seems to contain some kind of Algae in which I think it's Blue Green Algae, but I'm not an expert.

8a. Is the color or clarity of the water unattractive?  
Yes No

If yes, please describe:  
It's green, and I can't see the bottom.

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

Handwritten scribbles and marks on the right margin.

12a. Is there garbage along the shoreline?

If yes, circle type(s):

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

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

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

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

If yes, list type(s):

<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No
There is goose poop on the docks that I didn't notice a minute ago.	

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

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

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

<input checked="" type="radio"/> Yes	<input type="radio"/> No
Wild parsnip is present on the shoreline.	

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?

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

This doesn't have to do with the water but the view is absolutely beautiful. The Packer Stadium and the bridge is present. If the water was slightly clearer this could be a

17. END TIME:

9:04 am
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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: 1	
Assessment score: 3	

Objectionable deposits on the shoreline

Additional feedback

QA/QC

perc: 54  
4/11/2014



not emt 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

<b>1. Your name:</b>	Nancy Graham	<b>2. Station name:</b>	Fox River Boat	Form revision date: 02/17/15		
<b>3. Monitoring date:</b>	7/14/18	<b>4. Start time (include AM/PM):</b>	9 AM			
<b>5. Water conditions:</b>	Calm <u>Slight movement</u>	Moderate flow or waves	Rough or fast flowing			
<b>6. Water level:</b>	High	<u>Normal</u>	Low			
<b>7. Overall, how aesthetically pleasing do you find the site?</b>						
Circle <u>one</u> of the following:	Very pleasing	Somewhat pleasing	Neither pleasing nor displeasing	<u>Somewhat displeasing</u>	Very displeasing	
Please describe. List any factors that make it pleasing or not pleasing.	Green algae in water				Overall aesthetic Impression of site	
<b>8a. Is the color or clarity of the water unattractive?</b>						
	<u>Yes</u>		No			
If yes, please describe:	green					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>						
	<u>Yes</u> to swim/walk. No					
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>						
<b>A. Water Color:</b>	Colorless	Red	<u>Green</u>	Brown		Other (please Indicate) _____
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	Fairly cloudy	<u>Completely cloudy</u>		
<b>C. Water Surface:</b> (Circle all that apply)	<u>Normal</u>	Oily sheen	Foamy	Floating aquatic plants		
	Natural debris	<u>Neon green sheen</u>		Other (please Indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>						
	<u>Yes</u>		<u>No</u>			
If yes, circle visible item(s):	Building materials	Medical items	Household waste	Sewage-related litter		
	Food-related litter	Fishing-related litter		Other (please indicate) _____		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>						
	<u>Yes</u>		No			
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>						
	<u>Yes</u>		<u>No</u>			
If yes, list what:						
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>						
	<u>Yes</u>		No			

Objectionable deposits in/characteristics of the water

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

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	No
-----	----

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

If yes, list type(s):

Yes	No
goose poop <sup>one</sup> on pier	

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

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

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

If yes, list type if known and amount:

<u>Yes</u>	No
wild parsnip	

**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
black material to hold soil is visible	

**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.

**17. END TIME:**

9:14 AM

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

Check box if data sheet meets quality control requirements

Aesthetic Impression score: 3

Assessment score: 2

Objectionable deposits on the shoreline

Additional feedback

QA/QC

not ent. 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

<b>1. Your name:</b>		<i>Patsy</i>		<b>2. Station name:</b>		<i>Fox Point Boat</i>		Form revision date: 02/17/15	
<b>3. Monitoring date:</b>		<i>7/14/18</i>		<b>4. Start time (include AM/PM):</b>		<i>9:10 am</i>			
<b>5. Water conditions:</b>		Calm	<input checked="" type="radio"/> Slight movement	Moderate flow or waves	<input type="radio"/> Rough or fast flowing				
<b>6. Water level:</b>		High	<input checked="" type="radio"/> Normal			Low			
<b>7. Overall, how aesthetically pleasing do you find the site?</b>									
Circle <u>one</u> of the following:		<input checked="" type="radio"/> Very pleasing	<input type="radio"/> Somewhat pleasing	<input type="radio"/> Neither pleasing nor displeasing	<input type="radio"/> Somewhat displeasing	<input type="radio"/> Very displeasing			
Please describe. List any factors that make it pleasing or not pleasing.		<i>except for presence Wild Parsnip in nearby weed growth see Comments section for positive inclusions - many amenities!</i>							Overall aesthetic impression of site
<b>8a. Is the color or clarity of the water unattractive?</b>		<input checked="" type="radio"/> Yes		<input type="radio"/> No					
If yes, please describe:		<i>brownish green - too murky. can only see 6" down</i>							
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>		<input type="radio"/> Yes		<input checked="" type="radio"/> No					
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>									
<b>A. Water Color:</b>		Colorless	Red	<i>more</i> <input checked="" type="radio"/> Green	Brown	Other (please indicate) _____			
<b>B. Water Clarity:</b>		Completely clear	Fairly clear	Fairly cloudy	<input checked="" type="radio"/> Completely cloudy				
<b>C. Water Surface:</b> (Circle all that apply)		<input checked="" type="radio"/> Normal	Oily sheen	Foamy	<input checked="" type="checkbox"/> Floating aquatic plants - <i>some in boat farm area</i>				
		Natural debris	Neon green sheen	Other (please indicate) _____					
<b>10a. Is there floating or submerged garbage present in the water?</b>									
		<input type="radio"/> Yes		<input checked="" type="radio"/> No					
If yes, circle visible item(s):		Building materials	Medical items	Household waste	Sewage-related litter				
		Food-related litter	Fishing-related litter	Other (please indicate) _____					
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>									
		<input type="radio"/> Yes		<input checked="" type="radio"/> No					
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>									
		<input type="radio"/> Yes		<input checked="" type="radio"/> No					
If yes, list what:									
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>									
		<input type="radio"/> Yes		<input checked="" type="radio"/> No					

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):

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?**

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

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

If yes, list type if known and amount:

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

*wild parsnip*

**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?

\_\_\_\_\_

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

*good solid info board,  
nice restroom facilities  
picnic tables  
4 docks*

*garbage containers  
plenty of parking*

**17. END TIME:**

*9:20 am*

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:	<i>0</i>		
Assessment score:	<i>2</i>		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

ent.

# 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:	Anna Hooley	2. Station name:	Leicht Park	Form revision date: 02/17/15		
3. Monitoring date:	08/04/18	4. Start time (include AM/PM):	9 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.	Green/brown water, long strands of algae on rocks, hardly any trash, birds in the water				Overall aesthetic impression of site	
8a. Is the color or clarity of the water unattractive?						
	Yes		No			
If yes, please describe:	Green/brown, not transparent				Objectionable deposits in/characteristics of the water	
8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?						
	Yes		No			
9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.						
A. Water Color:	Colorless	Red	Green	Brown	Other (please indicate)	
B. Water Clarity:	Completely clear	Fairly clear	Fairly cloudy	Completely cloudy		
C. Water Surface: (Circle all that apply)	Normal	Oily sheen	Foamy	Floating aquatic plants		
	Natural debris	Neon green sheen	Other (please indicate)			
10a. Is there floating or submerged garbage present in the water?						
	Yes		No			
If yes, circle visible item(s):	Building materials	Medical items	Household waste	Sewage-related litter		
	Food-related litter	Fishing-related litter	Other (please indicate)			
10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?						
	Yes		No			
11a. Are any other substances present in the water that are not specifically mentioned on this form?						
	Yes		No			
If yes, list what:	Algae					
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	Fishing-related litter	Other (please Indicate) _____	

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

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

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

If yes, list type(s):

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

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

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

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

If yes, list type if known and amount:

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

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

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

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

If yes, list type(s):

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

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

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

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

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

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:**

9:15 am

For volunteer coordinator/DNR use only

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

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

<b>1. Your name:</b>	Carlynn Aug	<b>2. Station name:</b>	Leicht	Form revision date: 02/17/15	
<b>3. Monitoring date:</b>	08/04/18	<b>4. Start time (include AM/PM):</b>	9:06 am		
<b>5. Water conditions:</b>	Calm	<input checked="" type="radio"/> Slight movement	<input checked="" type="radio"/> Moderate flow or waves		Rough or fast flowing
<b>6. Water level:</b>	High	<input checked="" type="radio"/> Normal	Low		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle <u>one</u> of the following: <input 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. ☺ - rocks, dock, bridge ☹ - surroundings					
<b>8a. Is the color or clarity of the water unattractive?</b>					
Yes <input checked="" type="radio"/> No <input type="radio"/>					
If yes, please describe: <u>would look murky in cloudy weather</u>					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>					
Yes <input type="radio"/> No <input checked="" type="radio"/>					
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	Colorless	Red	Green	<input checked="" type="radio"/> Brown	Other (please indicate) _____
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	<input checked="" type="radio"/> Fairly cloudy	Completely cloudy	
<b>C. Water Surface:</b> (Circle all that apply)	Normal	Oily sheen	<input checked="" type="radio"/> Foamy	Floating aquatic plants	
	Natural debris	Neon green sheen	Other (please indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>					
Yes <input type="radio"/> No <input checked="" type="radio"/>					
If yes, circle visible item(s):					
<input type="checkbox"/> Building materials <input type="checkbox"/> Medical items <input checked="" type="checkbox"/> Household waste <input type="checkbox"/> Sewage-related litter <input type="checkbox"/> Food-related litter <input type="checkbox"/> Fishing-related litter <input type="checkbox"/> Other (please indicate) _____					
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
Yes <input type="radio"/> No <input checked="" type="radio"/>					
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
Yes <input type="radio"/> No <input checked="" type="radio"/>					
If yes, list what:					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
Yes <input type="radio"/> No <input checked="" type="radio"/>					

Overall aesthetic impression of site

Objectionable deposits in/characteristics of the water

12a. Is there garbage along the shoreline?

If yes, circle type(s):

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

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

Yes	No
-----	----

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

If yes, list type(s):

Yes	No
Goose poop	

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

Yes	No
-----	----

14a. Is there nuisance vegetation along the shoreline?

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
Yes	No

16. Have you previously evaluated this station?

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

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

Yes	No
Yes	No

17. END TIME:

9:15am

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	Bell	Check box if data sheet meets quality control requirements	<input type="checkbox"/>
Aesthetic impression score:	4	1	
Assessment score:	0	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

EMT.

<b>1. Your name:</b>	Chase Reyer	<b>2. Station name:</b>	Leicht	Form revision date: 02/17/15
<b>3. Monitoring date:</b>	7/14/18	<b>4. Start time (include AM/PM):</b>	10:11am	
<b>5. Water conditions:</b>	Calm <u>Slight movement</u> Moderate flow or waves      Rough or fast flowing			
<b>6. Water level:</b>	High <u>Normal</u> Low			
<b>7. Overall, how aesthetically pleasing do you find the site?</b>	Circle <u>one</u> of the following:      Very pleasing      Somewhat pleasing      Neither pleasing nor displeasing <u>Somewhat displeasing</u> Very displeasing			
Please describe. List any factors that make it pleasing or not pleasing.				
<b>8a. Is the color or clarity of the water unattractive?</b>	Yes      No			
If yes, please describe:				
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>	Yes      No			
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance.</b>	For water surface, please circle all applicable attributes.			
<b>A. Water Color:</b>	Colorless      Red <u>Green</u> Brown      Other (please indicate) _____			
<b>B. Water Clarity:</b>	Completely clear      Fairly clear      Fairly cloudy <u>Completely cloudy</u>			
<b>C. Water Surface:</b> (Circle all that apply)	Normal      Oily sheen      Foamy      Floating aquatic plants Natural debris <u>Neon green sheen</u> Other (please indicate) _____			
<b>10a. Is there floating or submerged garbage present in the water?</b>	Yes <u>No</u>			
If yes, circle visible item(s):				
Building materials      Medical items      Household waste      Sewage-related litter Food-related litter      Fishing-related litter      Other (please indicate) _____				
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>	Yes      No			
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>	Yes <u>No</u>			
If yes, list what:				
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>	Yes      No			

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?

Yes  No

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

If yes, list type(s):

Yes  No

POOP

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

Yes  No

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

Yes  No

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

Yes  No

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

If yes, list type(s):

Yes  No

ROCKS

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

Yes  No

16. Have you previously evaluated this station?

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:

10:07 AM

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

BGW

Check box if data sheet meets quality control requirements

Aesthetic impression score: 3

3

Assessment score: 4

4

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

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<b>1. Your name:</b>	Chris Aey	<b>2. Station name:</b>	Leicht Park	Form revision date: 02/17/15	
<b>3. Monitoring date:</b>	08/04/18	<b>4. Start time (include AM/PM):</b>	9 am		
<b>5. Water conditions:</b>	Calm    Slight movement <u>Moderate flow or waves</u> Rough or fast flowing			Overall aesthetic impression of site	
<b>6. Water level:</b>	High <u>Normal</u> Low				
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle <u>one</u> of the following:    Very pleasing <u>Somewhat pleasing</u> Neither pleasing nor displeasing    Somewhat displeasing    Very displeasing					
Please describe. List any factors that make it pleasing or not pleasing.					
Pleasant: water, trees, sailboat Not pleasing: smoke stacks, bridge, goose poop					
<b>8a. Is the color or clarity of the water unattractive?</b>					
If yes, please describe: <u>Yes</u> No					
Slightly greenish tinge					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>					
<u>Yes</u> No					
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance.</b>					
For water surface, please circle all applicable attributes.					
<b>A. Water Color:</b>	Colorless	Red	<u>Green</u>	Brown	Other (please indicate) _____
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	<u>Fairly cloudy</u>	Completely cloudy	
<b>C. Water Surface:</b>	Normal	Oily sheen	<u>Foamy</u>	Floating aquatic plants	
(Circle all that apply)	<u>Natural debris</u>	Neon green sheen	Other (please indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>					
If yes, circle visible item(s): <u>No</u>					
Building materials    Medical items    Household waste    Sewage-related litter Food-related litter    Fishing-related litter    Other (please indicate) _____					
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
<u>Yes</u> No					
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
If yes, list what: <u>No</u>					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
<u>Yes</u> No					

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):

Yes	No
Goose poop	

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

Yes	No
-----	----

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

Yes	No
-----	----

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

Yes	No
-----	----

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

If yes, list type(s):

Yes	No
-----	----

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

Yes	No
-----	----

16. Have you previously evaluated this station?

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

Yes	No
-----	----

water is more green, cloudy

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

--

17. END TIME:

9:09 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

Aesthetic impression score:

4

1

Assessment score:

4

1

Objectionable deposits on the shoreline

Additional feedback

QA/QC

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# Green Bay Volunteer Aesthetics Monitoring Data Sheet

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

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

<b>1. Your name:</b>	Dawson Reyer	<b>2. Station name:</b>	Leicht Park	Form revision date: 02/17/15		
<b>3. Monitoring date:</b>	8/4/18	<b>4. Start time (include AM/PM):</b>	8:41am			
<b>5. Water conditions:</b>	Calm	<input checked="" type="radio"/> Slight movement	Moderate flow or waves	<input type="radio"/> Rough or fast flowing		
<b>6. Water level:</b>	High	<input checked="" type="radio"/> Normal		<input type="radio"/> Low		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>						
Circle <u>one</u> of the following:	<input type="radio"/> Very pleasing	<input type="radio"/> Somewhat pleasing	<input type="radio"/> Neither pleasing nor displeasing	<input checked="" type="radio"/> Somewhat displeasing	<input type="radio"/> Very displeasing	
Please describe. List any factors that make it pleasing or not pleasing.	lots of goose poop				Overall aesthetic impression of site	
<b>8a. Is the color or clarity of the water unattractive?</b>						
If yes, please describe:	<input checked="" type="radio"/> Yes <input type="radio"/> No a little green					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>						
	<input type="radio"/> Yes <input checked="" type="radio"/> No					
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>						
<b>A. Water Color:</b>	<input checked="" type="radio"/> Colorless	<input type="radio"/> Red	<input checked="" type="radio"/> Green	<input type="radio"/> Brown		<input type="radio"/> Other (please indicate) _____
<b>B. Water Clarity:</b>	<input type="radio"/> Completely clear	<input checked="" type="radio"/> Fairly clear	<input type="radio"/> Fairly cloudy	<input type="radio"/> Completely cloudy		
<b>C. Water Surface:</b> (Circle all that apply)	<input checked="" type="radio"/> Normal	<input type="radio"/> Oily sheen	<input type="radio"/> Foamy	<input type="radio"/> Floating aquatic plants		
	<input type="radio"/> Natural debris	<input type="radio"/> Neon green sheen	<input type="radio"/> Other (please indicate) _____			
<b>10a. Is there floating or submerged garbage present in the water?</b>						
If yes, circle visible item(s):	<input checked="" type="radio"/> Yes <input type="radio"/> No Building materials      Medical items <input checked="" type="radio"/> Household waste      Sewage-related litter Food-related litter      Fishing-related litter      Other (please indicate) _____					
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>						
	<input type="radio"/> Yes <input checked="" type="radio"/> No					
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>						
If yes, list what:	<input type="radio"/> Yes <input checked="" type="radio"/> No					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>						
	<input type="radio"/> Yes <input checked="" type="radio"/> No					

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

goose poop

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

Yes  No

14a. Is there nuisance vegetation along the shoreline?

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:

8:52 am

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

Bak

Check box if data sheet meets quality control requirements

Aesthetic Impression score:

3

3

Assessment score:

00

1

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

ent.

<b>1. Your name:</b>	Dawson Reyer	<b>2. Station name:</b>	Leicht Memorial	Form revision date: 02/17/15
<b>3. Monitoring date:</b>	7/14/18	<b>4. Start time (include AM/PM):</b>	10:14am	
<b>5. Water conditions:</b>	<input checked="" type="radio"/> Calm      Slight movement      Moderate flow or waves      Rough or fast flowing			
<b>6. Water level:</b>	High <input checked="" type="radio"/> Normal      Low			
<b>7. Overall, how aesthetically pleasing do you find the site?</b>	Circle <u>one</u> of the following:			
Please describe. List any factors that make it pleasing or not pleasing.	<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			
<b>8a. Is the color or clarity of the water unattractive?</b>	Yes <input checked="" type="radio"/> No			
If yes, please describe:	_____			
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>	Yes <input checked="" type="radio"/> No			
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance.</b>	For water surface, please circle all applicable attributes.			
<b>A. Water Color:</b>	Colorless      Red <input checked="" type="radio"/> Green      Brown      Other (please indicate) _____			
<b>B. Water Clarity:</b>	Completely clear <input checked="" type="radio"/> Fairly clear      Fairly cloudy      Completely cloudy			
<b>C. Water Surface:</b> (Circle all that apply)	Normal      Oily sheen      Foamy      Floating aquatic plants Natural debris <input checked="" type="radio"/> Neon green sheen      Other (please indicate) _____			
<b>10a. Is there floating or submerged garbage present in the water?</b>	Yes <input checked="" type="radio"/> No			
If yes, circle visible item(s):	<input type="checkbox"/> Building materials <input type="checkbox"/> Medical items <input type="checkbox"/> Household waste <input type="checkbox"/> Sewage-related litter <input type="checkbox"/> Food-related litter <input type="checkbox"/> Fishing-related litter <input type="checkbox"/> Other (please indicate) _____			
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>	Yes <input checked="" type="radio"/> No			
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>	Yes <input checked="" type="radio"/> No			
If yes, list what:	_____			
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>	Yes <input checked="" type="radio"/> No			

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?

Yes  No

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

If yes, list type(s):

Yes  No

gopher poop

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

Yes  No

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

Yes  No

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

Yes  No

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

If yes, list type(s):

Yes  No

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

Yes  No

16. Have you previously evaluated this station?

Yes  No

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

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

lots of garbage by the bridge

17. END TIME:

10:18 am

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

BEUL

Check box if data sheet meets quality control requirements

Aesthetic Impression score:

0

0

Assessment score:

2

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

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

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:**

10:18 am

**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:	2		
Assessment score:	1		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

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

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

<b>1. Your name:</b>	Emily Hennigillis	<b>2. Station name:</b>	Leicht Park	Form revision date: 02/17/15
<b>3. Monitoring date:</b>	08/04/18	<b>4. Start time (include AM/PM):</b>	8:56AM	
<b>5. Water conditions:</b>	Calm    Slight movement <u>Moderate flow or waves</u> Rough or fast flowing			
<b>6. Water level:</b>	High    Normal <u>Low</u>			
<b>7. Overall, how aesthetically pleasing do you find the site?</b>	Circle one of the following:    Very pleasing <u>Somewhat pleasing</u> Neither pleasing nor displeasing    Somewhat displeasing    Very displeasing			
Please describe. List any factors that make it pleasing or not pleasing.	Side walk to rock rip rap - plant w/ Wisconsin natives			
<b>8a. Is the color or clarity of the water unattractive?</b>	Yes <u>No</u>			
If yes, please describe:				
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>	Yes <u>No</u>			
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>				
<b>A. Water Color:</b>	Colorless	Red	Green	<u>Brown</u> Other (please indicate) _____
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	<u>Fairly cloudy</u>	Completely cloudy
<b>C. Water Surface:</b> (Circle all that apply)	<u>Normal</u>	Oily sheen	Foamy	Floating aquatic plants
	Natural debris	Neon green sheen	Other (please indicate) _____	
<b>10a. Is there floating or submerged garbage present in the water?</b>	Yes <u>No</u>			
If yes, circle visible item(s):	Building materials    Medical items    Household waste    Sewage-related litter Food-related litter    Fishing-related litter    Other (please indicate) _____			
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>	Yes <u>No</u>			
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>	Yes <u>No</u>			
If yes, list what:				
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>	Yes <u>No</u>			

Overall aesthetic impression of site

Objectionable deposits in/characteristics of the water

ent.

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?

<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
Gulls	

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 checked="" type="radio"/> Yes	<input type="radio"/> No
Veining platform and bridge	

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:

9:04 am
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For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	3/6/16	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



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?

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:

9:04 am

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

BEV

Check box if data sheet meets quality control requirements

Aesthetic Impression score:

0

0

Assessment score:

0

0

QA/QC

Objectionable deposits on the shoreline

# 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

<b>1. Your name:</b>	Jameson Schulz	<b>2. Station name:</b>	Leicht	Form revision date: 02/17/15
<b>3. Monitoring date:</b>	08/04/18	<b>4. Start time (include AM/PM):</b>	8:46am	
<b>5. Water conditions:</b>	Calm    Slight movement <u>Moderate flow or waves</u> Rough or fast flowing			
<b>6. Water level:</b>	High <u>Normal</u> Low			
<b>7. Overall, how aesthetically pleasing do you find the site?</b>				
Circle <u>one</u> of the following:    Very pleasing    Somewhat pleasing <u>Neither pleasing nor displeasing</u> Somewhat displeasing    Very displeasing				
Please describe. List any factors that make it pleasing or not pleasing.				
<b>8a. Is the color or clarity of the water unattractive?</b>				
Yes    No				
If yes, please describe: <u>Monkey Brown</u>				
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>				
Yes <u>No</u>				
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>				
<b>A. Water Color:</b>	Colorless    Red    Green <u>Brown</u> Other (please indicate) _____			
<b>B. Water Clarity:</b>	Completely clear    Fairly clear    Fairly cloudy <u>Completely cloudy</u>			
<b>C. Water Surface:</b> (Circle all that apply)	Normal    Oily sheen <u>Foamy</u> Floating aquatic plants			
	Natural debris    Neon green sheen    Other (please indicate) _____			
<b>10a. Is there floating or submerged garbage present in the water?</b>				
Yes <u>No</u>				
If yes, circle visible item(s):				
Building materials    Medical items    Household waste    Sewage-related litter				
Food-related litter    Fishing-related litter    Other (please indicate) _____				
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>				
Yes    No				
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>				
Yes    No				
If yes, list what: <u>A B Lock</u>				
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>				
Yes <u>No</u>				

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

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

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

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

If yes, list type(s):

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

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

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

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

If yes, list type if known and amount:

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

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

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

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

If yes, list type(s):

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

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

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

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

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

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:**

8:15 am

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	Bone	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



## 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

<b>1. Your name:</b>	Jeane Drover	<b>2. Station name:</b>	Leicht Mem. Park	Form revision date: 02/17/15		
<b>3. Monitoring date:</b>	07-14-18	<b>4. Start time (include AM/PM):</b>	10:14 am			
<b>5. Water conditions:</b>	Calm <input type="checkbox"/> <u>Slight movement</u> <input checked="" type="checkbox"/>	Moderate flow or waves <input type="checkbox"/>	Rough or fast flowing <input type="checkbox"/>			
<b>6. Water level:</b>	High <input type="checkbox"/>	Normal <input type="checkbox"/>	<u>Low</u> <input checked="" type="checkbox"/>			
<b>7. Overall, how aesthetically pleasing do you find the site?</b>						
Circle <u>one</u> of the following:	<u>Very pleasing</u> <input checked="" type="checkbox"/>	Somewhat pleasing <input type="checkbox"/>	Neither pleasing nor displeasing <input type="checkbox"/>	Somewhat displeasing <input type="checkbox"/>	Very displeasing <input type="checkbox"/>	Overall aesthetic impression of site
Please describe. List any factors that make it pleasing or not pleasing.						
<b>8a. Is the color or clarity of the water unattractive?</b>						
	Yes <input type="checkbox"/>		<u>No</u> <input checked="" type="checkbox"/>		Objectable deposits in/characteristics of the water	
If yes, please describe:						
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>						
	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>			
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>						
<b>A. Water Color:</b>	Colorless <input type="checkbox"/>	Red <input type="checkbox"/>	<u>Green</u> <input checked="" type="checkbox"/>	Brown <input type="checkbox"/>	Other (please indicate) _____	
<b>B. Water Clarity:</b>	Completely clear <input type="checkbox"/>	Fairly clear <input type="checkbox"/>	<u>Fairly cloudy</u> <input checked="" type="checkbox"/>	Completely cloudy <input type="checkbox"/>		
<b>C. Water Surface:</b> (Circle all that apply)	<u>Normal</u> <input checked="" type="checkbox"/>	Oily sheen <input type="checkbox"/>	Foamy <input type="checkbox"/>	Floating aquatic plants <input type="checkbox"/>		
	Natural debris <input type="checkbox"/>	Neon green sheen <input type="checkbox"/>	Other (please indicate) _____			
<b>10a. Is there floating or submerged garbage present in the water?</b>						
	Yes <input type="checkbox"/>		<u>No</u> <input checked="" type="checkbox"/>		Objectable deposits in/characteristics of the water	
If yes, circle visible item(s):	Building materials <input type="checkbox"/>	Medical items <input type="checkbox"/>	Household waste <input type="checkbox"/>	Sewage-related litter <input type="checkbox"/>		
	Food-related litter <input type="checkbox"/>	Fishing-related litter <input type="checkbox"/>	Other (please indicate) _____			
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>						
	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>			
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>						
	Yes <input type="checkbox"/>		<u>No</u> <input checked="" type="checkbox"/>		Objectable deposits in/characteristics of the water	
If yes, list what:						
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>						
	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>			

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

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

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

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

If yes, list type if known and amount:

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

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

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

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

If yes, list type(s):

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

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

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

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

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

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

**17. END TIME:**

10:17 am

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	BSK	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

MA.

### 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

<b>1. Your name:</b>	Katharine Zitt		<b>2. Station name:</b>	Leicht man Park		Form revision date: 02/17/15
<b>3. Monitoring date:</b>	07/14/18		<b>4. Start time (include AM/PM):</b>	10:14 AM		
<b>5. Water conditions:</b>	Calm	<input checked="" type="radio"/> Slight movement	Moderate flow or waves	<input type="radio"/> Rough or fast flowing		
<b>6. Water level:</b>	<input type="radio"/> High	<input type="radio"/> Normal	<input checked="" type="radio"/> Low			
<b>7. Overall, how aesthetically pleasing do you find the site?</b>						
Circle <u>one</u> of the following: <input type="radio"/> Very pleasing <input checked="" type="radio"/> Somewhat pleasing <input type="radio"/> Neither pleasing nor displeasing <input type="radio"/> Somewhat displeasing <input type="radio"/> Very displeasing						
Please describe. List any factors that make it pleasing or not pleasing. <i>Cleaner than most, looks better maintained</i>						
<b>8a. Is the color or clarity of the water unattractive?</b>						
<input checked="" type="radio"/> Yes <input type="radio"/> No						
If yes, please describe: <i>Whole channel still no clarity</i>						
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>						
<input checked="" type="radio"/> Yes <input type="radio"/> No						
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>						
<b>A. Water Color:</b>	<input type="radio"/> Colorless	<input type="radio"/> Red	<input checked="" type="radio"/> Green	<input checked="" type="radio"/> Brown	<input type="radio"/> Other (please indicate) _____	
<b>B. Water Clarity:</b>	<input type="radio"/> Completely clear	<input type="radio"/> Fairly clear	<input type="radio"/> Fairly cloudy	<input checked="" type="radio"/> Completely cloudy		
<b>C. Water Surface:</b> (Circle all that apply)	<input checked="" type="radio"/> Normal	<input type="radio"/> Oily sheen	<input type="radio"/> Foamy	<input type="radio"/> Floating aquatic plants		
	<input type="radio"/> Natural debris	<input type="radio"/> Neon green sheen	<input type="radio"/> Other (please indicate) _____			
<b>10a. Is there floating or submerged garbage present in the water?</b>						
<input type="radio"/> Yes <input checked="" type="radio"/> No						
If yes, circle visible item(s):						
<input type="radio"/> Building materials <input type="radio"/> Medical items <input type="radio"/> Household waste <input type="radio"/> Sewage-related litter						
<input type="radio"/> Food-related litter <input type="radio"/> Fishing-related litter <input type="radio"/> Other (please indicate) _____						
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>						
<input type="radio"/> Yes <input checked="" type="radio"/> No						
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>						
<input type="radio"/> Yes <input checked="" type="radio"/> No						
If yes, list what:						
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>						
<input type="radio"/> Yes <input checked="" type="radio"/> No						

Overall aesthetic  
impression of site

Objectionable deposits 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.

*Fairly clean shore and water free of debris. But water is not at all clear.*

**17. END TIME:**

*10:18*

**For volunteer coordinator/DNR use only**

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

EMA.

1. Your name: Laura Zeit 2. Station name: Leicht Man. Park

3. Monitoring date: 07/14/18 4. Start time (include AM/PM): 10:24 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.  
Nice looking park and piers.

8a. Is the color or clarity of the water unattractive?  Yes  No

If yes, please describe:  
Very green and cloudy.

8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?  Yes  No

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

A. Water Color: Colorless  Red  Green  Brown  Other (please indicate) \_\_\_\_\_  
B. Water Clarity: Completely clear  Fairly clear  Fairly cloudy  Completely cloudy   
C. Water Surface: 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):

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):

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?

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

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

<input checked="" type="radio"/> Yes	No
Canada thistle in rock shoreline.	

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?

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

X

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

Remove dead tree next to bridge. Water is ugly. Park is nice.

17. END TIME:

10:18 am

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

BGM

Check box if data sheet meets quality control requirements

Aesthetic impression score: 1

1

Assessment score: 4

1

Objectionable deposits on the shoreline

Additional feedback

QA/QC

## Green Bay Volunteer Aesthetics Monitoring Data Sheet

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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

<b>1. Your name:</b>	Lauren Nokes	<b>2. Station name:</b>	Leicht Park	Form revision date: 02/17/15								
<b>3. Monitoring date:</b>	07/14/18	<b>4. Start time (include AM/PM):</b>	10:14 AM									
<b>5. Water conditions:</b>	Calm <input type="checkbox"/> Slight movement <input checked="" type="checkbox"/>	Moderate flow or waves <input type="checkbox"/>	Rough or fast flowing <input type="checkbox"/>									
<b>6. Water level:</b>	High <input type="checkbox"/>	Normal <input checked="" type="checkbox"/>	Low <input type="checkbox"/>									
<b>7. Overall, how aesthetically pleasing do you find the site?</b>												
Circle <u>one</u> of the following:	Very pleasing <input type="checkbox"/>	Somewhat pleasing <input checked="" type="checkbox"/>	Neither pleasing nor displeasing <input type="checkbox"/>	Somewhat displeasing <input type="checkbox"/>	Very displeasing <input type="checkbox"/>							
Please describe. List any factors that make it pleasing or not pleasing.												
<b>8a. Is the color or clarity of the water unattractive?</b>												
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>												
If yes, please describe:												
greenish, murky												
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>												
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>												
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>												
<b>A. Water Color:</b>	Colorless <input type="checkbox"/>	Red <input type="checkbox"/>	Green <input checked="" type="checkbox"/>	Brown <input type="checkbox"/>	Other (please indicate) _____							
<b>B. Water Clarity:</b>	Completely clear <input type="checkbox"/>	Fairly clear <input type="checkbox"/>	Fairly cloudy <input checked="" type="checkbox"/>	Completely cloudy <input type="checkbox"/>								
<b>C. Water Surface:</b> (Circle all that apply)	Normal <input checked="" type="checkbox"/>	Oily sheen <input type="checkbox"/>	Foamy <input type="checkbox"/>	Floating aquatic plants <input type="checkbox"/>								
	Natural debris <input type="checkbox"/>	Neon green sheen <input type="checkbox"/>	Other (please indicate) _____									
<b>10a. Is there floating or submerged garbage present in the water?</b>												
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
If yes, circle visible item(s):												
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Building materials <input type="checkbox"/></td> <td style="width: 25%;">Medical items <input type="checkbox"/></td> <td style="width: 25%;">Household waste <input type="checkbox"/></td> <td style="width: 25%;">Sewage-related litter <input type="checkbox"/></td> </tr> <tr> <td>Food-related litter <input type="checkbox"/></td> <td>Fishing-related litter <input type="checkbox"/></td> <td>Other (please indicate) _____</td> <td></td> </tr> </table>					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) _____	
Building materials <input type="checkbox"/>	Medical items <input type="checkbox"/>	Household waste <input type="checkbox"/>	Sewage-related litter <input type="checkbox"/>									
Food-related litter <input type="checkbox"/>	Fishing-related litter <input type="checkbox"/>	Other (please indicate) _____										
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>												
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>												
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
If yes, list what:												
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>												
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												

Overall aesthetic impression of site

Objectionable deposits in/characteristics of the water

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

If yes, circle type(s):

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

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

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

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

If yes, list type(s):

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

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

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

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

If yes, list type if known and amount:

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

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

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

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

If yes, list type(s):

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

poop

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

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

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

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

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

\_\_\_\_\_

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

\_\_\_\_\_

**17. END TIME:**

10:18 AM

**For volunteer coordinator/DNR use only**

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

Objectionable deposits on the shoreline

Additional feedback

QA/QC



# Green Bay Volunteer Aesthetics Monitoring Data Sheet

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

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

LMT ✓

<b>1. Your name:</b>	Cily McKeefry	<b>2. Station name:</b>	Carron Mem Park	Form revision date: 02/17/15	
<b>3. Monitoring date:</b>	7/19/2018	<b>4. Start time (include AM/PM):</b>	10:11am		
<b>5. Water conditions:</b>	Calm	<input checked="" type="radio"/> Slight movement	Moderate flow or waves		Rough or fast flowing
<b>6. Water level:</b>	High	<input checked="" type="radio"/> Normal			Low
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle <u>one</u> of the following: <input 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. the water's cloudy					
<b>8a. Is the color or clarity of the water unattractive?</b>					
Yes <input type="radio"/> No <input checked="" type="radio"/>					
If yes, please describe: It's pretty cloudy					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>					
Yes <input type="radio"/> No <input checked="" type="radio"/>					
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	Colorless	Red	<input checked="" type="radio"/> Green	Brown	Other (please indicate) _____
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	<input checked="" type="radio"/> Fairly cloudy	Completely cloudy	
<b>C. Water Surface:</b> (Circle all that apply)	Normal	Oily sheen	Foamy	Floating aquatic plants	
	Natural debris	<input checked="" type="radio"/> Neon green sheen		Other (please indicate) _____	
<b>10a. Is there floating or submerged garbage present in the water?</b>					
Yes <input type="radio"/> No <input checked="" type="radio"/>					
If yes, circle visible item(s):					
	Building materials	Medical items	Household waste	Sewage-related litter	
	Food-related litter	Fishing-related litter	Other (please indicate) _____		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
Yes <input type="radio"/> No <input checked="" type="radio"/>					
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
Yes <input type="radio"/> No <input checked="" type="radio"/>					
If yes, list what: _____					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
Yes <input type="radio"/> No <input checked="" type="radio"/>					

Overall aesthetic impression of site

Objectionable deposits in/characteristics of the water

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

If yes, circle type(s):

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

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

Yes	No
-----	----

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

If yes, list type(s):

Yes	No
Lots of goose poop.	

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

Yes	No
-----	----

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

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.

It's great to have a large area for the Ship Festival. I went there a few years ago, and I definitely enjoyed it.

**17. END TIME:**

10:18am

**For volunteer coordinator/DNR use only**

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

<b>1. Your name:</b>	<i>Misty Gaurin</i>		<b>2. Station name:</b>	<i>Leiche Memorial Park</i>	Form revision date: 02/17/15								
<b>3. Monitoring date:</b>	<i>7-14-18/17</i>		<b>4. Start time (include AM/PM):</b>	<i>10:14am</i>									
<b>5. Water conditions:</b>	Calm <input type="checkbox"/> <u>Slight movement</u> <input checked="" type="checkbox"/> Moderate flow or waves <input type="checkbox"/> Rough or fast flowing <input type="checkbox"/>												
<b>6. Water level:</b>	High <input type="checkbox"/> <u>Normal</u> <input checked="" type="checkbox"/> Low <input type="checkbox"/>												
<b>7. Overall, how aesthetically pleasing do you find the site?</b>													
Circle <u>one</u> of the following:		<table style="width: 100%; text-align: center;"> <tr> <td><u>Very pleasing</u></td> <td>Somewhat pleasing</td> <td>Neither pleasing nor displeasing</td> <td>Somewhat displeasing</td> <td>Very displeasing</td> </tr> </table>				<u>Very pleasing</u>	Somewhat pleasing	Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing	Overall aesthetic impression of site		
<u>Very pleasing</u>	Somewhat pleasing	Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing									
Please describe. List any factors that make it pleasing or not pleasing.		<i>2 boat docks, NICE park area, nice viewing area wheel chair accessible</i>											
<b>8a. Is the color or clarity of the water unattractive?</b>													
If yes, please describe:		Yes <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/>				Objectable deposits in/characteristics of the water							
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>													
		Yes <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/>											
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>													
<b>A. Water Color:</b>	Colorless <input type="checkbox"/> Red <input type="checkbox"/> <u>Green</u> <input checked="" type="checkbox"/> Brown <input type="checkbox"/> Other (please indicate) _____												
<b>B. Water Clarity:</b>	Completely clear <input type="checkbox"/> Fairly clear <input type="checkbox"/> <u>Fairly cloudy</u> <input checked="" type="checkbox"/> Completely cloudy <input type="checkbox"/>												
<b>C. Water Surface:</b> (Circle all that apply)	<u>Normal</u> <input checked="" type="checkbox"/> Oily sheen <input type="checkbox"/> Foamy <input type="checkbox"/> Floating aquatic plants <input type="checkbox"/> Natural debris <input type="checkbox"/> Neon green sheen <input type="checkbox"/> Other (please indicate) _____												
<b>10a. Is there floating or submerged garbage present in the water?</b>													
If yes, circle visible item(s):		Yes <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/>											
		<table style="width: 100%; text-align: center;"> <tr> <td>Building materials</td> <td>Medical items</td> <td>Household waste</td> <td>Sewage-related litter</td> </tr> <tr> <td>Food-related litter</td> <td>Fishing-related litter</td> <td>Other (please indicate)</td> <td>_____</td> </tr> </table>					Building materials	Medical items	Household waste	Sewage-related litter	Food-related litter	Fishing-related litter	Other (please indicate)
Building materials	Medical items	Household waste	Sewage-related litter										
Food-related litter	Fishing-related litter	Other (please indicate)	_____										
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>													
		Yes <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/>											
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>													
If yes, list what:		Yes <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/>											
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>													
		Yes <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/>											

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):

Yes <i>??</i>	<input checked="" type="radio"/> No
<i>Some goose poop - just watch your steps</i>	

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 if known 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):

<input checked="" type="radio"/> Yes	<input type="radio"/> No
<i>fence &amp; 10' high <sup>big</sup> rock <sup>rip rap</sup> wall retaining = protected from steep shoreline - limited access to on/off boat.</i>	

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?

_____
-------

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

*boats only = not a boat launch, not a kayak canoe launch w/ difficulty.  
NICE park area picnic tables close to downtown by Chicago - NW R.R. Depot*

17. END TIME:

*10:25 am*

For volunteer coordinator/DNR use only

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

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):

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?**

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:**

9:53 AM

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	B. Cole	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

# 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

<b>1. Your name:</b>	Tiera Schultz	<b>2. Station name:</b>	Leicht Park	Form revision date: 02/17/15
<b>3. Monitoring date:</b>	8/04/18	<b>4. Start time (include AM/PM):</b>	8:46 am	
<b>5. Water conditions:</b>	<input checked="" type="radio"/> Calm <input type="radio"/> Slight movement <input type="radio"/> Moderate flow or waves <input type="radio"/> Rough or fast flowing			
<b>6. Water level:</b>	<input type="radio"/> High <input checked="" type="radio"/> Normal <input type="radio"/> Low			
<b>7. Overall, how aesthetically pleasing do you find the site?</b>				
Circle <u>one</u> of the following:				
Very pleasing     Somewhat pleasing <input checked="" type="radio"/> Neither pleasing nor displeasing     Somewhat displeasing     Very displeasing				
Please describe. List any factors that make it pleasing or not pleasing.				
No real access to the water, <del>_____</del>				
<b>8a. Is the color or clarity of the water unattractive?</b>				
<input type="radio"/> Yes <input checked="" type="radio"/> No				
If yes, please describe:				
Murky &				
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>				
<input type="radio"/> Yes <input checked="" type="radio"/> No				
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance.</b>				
<b>For water surface, please circle all applicable attributes.</b>				
<b>A. Water Color:</b>	Colorless     Red     Green <input checked="" type="radio"/> Brown     Other (please indicate) _____			
<b>B. Water Clarity:</b>	Completely clear     Fairly clear     Fairly cloudy <input checked="" type="radio"/> Completely cloudy			
<b>C. Water Surface:</b> (Circle all that apply)	Normal <input checked="" type="radio"/> Oily sheen <input checked="" type="radio"/> Foamy     Floating aquatic plants Natural debris     Neon green sheen     Other (please indicate) _____			
<b>10a. Is there floating or submerged garbage present in the water?</b>				
<input type="radio"/> Yes <input checked="" type="radio"/> No				
If yes, circle visible item(s):				
Building materials     Medical items     Household waste     Sewage-related litter Food-related litter     Fishing-related litter     Other (please indicate) _____				
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>				
<input type="radio"/> Yes <input checked="" type="radio"/> No				
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>				
<input type="radio"/> Yes <input checked="" type="radio"/> No				
If yes, list what:				
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>				
<input type="radio"/> Yes <input checked="" type="radio"/> No				

Overall aesthetic impression of site

Objectionable deposits 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:

8:53 am

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

BEW

Check box if data sheet meets quality control requirements

Aesthetic Impression score:

0

2

Assessment score:

0

1

Objectionable deposits on the shoreline

Additional feedback

QA/QC



ent.

# 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

<b>1. Your name:</b>	Violet McCreery	<b>2. Station name:</b>	Leicht Mem. Park	Form revision date: 02/17/15	
<b>3. Monitoring date:</b>	07/14/18	<b>4. Start time (include AM/PM):</b>	10:11 AM		
<b>5. Water conditions:</b>	Calm <input checked="" type="radio"/> Slight movement	Moderate flow or waves	Rough or fast flowing	Overall aesthetic impression of site	
<b>6. Water level:</b>	High	<input checked="" type="radio"/> Normal	Low		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle <u>one</u> of the following:	<input checked="" type="radio"/> Very pleasing	<input type="radio"/> Somewhat pleasing	<input type="radio"/> Neither pleasing nor displeasing	<input type="radio"/> Somewhat displeasing	<input type="radio"/> Very displeasing
Please describe. List any factors that make it pleasing or not pleasing.	I love the view and the rocks by the water & also love all of the nature!				
<b>8a. Is the color or clarity of the water unattractive?</b>					
If yes, please describe:	green and <input checked="" type="radio"/> Not see through. <input type="radio"/> No				
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>					
	<input checked="" type="radio"/> Yes <input type="radio"/> No				
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	Colorless	Red	<input checked="" type="radio"/> Green	Brown	Other (please indicate) _____
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	Fairly cloudy	<input checked="" type="radio"/> Completely cloudy	
<b>C. Water Surface:</b> (Circle all that apply)	<input checked="" type="radio"/> Normal	Oily sheen	Foamy	Floating aquatic plants	
	Natural debris	<input checked="" type="radio"/> Neon green sheen		Other (please indicate) _____	
<b>10a. Is there floating or submerged garbage present in the water?</b>					
If yes, circle visible item(s):	<input 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) _____		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
	<input checked="" type="radio"/> Yes <input type="radio"/> No				
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
If yes, list what:	<input checked="" type="radio"/> Yes <input type="radio"/> No				
	A little blue green algae.				
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
	<input checked="" type="radio"/> Yes <input type="radio"/> No				

Objectionable deposits in/characteristics of the water

12a. Is there garbage along the shoreline?

Yes

No

If yes, circle type(s):

Building materials

Medical Items

Household waste

Sewage-related litter

Food-related litter

Fishing-related litter

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

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

Yes

No

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

Yes

No

If yes, list type(s):

goose waste in the grass.

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:

canada thistle (one plant)

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):

Blue green algae.

→ No debris count

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.

Love this place and would want to come again! Events were going on too, so it's great for anything!

17. END TIME:

10:15 AM

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

B5NK

Check box if data sheet meets quality control requirements

Aesthetic impression score:

0

0

Assessment score:

1

2

Objectionable deposits on the shoreline

Additional feedback

QA/QC

Not entered - DATES

# 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 Reyer	2. Station name:	Leight Park	Form revision date: 02/17/15	
3. Monitoring date:	8/11/18	4. Start time (include AM/PM):	8:46 AM		
5. Water conditions:	Calm	<input checked="" type="radio"/> Slight movement	Moderate flow or waves	Rough or fast flowing	
6. Water level:	High	Normal	<input checked="" type="radio"/> 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	Very displeasing
Please describe. List any factors that make it pleasing or not pleasing.					
8a. Is the color or clarity of the water unattractive?					
<input checked="" type="radio"/> Yes <input type="radio"/> No					
If yes, please describe:					
8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?					
<input type="radio"/> Yes <input 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:	Normal	Oily sheen	<input checked="" type="radio"/> 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?					
<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 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:	ROCKS				
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					

Objectable deposits in/characteristics of the water

12a. Is there garbage along the shoreline?

If yes, circle type(s):

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

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

Yes	No
-----	----

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

If yes, list type(s):

Yes	No
bird poop	

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

Yes	No
-----	----

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

Yes	No
-----	----

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

Yes	No
-----	----

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

If yes, list type(s):

Yes	No
Rocks, sticks	

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
lower water level	

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

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17. END TIME:

8:52 am
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For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

Check box if data sheet meets quality control requirements

Aesthetic Impression score: 1

Assessment score: 4

Objectionable deposits on the shoreline

???

Additional feedback

QA/QC

mt mt. 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: Dotty Juengst 2. Station name: Leight Park

3. Monitoring date: 08/04/2018 4. Start time (include AM/PM): 8:51am

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.  
slightly brown/green water

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

Yes  No

If yes, please describe: see above

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

Handwritten mark resembling a stylized 'M' or '2'.

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

If yes, circle type(s):

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

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

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

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

If yes, list type(s):

<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<i>Canadian Geese droppings</i>	

**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 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:**

<i>9:15 am</i>
----------------

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

Check box if data sheet meets quality control requirements

Aesthetic Impression score: *3*

Assessment score: *2*

Objectionable deposits on the shoreline

Additional feedback

QA/QC

not met. WA/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

<b>1. Your name:</b>	JOSEPH PRESTLEY	<b>2. Station name:</b>	LEICHT PARK	Form revision date: 02/17/15		
<b>3. Monitoring date:</b>	08/04/16	<b>4. Start time (include AM/PM):</b>	9:00 AM			
<b>5. Water conditions:</b>	Calm <u>slight movement</u>	Moderate flow or waves	Rough or fast flowing			
<b>6. Water level:</b>	High	<u>Normal</u>	Low			
<b>7. Overall, how aesthetically pleasing do you find the site?</b>						
Circle <u>one</u> of the following:	Very pleasing	Somewhat pleasing	Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing	
Please describe. List any factors that make it pleasing or not pleasing.	MURKY WATER AND COLLECTIONS OF FOAM IN THE RIVER				Overall aesthetic impression of site	
<b>8a. Is the color or clarity of the water unattractive?</b>						
If yes, please describe:	<u>Yes</u> No				Objectable deposits in/characteristics of the water	
	WATER IS OPAQUE AND A SICKLY GREEN					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>						
	<u>Yes</u> No					
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>						
<b>A. Water Color:</b>	Colorless	Red	<u>Green</u>	Brown		Other (please indicate)
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	Fairly cloudy	<u>Completely cloudy</u>		
<b>C. Water Surface:</b> (Circle all that apply)	Normal	Oily sheen	<u>Foamy</u>	Floating aquatic plants		
	Natural debris	Neon green sheen	Other (please indicate)			
<b>10a. Is there floating or submerged garbage present in the water?</b>						
If yes, circle visible item(s):	<u>Yes</u> <u>No</u>					
	Building materials	Medical items	Household waste	Sewage-related litter		
	Food-related litter	Fishing-related litter	Other (please indicate)			
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>						
	<u>Yes</u> No					
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>						
If yes, list what:	<u>Yes</u> <u>No</u>					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>						
	<u>Yes</u> No					

???

12a. Is there garbage along the shoreline?

Yes

No

If yes, circle type(s):

Building materials

Medical Items

Household waste

Sewage-related litter

Food-related litter

Fishing-related litter

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

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

Yes

No

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

Yes

No

If yes, list type(s):

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

Yes

No

14a. Is there nuisance vegetation along the shoreline?

Yes

No

If yes, list type if known and amount:

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

Yes

No

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

Yes

No

If yes, list type(s):

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

Yes

No

16. Have you previously evaluated this station?

Yes

No

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

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

17. END TIME:

9:06 AM

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

Check box if data sheet meets quality control requirements

Aesthetic impression score:

Assessment score: 2

Objectionable deposits on the shoreline

Additional feedback

QA/QC



not entered outside ✓

### 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:	Nancy Graham	2. Station name:	Leicht Park
3. Monitoring date:	7-14-18	4. Start time (include AM/PM):	10:15am
5. Water conditions:	Calm <u>Slight movement</u>	Moderate flow or waves	Rough or fast flowing
6. Water level:	High	<u>Normal</u>	Low

Form revision  
date: 02/17/15  
Overall aesthetic  
impression of site

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.

too much rock

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

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):

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?**

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

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

If yes, list type if known and amount:

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

**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?

\_\_\_\_\_

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

*find a way to cover rip rap to make it more visually appealing*

**17. END TIME:**

*10:19am*

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: <i>3</i>		
Assessment score: <i>2</i>		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

not ent. DA/AC

### 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:	Rachel Spierings	2. Station name:	Leicht Memorial Park
3. Monitoring date:	07/14/18	4. Start time (include AM/PM):	10:45 AM
5. Water conditions:	Calm	<input checked="" type="radio"/> Slight movement	Moderate flow or waves
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.  
area is mostly clean, no debris in water

Overall aesthetic  
impression of site

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

Yes  No

If yes, please describe:  
slightly cloudy/green but not extremely

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	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
this normal, but others may be bothered goose poop - I would consider	

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.

Overall a very clean site minus some greenish water.
------------------------------------------------------

17. END TIME:

10:18 AM
----------

For volunteer coordinator/DNR use only

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

Objectionable deposits on the shoreline

Additional feedback

QA/QC

???

mt.

# 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:		Alayna Mikulski		2. Station name:		Metro boat launch		Form revision date: 02/17/15	
3. Monitoring date:		10/06/14		4. Start time (include AM/PM):		9:10AM			
5. Water conditions:		Calm	<u>Slight movement</u>	Moderate flow or waves	Rough or fast flowing				
6. Water level:		High	<u>Normal</u>				Low	Overall aesthetic impression of site	
7. Overall, how aesthetically pleasing do you find the site?									
Circle <u>one</u> of the following:		Very pleasing	Somewhat pleasing	Neither pleasing nor displeasing	<u>Somewhat displeasing</u>	Very displeasing			
Please describe. List any factors that make it pleasing or not pleasing.		Trash near the water							
8a. Is the color or clarity of the water unattractive?									
If yes, please describe:		<u>Yes</u>		No					
		Water looks brown and unclear							
8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?									
		<u>Yes</u>		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	<u>Green</u>	<u>Brown</u>	Other (please indicate) _____			
B. Water Clarity:		Completely clear	Fairly clear	Fairly cloudy	<u>Completely cloudy</u>				
C. Water Surface: (Circle all that apply)		<u>Normal</u>	Oily sheen	Foamy	Floating aquatic plants				
		<u>Natural debris</u>	Neon green sheen	Other (please indicate) _____					
10a. Is there floating or submerged garbage present in the water?									
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>		No					
11a. Are any other substances present in the water that are not specifically mentioned on this form?									
If yes, list what:		<u>Yes</u>		<u>No</u>					
11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?									
		<u>Yes</u>		No					

Objectionable deposits in/characteristics of the water

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

If yes, circle type(s):

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

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

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

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

If yes, list type(s):

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

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

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

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

If yes, list type if known and amount:

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

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

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

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

If yes, list type(s):

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

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

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

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

<input 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.

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**17. END TIME:**

9:15
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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

ent.

# 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

<b>1. Your name:</b>		Dan Reyer		<b>2. Station name:</b>		Metro boat launch		Form revision date: 02/17/15	
<b>3. Monitoring date:</b>		10/06/18		<b>4. Start time (include AM/PM):</b>		9:00 AM			
<b>5. Water conditions:</b>		Calm	<u>Slight movement</u>	Moderate flow or waves	Rough or fast flowing				
<b>6. Water level:</b>		High	<u>Normal</u>	Low					
<b>7. Overall, how aesthetically pleasing do you find the site?</b>									
Circle <u>one</u> of the following:		Very pleasing	<u>Somewhat pleasing</u>	Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing			
Please describe. List any factors that make it pleasing or not pleasing.		gross factory							Overall aesthetic impression of site
<b>8a. Is the color or clarity of the water unattractive?</b>									
If yes, please describe:		<u>Yes</u>		No					
		can't see through water at all							
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>									
		<u>Yes</u>		No					
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>									
<b>A. Water Color:</b>		<u>Colorless</u>	Red	Green	<u>Brown</u>	Other (please indicate) _____			
<b>B. Water Clarity:</b>		Completely clear	Fairly clear	Fairly cloudy	<u>Completely cloudy</u>				
<b>C. Water Surface:</b>		<u>Normal</u>	Oily sheen	Foamy	Floating aquatic plants				
(Circle all that apply)		<u>Natural debris</u>	Neon green sheen	Other (please indicate) _____					
<b>10a. Is there floating or submerged garbage present in the water?</b>									
If yes, circle visible item(s):		<u>Yes</u>		<u>No</u>					
		Building materials	Medical items	Household waste	Sewage-related litter				
		Food-related litter	Fishing-related litter	Other (please indicate) _____					
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>									
		<u>Yes</u>		<u>No</u>					
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>									
If yes, list what:		<u>Yes</u>		<u>No</u>					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>									
		<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):

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?**

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

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

If yes, list type if known 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?

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

Blank area for handwritten notes and comments.

**17. END TIME:**

9:20am

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:	1		

Objectionable deposits on the shoreline

Additional feedback

QA/QC



ent.

# 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

<b>1. Your name:</b> DANIELA DUDLEK		<b>2. Station name:</b> METRO BOAT LAUNCH		Form revision date: 02/17/15		
<b>3. Monitoring date:</b> 10 <sup>th</sup> / 04 / 2018		<b>4. Start time (include AM/PM):</b> 9:00				
<b>5. Water conditions:</b> <input checked="" type="radio"/> calm    Slight movement    Moderate flow or waves    Rough or fast flowing						
<b>6. Water level:</b> High    Normal <input checked="" type="radio"/> Low				Overall aesthetic impression of site		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>						
Circle <u>one</u> of the following:		<input checked="" type="radio"/> Very pleasing	<input type="radio"/> Somewhat pleasing	<input type="radio"/> Neither pleasing nor displeasing	<input type="radio"/> Somewhat displeasing	<input type="radio"/> Very displeasing
Please describe. List any factors that make it pleasing or not pleasing.						
<b>8a. Is the color or clarity of the water unattractive?</b>						
If yes, please describe:		Yes		<input checked="" type="radio"/> No		
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>						
		Yes		No		
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>						
<b>A. Water Color:</b>		Colorless	Red	Green	<input checked="" type="radio"/> Brown	Other (please indicate) _____
<b>B. Water Clarity:</b>		Completely clear	Fairly clear	<input checked="" type="radio"/> Fairly cloudy	Completely cloudy	
<b>C. Water Surface:</b> (Circle all that apply)		<input checked="" type="radio"/> Normal	Oily sheen	Foamy	Floating aquatic plants	
		Natural debris	Neon green sheen	Other (please indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>						
If yes, circle visible item(s):		Yes		<input checked="" type="radio"/> No		
		Building materials	Medical items	Household waste	Sewage-related litter	
		Food-related litter	Fishing-related litter	Other (please indicate) _____		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>						
		Yes		No		
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>						
If yes, list what:		Yes		<input checked="" type="radio"/> No		
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>						
		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
Food-related <input checked="" type="radio"/> litter	Fishing-related litter	Other (please indicate) _____	

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

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

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

If yes, list type(s):

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

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

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

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

If yes, list type if known and amount:

<input checked="" type="radio"/> Yes	<input type="radio"/> No
Floating Logs and Branches	

**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?

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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:**

9:00

**For volunteer coordinator/DNR use only**

Date the data sheet was reviewed by contractor:	Bone	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

ent.

# 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:	Dawson Reyer	2. Station name:	Metro Boat Launch	Form revision date: 02/17/15		
3. Monitoring date:	10/10/2018	4. Start time (include AM/PM):	9:08am			
5. Water conditions:	Calm	<u>Slight movement</u>	Moderate flow or waves		Rough or fast flowing	
6. Water level:	High	<u>Normal</u>			Low	
7. Overall, how aesthetically pleasing do you find the site?						
Circle <u>one</u> of the following:	<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.	Scenery				Overall aesthetic impression of site	
8a. Is the color or clarity of the water unattractive?						
If yes, please describe:	<u>Yes</u>		No			
	Murky					
8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?						
	<u>Yes</u>		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	<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>	Oily sheen	Foamy	Floating aquatic plants		
	Natural debris	Neon green sheen	Other (please indicate) _____			
10a. Is there floating or submerged garbage present in the water?						
If yes, circle visible item(s):	<u>Yes</u>		No			
	<u>Building materials</u>	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>		No			
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
<input checked="" type="checkbox"/> Building materials <input checked="" type="checkbox"/> Food-related litter	Medical items    Household waste    Sewage-related litter Fishing-related litter    Other (please indicate) _____

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

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

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

If yes, list type(s):

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

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

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

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

If yes, list type if known and amount:

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

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

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

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

If yes, list type(s):

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

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

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

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

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

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

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

**17. END TIME:**

9:16 am

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:	0		
Assessment score:	3		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

ent.

# 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

<b>1. Your name:</b>	Evelina Kupsky		<b>2. Station name:</b>	Metro Boat Launch	Form revision date: 02/17/15
<b>3. Monitoring date:</b>	10/01/18		<b>4. Start time (include AM/PM):</b>	9:10am	
<b>5. Water conditions:</b>	Calm	<input checked="" type="radio"/> Slight movement	Moderate flow or waves	Rough or fast flowing	
<b>6. Water level:</b>	High	<input checked="" type="radio"/> Normal	Low		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle <u>one</u> of the following: <input checked="" type="radio"/> Very pleasing <input type="radio"/> Somewhat pleasing <input type="radio"/> Neither pleasing nor displeasing <input type="radio"/> Somewhat displeasing <input type="radio"/> Very displeasing					
Please describe. List any factors that make it pleasing or not pleasing. Very picturesque w/ large ship coming into Port of GB					
<b>8a. Is the color or clarity of the water unattractive?</b>					
Yes <input type="radio"/> No <input checked="" type="radio"/>					
If yes, please describe:					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>					
Yes <input type="radio"/> No <input checked="" type="radio"/>					
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	<input checked="" type="radio"/> Colorless	Red	Green	<input checked="" type="radio"/> Brown	Other (please indicate) _____
<b>B. Water Clarity:</b>	Completely clear	<input checked="" type="radio"/> Fairly clear	Fairly cloudy	Completely cloudy	
<b>C. Water Surface:</b> (Circle all that apply)	<input checked="" type="radio"/> Normal	Oily sheen	Foamy	Floating aquatic plants	
	Natural debris	Neon green sheen	Other (please indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>					
Yes <input type="radio"/> No <input checked="" type="radio"/>					
If yes, circle visible item(s):					
Building materials    Medical items    Household waste    Sewage-related litter					
Food-related litter    Fishing-related litter    Other (please indicate) _____					
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
Yes <input type="radio"/> No <input checked="" type="radio"/>					
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
Yes <input type="radio"/> No <input checked="" type="radio"/>					
If yes, list what:					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
Yes <input type="radio"/> No <input checked="" type="radio"/>					

Overall aesthetic impression of site

Objectionable deposits in/characteristics of the water

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

If yes, circle type(s):

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

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

Yes	No
-----	----

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

If yes, list type(s):

Yes	No

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

Yes	No
-----	----

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

If yes, list type if known and amount:

Yes	No

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

Yes	No
-----	----

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

If yes, list type(s):

Yes	No

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

Yes	No
-----	----

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

Yes	No
-----	----

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

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

**17. END TIME:**

9:14am

**For volunteer coordinator/DNR use only**

Date the data sheet was reviewed by contractor:	BEUC	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

EVellina

EVLU  
A B C D E F G H I J K L M N O P

ent.

# 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

<b>1. Your name:</b> <u>Georgiana Castellanos</u>		<b>2. Station name:</b> <u>Metro Boat</u>		Form revision date: 02/17/15		
<b>3. Monitoring date:</b> <u>10/08/18</u>		<b>4. Start time (include AM/PM):</b> <u>9:05 AM</u>				
<b>5. Water conditions:</b>		Calm	<u>Slight movement</u>	Moderate flow or waves	Rough or fast flowing	
<b>6. Water level:</b>		High	Normal	<u>Low</u>		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>						
Circle <u>one</u> of the following:		<u>Very pleasing</u>	Somewhat pleasing	Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing
Please describe. List any factors that make it pleasing or not pleasing.						
<b>8a. Is the color or clarity of the water unattractive?</b>						
If yes, please describe:		Yes		<u>No</u>		
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>						
		Yes		<u>No</u>		
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>						
<b>A. Water Color:</b>		Colorless	Red	Green	<u>Brown</u>	Other (please indicate) _____
<b>B. Water Clarity:</b>		Completely clear	Fairly clear	Fairly cloudy	Completely cloudy	
<b>C. Water Surface:</b> (Circle all that apply)		Normal	Oily sheen	Foamy	Floating aquatic plants	
		Natural debris	Neon green sheen	Other (please indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>						
If yes, circle visible item(s):		Yes		<u>No</u>		
		Building materials	Medical items	Household waste	Sewage-related litter	
		Food-related litter	Fishing-related litter	Other (please indicate) _____		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>						
		Yes		<u>No</u>		
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>						
If yes, list what:		Yes		<u>No</u>		
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>						
		Yes		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):

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?**

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	<u>No</u>
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Comments: Please include anything else you thought should be reported while completing this survey.

**17. END TIME:**

9:08 AM

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	BEW	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



# 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

<b>1. Your name:</b>	Jeane Drover	<b>2. Station name:</b>	Metro Boat Launch	Form revision date: 02/17/15	
<b>3. Monitoring date:</b>	10/10/18	<b>4. Start time (include AM/PM):</b>	9:00 am		
<b>5. Water conditions:</b>	Calm <input type="checkbox"/> <u>Slight movement</u> <input checked="" type="checkbox"/>	Moderate flow or waves <input type="checkbox"/>	Rough or fast flowing <input type="checkbox"/>		
<b>6. Water level:</b>	High <input type="checkbox"/>	<u>Normal</u> <input checked="" type="checkbox"/>	Low <input type="checkbox"/>		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle <u>one</u> of the following: <input type="checkbox"/> Very pleasing <input checked="" type="checkbox"/> <u>Somewhat pleasing</u> <input type="checkbox"/> Neither pleasing nor displeasing <input type="checkbox"/> Somewhat displeasing <input type="checkbox"/> Very displeasing					
Please describe. List any factors that make it pleasing or not pleasing.					
the Chem Norma was just coming in					
<b>8a. Is the color or clarity of the water unattractive?</b>					
Yes <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/>					
If yes, please describe:					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>					
Yes <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/>					
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	Colorless <input type="checkbox"/>	Red <input type="checkbox"/>	Green <input type="checkbox"/>	<u>Brown</u> <input checked="" type="checkbox"/>	Other (please indicate) _____
<b>B. Water Clarity:</b>	Completely clear <input type="checkbox"/>	Fairly clear <input type="checkbox"/>	<u>Fairly cloudy</u> <input checked="" type="checkbox"/>	Completely cloudy <input type="checkbox"/>	
<b>C. Water Surface:</b> (Circle all that apply)	<u>Normal</u> <input checked="" type="checkbox"/>	Oily sheen <input type="checkbox"/>	Foamy <input type="checkbox"/>	Floating aquatic plants <input type="checkbox"/>	
	Natural debris <input type="checkbox"/>	Neon green sheen <input type="checkbox"/>	Other (please indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>					
Yes <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/>					
If yes, circle visible item(s):					
<input type="checkbox"/> Building materials <input type="checkbox"/> Medical items <input type="checkbox"/> Household waste <input type="checkbox"/> Sewage-related litter <input type="checkbox"/> Food-related litter <input type="checkbox"/> Fishing-related litter <input type="checkbox"/> Other (please indicate) _____					
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
Yes <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/>					
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
Yes <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/>					
If yes, list what:					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
Yes <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/>					

Form revision  
date: 02/17/15

Overall aesthetic  
impression of site

Objectionable deposits in/characteristics of the water

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

If yes, circle type(s):

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

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

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

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

If yes, list type(s):

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

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

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

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

If yes, list type if known and amount:

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

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

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

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

If yes, list type(s):

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

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

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

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

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

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?

About the same

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

**17. END TIME:**

9:13 am

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

BK

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



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

If yes, circle type(s):

<input checked="" type="radio"/> Yes		<input type="radio"/> No	
Building materials	Medical items	<input checked="" type="radio"/> Household waste	Sewage-related litter
Food-related litter	<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?**

If yes, list type(s):

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

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

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

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

If yes, list type if known and amount:

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

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

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

**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.

*Chemical, gas-like smell and piles of coal are very ugly*

**17. END TIME:**

*9:16 AM*

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	<i>Benk</i>	Check box if data sheet meets quality control requirements	<input type="checkbox"/>
Aesthetic impression score:	<i>4</i>		
Assessment score:	<i>2</i>		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

ema.

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

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

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

<b>1. Your name:</b>		Kyle Kupsky		<b>2. Station name:</b>		Metro Boat Launch		Form revision date: 02/17/15
<b>3. Monitoring date:</b>		10/06/18		<b>4. Start time (include AM/PM):</b>		9:05 AM		
<b>5. Water conditions:</b>		Calm	<u>Slight movement</u>	Moderate flow or waves	Rough or fast flowing			
<b>6. Water level:</b>		<u>High</u>		Normal	Low			Overall aesthetic impression of site
<b>7. Overall, how aesthetically pleasing do you find the site?</b>								
Circle <u>one</u> of the following:		<u>Very pleasing</u>	Somewhat pleasing	Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing		
Please describe. List any factors that make it pleasing or not pleasing.								
<b>8a. Is the color or clarity of the water unattractive?</b>								Objectionable deposits in/characteristics of the water
If yes, please describe:		Yes		<u>No</u>				
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>								
		Yes		No				
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>								
<b>A. Water Color:</b>		Colorless	Red	<u>Green</u>	Brown	Other (please indicate) _____		
<b>B. Water Clarity:</b>		Completely clear	Fairly clear	<u>Fairly cloudy</u>	Completely cloudy			
<b>C. Water Surface:</b>		<u>Normal</u>	Oily sheen	Foamy	Floating aquatic plants			
(Circle all that apply)		<u>Natural debris</u>	Neon green sheen	Other (please indicate) _____				
<b>10a. Is there floating or submerged garbage present in the water?</b>								Objectionable deposits in/characteristics of 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) _____				
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>								
		Yes		No				
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>								
If yes, list what:		Yes		<u>No</u>				
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>								
		Yes		No				

**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?

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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:**

9:16 AM

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

BGC

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

ent.

# 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:		Megan Hoff	2. Station name:		Metro Boat Launch	
3. Monitoring date:		10/08/2018	4. Start time (include AM/PM):		9:10 AM	
5. Water conditions:		Calm	<u>Slight movement</u>	Moderate flow or waves	Rough or fast flowing	
6. Water level:		<u>High</u>	Normal	Low		
7. Overall, how aesthetically pleasing do you find the site?						
Circle <u>one</u> of the following:		Very pleasing	<u>Somewhat pleasing</u>	Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing
Please describe. List any factors that make it pleasing or not pleasing.		Displeasing: litter, smell grass up to shore line → limited plantings, bank erosion		Pleasing: seating, trees, garbage bins, detritus		
8a. Is the color or clarity of the water unattractive?						
If yes, please describe:		<u>Yes</u>	No			
		sediment, algae but some clarity, not awful				
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:		<u>Colorless</u>	Red	<u>Green</u>	<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)		<u>Normal</u>	Oily sheen	Foamy	Floating aquatic plants - <u>lemna</u> <u>wortid</u>	
		<u>Natural debris</u>	Neon green sheen	Other (please indicate) _____		
10a. Is there floating or submerged garbage present in the water?						
If yes, circle visible item(s):		<u>Yes</u>	No			
		Building materials	Medical items	<u>Household waste</u>	Sewage-related litter	
		<u>Food-related litter</u>	<u>Fishing-related litter</u>	Other (please indicate) <u>STYROFOAM PLASTIC</u>		
10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?						
		Yes	<u>No</u>			
11a. Are any other substances present in the water that are not specifically mentioned on this form?						
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>			

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

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

If yes, list type(s):

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

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

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

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

If yes, list type if known and amount:

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

**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?

pretty nice park! Great to see some public access ~~by~~ to the water

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

**17. END TIME:**

9:22

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:	1		
Assessment score:	1		

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
<input checked="" type="radio"/> Food-related litter	<input checked="" type="radio"/> Household waste
<input checked="" type="radio"/> 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 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?**

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

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

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

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**17. END TIME:**

9:15 AM

For volunteer coordinator/DNR use only

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

Objectionable deposits on the shoreline

Additional feedback

QA/QC

not ent. OA/OC

### 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

<b>1. Your name:</b>		Brady Stocknell		<b>2. Station name:</b>		Metro Boat Launch		Form revision date: 02/17/15
<b>3. Monitoring date:</b>		10/06/18		<b>4. Start time (include AM/PM):</b>		9:05AM		
<b>5. Water conditions:</b>		Calm	Slight movement	Moderate flow or waves		Rough or fast flowing		
<b>6. Water level:</b>		High	Normal		Low			
<b>7. Overall, how aesthetically pleasing do you find the site?</b>								
Circle <u>one</u> of the following:		Very pleasing	Somewhat pleasing		Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing	Overall aesthetic impression of site
Please describe. List any factors that make it pleasing or not pleasing.								
<b>8a. Is the color or clarity of the water unattractive?</b>								
If yes, please describe:		Brown with low clarity		Yes		No		
		in the water, recently ruined & a more trafficked area so makes sense indicating higher levels of pollution						
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>								
		Yes			No			
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>								
<b>A. Water Color:</b>		Colorless	Red	Green	Brown		Other (please indicate) _____	
<b>B. Water Clarity:</b>		Completely clear	Fairly clear	Fairly cloudy		Completely cloudy		
<b>C. Water Surface:</b>		Normal		Oily sheen	Foamy	Floating aquatic plants		
(Circle all that apply)		Natural debris	Neon green sheen		Other (please indicate) _____			
<b>10a. Is there floating or submerged garbage present in the water?</b>								
If yes, circle visible item(s):		Yes			No			
		Building materials	Medical items	Household waste	Sewage-related litter			
		Food-related litter	Fishing-related litter	Other (please indicate) _____				
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>								
		Yes			No			
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>								
If yes, list what:		Yes			No			
		Lemna minor						
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>								
		Yes			No			

Objectionable deposits in/characteristics of the water

Overall aesthetic impression of site

Form revision date: 02/17/15

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

If yes, circle type(s):

<input checked="" type="radio"/> <b>Yes</b>		<input type="radio"/> <b>No</b>	
Building materials	Medical Items	<input checked="" type="radio"/> <b>Household waste</b>	Sewage-related litter
<input checked="" type="radio"/> <b>Food-related litter</b>	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"/> <b>Yes</b>	<input checked="" type="radio"/> <b>No</b>
----------------------------------	--------------------------------------------

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

If yes, list type(s):

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

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

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

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

If yes, list type if known and amount:

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

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

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

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

If yes, list type(s):

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

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

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


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

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

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.


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**17. END TIME:**

9:16
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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:			

Objectionable deposits on the shoreline

Additional feedback

QA/QC

NA. ent. OA/OC

## 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

<b>1. Your name:</b>	Chase Reyer	<b>2. Station name:</b>	Metro boat launch	Form revision date: 02/17/15	
<b>3. Monitoring date:</b>	10/16/18	<b>4. Start time (include AM/PM):</b>	9:00AM		
<b>5. Water conditions:</b>	Calm      Slight movement	Moderate flow or waves <input checked="" type="checkbox"/> Rough or fast flowing			
<b>6. Water level:</b>	High	Normal	Low <input checked="" type="checkbox"/>		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle <u>one</u> of the following:	Very pleasing	Somewhat pleasing	Neither pleasing nor displeasing	Somewhat displeasing <input checked="" type="checkbox"/>	Overall aesthetic impression of site
Please describe. List any factors that make it pleasing or not pleasing.					
<b>8a. Is the color or clarity of the water unattractive?</b>					
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
If yes, please describe:					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>					
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	Colorless	Red	Green	Brown <input checked="" type="checkbox"/>	Other (please indicate) _____
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	Fairly cloudy	Completely cloudy <input checked="" type="checkbox"/>	
<b>C. Water Surface:</b>	Normal <input checked="" type="checkbox"/>	Oily sheen	Foamy	Floating aquatic plants	
(Circle all that apply)	Natural debris	Neon green sheen	Other (please indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>					
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
If yes, circle visible item(s):	Building materials	Medical items	Household waste	Sewage-related litter	
	Food-related litter	Fishing-related litter	Other (please indicate) _____		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, list what:					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
Yes <input type="checkbox"/> No <input type="checkbox"/>					

Objectionable deposits in/characteristics of the water

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

If yes, circle type(s):

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

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

If yes, list type(s):

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

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

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

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

If yes, list type if known and amount:

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

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

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

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

If yes, list type(s):

<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>
ROCK, STICK	

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

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

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

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

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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:**

9:17

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:			

Objectionable deposits on the shoreline

Additional feedback

QA/QC

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### Green Bay Volunteer Aesthetics Monitoring Data Sheet

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

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

<b>1. Your name:</b>	Dawson Reyer	<b>2. Station name:</b>	Brown Co. Fairgrounds	Form revision date: 02/17/15		
<b>3. Monitoring date:</b>	7/14/14	<b>4. Start time (include AM/PM):</b>	10:52am			
<b>5. Water conditions:</b>	Calm    Slight movement <u>Moderate flow or waves</u> Rough or fast flowing					
<b>6. Water level:</b>	High <u>Normal</u> Low					
<b>7. Overall, how aesthetically pleasing do you find the site?</b>						
Circle <u>one</u> of the following:	Very pleasing	Somewhat pleasing	Neither pleasing nor displeasing	<u>Somewhat displeasing</u>	Very displeasing	Overall aesthetic impression of site
Please describe. List any factors that make it pleasing or not pleasing.						
<b>8a. Is the color or clarity of the water unattractive?</b>						
	<u>Yes</u>		No			Objectable deposits in/characteristics of the water
If yes, please describe:						
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>						
	Yes		<u>No</u>			
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>						
<b>A. Water Color:</b>	Colorless	Red	<u>Green</u>	Brown	Other (please indicate) _____	
<b>B. Water Clarity:</b>	Completely clear	<u>Fairly clear</u>	Fairly cloudy	Completely cloudy		
<b>C. Water Surface:</b> (Circle all that apply)	Normal	Oily sheen	Foamy	Floating aquatic plants		
	Natural debris	<u>Neon green sheen</u>		Other (please indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>						
	Yes		<u>No</u>			
If yes, circle visible item(s):	Building materials	Medical items	Household waste	Sewage-related litter		
	Food-related litter	Fishing-related litter	Other (please indicate) _____			
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>						
	Yes		<u>No</u>			
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>						
	Yes		<u>No</u>			
If yes, list what:						
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>						
	Yes		<u>No</u>			

**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 type="radio"/> No
--------------------------------------	--------------------------

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

If yes, list type(s):

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

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

<input 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?

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

the poop is gross      The water is pretty
--------------------------------------------

**17. END TIME:**

10:58 am
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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:	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

<b>1. Your name:</b>	Eva Robinson	<b>2. Station name:</b>	Brain County Park	Form revision date: 02/17/15
<b>3. Monitoring date:</b>	07/14/15	<b>4. Start time (include AM/PM):</b>	10:52	
<b>5. Water conditions:</b>	<input type="checkbox"/> Calm <input checked="" type="checkbox"/> Slight movement <input type="checkbox"/> Moderate flow or waves <input type="checkbox"/> Rough or fast flowing			
<b>6. Water level:</b>	<input type="checkbox"/> High <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Low			
<b>7. Overall, how aesthetically pleasing do you find the site?</b>				
Circle <u>one</u> of the following:    Very pleasing    Somewhat pleasing    Neither pleasing nor displeasing    Somewhat displeasing <input checked="" type="radio"/> Very displeasing				
Please describe. List any factors that make it pleasing or not pleasing. duck poop    poop.				
<b>8a. Is the color or clarity of the water unattractive?</b>				
<input checked="" type="radio"/> Yes <input type="radio"/> No				
If yes, please describe: <u>algae</u>				
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>				
<input checked="" type="radio"/> Yes <input type="radio"/> No				
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>				
<b>A. Water Color:</b>	<input type="checkbox"/> Colorless <input type="checkbox"/> Red <input checked="" type="checkbox"/> Green <input type="checkbox"/> Brown <input type="checkbox"/> Other (please indicate) _____			
<b>B. Water Clarity:</b>	<input type="checkbox"/> Completely clear <input type="checkbox"/> Fairly clear <input type="checkbox"/> Fairly cloudy <input checked="" type="checkbox"/> Completely cloudy			
<b>C. Water Surface:</b> (Circle all that apply)	<input checked="" type="checkbox"/> Normal <input checked="" type="checkbox"/> Oily sheen <input type="checkbox"/> Foamy <input checked="" type="checkbox"/> Floating aquatic plants <input checked="" type="checkbox"/> Natural debris <input type="checkbox"/> Neon green sheen <input type="checkbox"/> Other (please indicate) _____			
<b>10a. Is there floating or submerged garbage present in the water?</b>				
<input checked="" type="radio"/> Yes <input type="radio"/> No				
If yes, circle visible item(s):				
<input checked="" type="checkbox"/> Building materials <input type="checkbox"/> Medical items <input type="checkbox"/> Household waste <input type="checkbox"/> Sewage-related litter <input checked="" type="checkbox"/> Food-related litter <input type="checkbox"/> Fishing-related litter <input type="checkbox"/> Other (please indicate) _____				
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>				
<input type="radio"/> Yes <input checked="" type="radio"/> No				
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>				
<input type="radio"/> Yes <input checked="" type="radio"/> No				
If yes, list what:				
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>				
<input type="radio"/> Yes <input type="radio"/> No				

Overall aesthetic impression of site

Objectionable deposits in/characteristics of the water

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

If yes, circle type(s):

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

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

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

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

If yes, list type(s):

<input checked="" type="radio"/> Yes	<input type="radio"/> No
<u>Just Moose</u> <u>Prong</u>	

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

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

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

If yes, list type if known and amount:

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

**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.

-

**17. END TIME:**

10:55 AM

**For volunteer coordinator/DNR use only**

Date the data sheet was reviewed by contractor:	<u>Prong</u>	Check box if data sheet meets quality control requirements	<input type="checkbox"/>
Aesthetic Impression score:	<u>4</u>		
Assessment score:	<u>1</u>		

@bejectionable 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

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MT

1. Your name: Jeane Drover      2. Station name: Brown Co. Fairground

3. Monitoring date: 07-14-18      4. Start time (include AM/PM): 10:52 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: (Circle all that apply)      Normal      Oily sheen      Foamy      Floating aquatic plants  
Natural debris      Neon green sheen      Other (please indicate) \_\_\_\_\_

10a. Is there floating or submerged garbage present in the water?      Yes      No

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

10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?      Yes      No

11a. Are any other substances present in the water that are not specifically mentioned on this form?      Yes      No

If yes, list what:

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: 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) <u>cigarette butts</u>	

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

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

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

If yes, list type(s):

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

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

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

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

If yes, list type if known and amount:

<input checked="" type="radio"/> Yes	<input type="radio"/> No
<u>tall weeds</u>	

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

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

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

If yes, list type(s):

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

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

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

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

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

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

-

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

-

**17. END TIME:**

10:58 am

**For volunteer coordinator/DNR use only**

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

Objectionable deposits on the shoreline

Additional feedback

QA/QC

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# Green Bay Volunteer Aesthetics Monitoring Data Sheet

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

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

1. Your name: Katherine Zitt 2. Station name: Brown County Inground

3. Monitoring date: 07/14/18 4. Start time (include AM/PM): 10:52 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.  
water is filled with algae, Good boat docks covered with goose poop.

8a. Is the color or clarity of the water unattractive? Yes No

If yes, please describe: dirty, brownish, algae

8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water? Yes No

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

For water surface, please circle all applicable attributes.

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

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

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

10a. Is there floating or submerged garbage present in the water? Yes No

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

10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water? Yes No

11a. Are any other substances present in the water that are not specifically mentioned on this form? 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? 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	<input checked="" type="radio"/> Fishing-related litter	Other (please indicate) <u>cigarette butts</u>	

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

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

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

If yes, list type(s):

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

**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 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.

**17. END TIME:**

10:56 AM

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	<u>Berk</u>	Check box if data sheet meets quality control requirements	<input type="checkbox"/>
Aesthetic Impression score:	<u>3</u>		
Assessment score:	<u>4</u>		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

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### Green Bay Volunteer Aesthetics Monitoring Data Sheet

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

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

1. Your name: Laura Zeit 2. Station name: Brown Co. Fairgrounds

3. Monitoring date: 07/14/18 4. Start time (include AM/PM): 10:52am

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.  
Mucky; lots of goose poop. Needs better landscaping.

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

Yes No

If yes, please describe: Green & cloudy.

8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?  
Yes No

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

For water surface, please circle all applicable attributes.

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

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

C. Water Surface: 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
<input checked="" type="checkbox"/> Building materials <input checked="" type="checkbox"/> Food-related litter	<input type="checkbox"/> Medical items <input checked="" type="checkbox"/> Fishing-related litter <input checked="" type="checkbox"/> Household waste <input type="checkbox"/> 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):

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

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

Yes  No

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

If yes, list type if known and amount:

<input checked="" type="radio"/> Yes	<input type="radio"/> No
Virginia Creeper on rock.	

**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):

<input type="radio"/> Yes	<input checked="" type="radio"/> 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?

X

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

Just messy looking.

**17. END TIME:**

10:57 am

**For volunteer coordinator/DNR use only**

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

Objectionable deposits on the shoreline

Additional feedback

QA/QC



ent.

# 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: Lily McKeefry 2. Station name: Brown County Fairgrounds

3. Monitoring date: 7/19/2018 4. Start time (include AM/PM): 10:54

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.  
LIST - NOT Good view  
POOD  
cloudy/green water

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

Yes  No   
If yes, please describe: green/cloudy

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

Yes  No

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

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

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

C. Water Surface: 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: Seaweed.

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

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

If yes, list type(s):

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

**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 type="radio"/> No
-	

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

If yes, list type(s):

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

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

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

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

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

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

-
---

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

It seems boring, there isn't anything special about this area. It's very dirty and smelly here.

**17. END TIME:**

10:58am

**For volunteer coordinator/DNR use only**

Date the data sheet was reviewed by contractor:	Btul	Check box if data sheet meets quality control requirements	<input type="checkbox"/>
Aesthetic Impression score: <input checked="" type="radio"/>	3		
Assessment score: <input checked="" type="radio"/>	4		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

mt.

### 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

*Per Kofsky Boat launch*

1. Your name: Patsy Carvin 2. Station name: Brown City Boat launch

3. Monitoring date: 7-14-18 4. Start time (include AM/PM): 10:55am

5. Water conditions: Calm Slight movements 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.  
Quiet = no bridge/car traffic - green shoreline across the way

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 Green Brown Other (please indicate)

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

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

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

Yes a little 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) feathers a few  
torn off weeds

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

Yes No

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

If yes, list what: Yes 5 NICE!! docks! No

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

Yes No Yes

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	<i>a little plastic</i> Sewage-related litter
Food-related litter	Fishing-related litter	Other (please indicate) <i>cigarette butts</i>	

**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   
*???*  
*goose poop on sidewalk - just watch your step*

**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   
*Trip rap to protect shoreline & the 5 NICE docks!*

**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.

*Restroom facility, lots of parking for trucks & trailers, good solid signage, garbage containers, lots of other parking, large open area for picnics.*

**17. END TIME:**

*11:02 AM*

**For volunteer coordinator/DNR use only**

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

Objectionable deposits on the shoreline

Additional feedback

QA/QC

ent.

# 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: Rachel Splerings 2. Station name: Kerkstad Boat Launch

3. Monitoring date: 07/14/18 4. Start time (include AM/PM): 10:51 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.  
lots of litter along shore, water looks very green/cloudy

8a. Is the color or clarity of the water unattractive?  
If yes, please describe: Yes No  
green, cloudy, foamy

8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?  
Yes No

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

A. Water Color: Colorless Red Green Brown Other (please indicate) \_\_\_\_\_  
B. Water Clarity: Completely clear Fairly clear Fairly cloudy Completely cloudy  
C. Water Surface: Normal Oily sheen Foamy Floating aquatic plants  
(Circle all that apply) Natural debris Neon green sheen Other (please indicate) \_\_\_\_\_

10a. Is there floating or submerged garbage present in the water?  
If yes, circle visible item(s): Yes No  
Building materials Medical items Household waste Sewage-related litter  
Food-related litter Fishing-related litter Other (please indicate) \_\_\_\_\_

10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?  
Yes No

11a. Are any other substances present in the water that are not specifically mentioned on this form?  
If yes, list what: Yes No

11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?  
Yes No

Form revision date: 02/17/15

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?**

Yes - I wouldn't use  No given amount of litter.

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

If yes, list type(s):

<input checked="" type="radio"/> Yes	<input type="radio"/> No
goose poop mainly on the docks	

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

Yes  No

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

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?**

Yes  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?**

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.

Poor water clarity & color, lots of non-natural litter (plastics) along shore even on the launch itself.

**17. END TIME:**

10:59 AM

**For volunteer coordinator/DNR use only**

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

Objectionable deposits on the shoreline

Additional feedback

QA/QC

# 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

<b>1. Your name:</b>	Violet McKeefry	<b>2. Station name:</b>	Green County Fair
<b>3. Monitoring date:</b>	7/14/19	<b>4. Start time (include AM/PM):</b>	10:51
<b>5. Water conditions:</b>	Calm <input type="checkbox"/> Slight movement <input checked="" type="checkbox"/>	Moderate flow or waves <input type="checkbox"/>	Rough or fast flowing <input type="checkbox"/>
<b>6. Water level:</b>	High <input type="checkbox"/>	Normal <input checked="" type="checkbox"/>	Low <input type="checkbox"/>

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

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

Please describe. List any factors that make it pleasing or not pleasing.

Beautiful scenery, but some of the buildings on land aren't the best looking. Smell is not the best either.

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

If yes, please describe: Yes  No

Brown and green and murky. Lots of floating debris too.

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

Yes  No

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

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

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

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

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

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

If yes, circle visible item(s): Yes  No

Building materials  Medical items  Household waste  Sewage-related litter

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

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

Yes  No

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

If yes, list what: Yes  No

Feathers, lots of sticks too.

**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

ent.

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

If yes, circle type(s):

<input checked="" type="radio"/> Yes	<input type="radio"/> No
<input checked="" type="checkbox"/> Building materials <input checked="" type="checkbox"/> Food-related litter <input type="checkbox"/> Medical items <input checked="" type="checkbox"/> Fishing-related litter	<input type="checkbox"/> Household waste <input type="checkbox"/> 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):

<input checked="" type="radio"/> Yes	<input type="radio"/> No
GOOSE waste every where!	

**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:

<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?**

Yes  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
sticks all along boat docks. Blue green algae too.	

**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.

Is there any other way you can get rid of goose poop instead of killing the geese?

**17. END TIME:**

11:02 AM

**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"/>
Aesthetic impression score:	1		
Assessment score:	3		

Objectionable deposits on the shoreline

Additional feedback

QA/QC



Not ent. 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

<b>1. Your name:</b> Chase Reyes		<b>2. Station name:</b> b horn co. Fairgrounds		Form revision date: 02/17/15		
<b>3. Monitoring date:</b> 7/14/18		<b>4. Start time (include AM/PM):</b> 10:52am				
<b>5. Water conditions:</b>		Calm	Slight movement		<u>Moderate flow or waves</u>	Rough or fast flowing
<b>6. Water level:</b>		High	<u>Normal</u>		Low	
<b>7. Overall, how aesthetically pleasing do you find the site?</b>						
Circle <u>one</u> of the following:		Very pleasing	<u>Somewhat pleasing</u>	Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing
Please describe. List any factors that make it pleasing or not pleasing.						
<b>8a. Is the color or clarity of the water unattractive?</b>						
If yes, please describe:		Yes	<u>No</u>			
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>						
		Yes	<u>No</u>			
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>						
<b>A. Water Color:</b>		Colorless	Red	<u>Green</u>	Brown	Other (please indicate) _____
<b>B. Water Clarity:</b>		Completely clear	Fairly clear	Fairly cloudy	Completely cloudy	
<b>C. Water Surface:</b> (Circle all that apply)		<u>Normal</u>	Oily sheen	Foamy	Floating aquatic plants	
		<u>Natural debris</u>	Neon green sheen	Other (please indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>						
If yes, circle visible item(s):		Yes	<u>No</u>			
		Building materials	Medical items	Household waste	Sewage-related litter	
		Food-related litter	Fishing-related litter	Other (please indicate) _____		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>						
		Yes	<u>No</u>			
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>						
If yes, list what:		Yes	<u>No</u>			
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>						
		Yes	<u>No</u>			

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

**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:**

10:58 am

**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:	1		
Assessment score:	2		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

not ent. QA/QC ✓

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

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DNR cannot use incomplete data sheets in station data analysis.

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

1. Your name: Lauren Nokes 2. Station name: Brown Co. Fairgrounds

3. Monitoring date: 07/14/18 4. Start time (include AM/PM): 10:52 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.  
a lot of poop, greenish-brown, murky water

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

If yes, please describe: Yes No  
greenish brown, murky water

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

Yes No

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

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

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

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

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

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

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

Yes No

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

If yes, list what: Yes No  
bird feathers

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):

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
poop	

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

Yes	No
-----	----

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

If yes, list type if known and amount:

Yes	No
-----	----

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

Yes	No
-----	----

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

If yes, list type(s):

Yes	No
-----	----

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

Yes	No
-----	----

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

Yes	No
-----	----

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

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

	-
--	---

**17. END TIME:**

10:57 AM

**For volunteer coordinator/DNR use only**

Date the data sheet was reviewed by contractor:		Check box if data sheet meets quality control requirements	<input type="checkbox"/>
Aesthetic impression score:	3		
Assessment score:	4		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

not mt. OVA/OC

### 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](mailto:megan.oshea@wi.gov)

Perkofske Boat Launch  
Fairground  
Brown City

1. Your name:	Nancy Graham	2. Station name:	Perkofske Boat Launch Fairground Brown City	Form revision: date: 02/17/15
3. Monitoring date:	7-14-18	4. Start time (include AM/PM):	10:50am	
5. Water conditions:	Calm <u>Slight movement</u> Moderate flow or waves Rough or fast flowing			
6. Water level:	High <u>Normal</u> Low			

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

Circle 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.

Plants! nice docks; rest rooms close;

Overall aesthetic impression of site

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

Yes No

If yes, please describe:

green- otherwise ok

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

Yes No

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

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

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

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

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

Yes No

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

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

Yes No

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

Yes No

If yes, list what:

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

Yes No

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	<u>Household waste</u>	Sewage-related litter
Food-related litter	Fishing-related litter	Other (please indicate)	

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

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.

goose droppings  
 (a lady stopped to ask what we were doing - she said don't kill the birds) 11:00 am

**17. END TIME:**

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: 2		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

## Green Bay Volunteer Aesthetics Monitoring Data Sheet

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DNR cannot use incomplete data sheets in station data analysis.

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

<b>1. Your name:</b>	Chase Reyer	<b>2. Station name:</b>	Parlier Pier	Form revision date: 02/17/15	
<b>3. Monitoring date:</b>	7/14/18	<b>4. Start time (include AM/PM):</b>	9:45am		
<b>5. Water conditions:</b>	Calm <input type="checkbox"/> <u>Slight movement</u> <input checked="" type="checkbox"/>	Moderate flow or waves <input type="checkbox"/>	Rough or fast flowing <input type="checkbox"/>		
<b>6. Water level:</b>	High <input type="checkbox"/>	<u>Normal</u> <input checked="" type="checkbox"/>	Low <input type="checkbox"/>		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle <u>one</u> of the following: <input type="checkbox"/> Very pleasing <input type="checkbox"/> Somewhat pleasing <input type="checkbox"/> Neither pleasing nor displeasing <input type="checkbox"/> Somewhat displeasing <input checked="" type="checkbox"/> <u>Very displeasing</u> <input type="checkbox"/>					
Please describe. List any factors that make it pleasing or not pleasing.					
<b>8a. Is the color or clarity of the water unattractive?</b>					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please describe:					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	Colorless <input type="checkbox"/>	Red <input type="checkbox"/>	<u>Green</u> <input checked="" type="checkbox"/>	Brown <input type="checkbox"/>	Other (please indicate) _____
<b>B. Water Clarity:</b>	Completely clear <input type="checkbox"/>	Fairly clear <input type="checkbox"/>	Fairly cloudy <input type="checkbox"/>	<u>Completely cloudy</u> <input checked="" type="checkbox"/>	
<b>C. Water Surface:</b> (Circle all that apply)	Normal <input type="checkbox"/>	Oily sheen <input type="checkbox"/>	Foamy <input type="checkbox"/>	Floating aquatic plants <input type="checkbox"/>	
	Natural debris <input type="checkbox"/>	<u>Neon green sheen</u> <input checked="" type="checkbox"/>	Other (please indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, circle visible item(s):					
	Building materials <input type="checkbox"/>	Medical items <input type="checkbox"/>	<u>Household waste</u> <input checked="" type="checkbox"/>	Sewage-related litter <input type="checkbox"/>	
	Food-related litter <input type="checkbox"/>	Fishing-related litter <input type="checkbox"/>	Other (please indicate) _____		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If yes, list what:					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
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 checked="" type="radio"/> Yes	<input checked="" type="radio"/> No
POOP	

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

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

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

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

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

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

--	--

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

--	--

17. END TIME:

9:57am
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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:	4		
Assessment score:	5		

Objectionable deposits on the shoreline

Additional feedback

QA/QC



✓  
ent.

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

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<b>1. Your name:</b>		Dawson Reyer	<b>2. Station name:</b>		Potlier Pier	Form revision date: 02/17/15
<b>3. Monitoring date:</b>		7/14/18	<b>4. Start time (include AM/PM):</b>		9:47am	
<b>5. Water conditions:</b>		<input checked="" type="radio"/> Calm	<input type="radio"/> Slight movement	<input type="radio"/> Moderate flow or waves	<input type="radio"/> Rough or fast flowing	
<b>6. Water level:</b>		<input checked="" type="radio"/> High	<input type="radio"/> Normal	<input type="radio"/> Low		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>						
Circle <u>one</u> of the following:		<input type="radio"/> Very pleasing	<input checked="" type="radio"/> Somewhat pleasing	<input type="radio"/> Neither pleasing nor displeasing	<input type="radio"/> Somewhat displeasing	<input type="radio"/> Very displeasing
Please describe. List any factors that make it pleasing or not pleasing.						
<b>8a. Is the color or clarity of the water unattractive?</b>						
If yes, please describe:		<input checked="" type="radio"/> Yes		<input type="radio"/> No		
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>						
		<input checked="" type="radio"/> Yes		<input type="radio"/> No		
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>						
<b>A. Water Color:</b>		<input type="radio"/> Colorless	<input type="radio"/> Red	<input checked="" type="radio"/> Green	<input type="radio"/> Brown	<input type="radio"/> Other (please indicate) _____
<b>B. Water Clarity:</b>		<input type="radio"/> Completely clear	<input type="radio"/> Fairly clear	<input type="radio"/> Fairly cloudy	<input checked="" type="radio"/> Completely cloudy	
<b>C. Water Surface:</b> (Circle all that apply)		<input type="radio"/> Normal	<input type="radio"/> Oily sheen	<input type="radio"/> Foamy	<input type="radio"/> Floating aquatic plants	
		<input type="radio"/> Natural debris	<input checked="" type="radio"/> Neon green sheen		<input type="radio"/> Other (please indicate) _____	
<b>10a. Is there floating or submerged garbage present in the water?</b>						
If yes, circle visible item(s):		<input checked="" type="radio"/> Yes		<input type="radio"/> No		
		<input type="radio"/> Building materials	<input type="radio"/> Medical items	<input type="radio"/> Household waste	<input type="radio"/> Sewage-related litter	
		<input checked="" type="radio"/> Food-related litter	<input type="radio"/> Fishing-related litter	<input type="radio"/> Other (please indicate) _____		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>						
		<input type="radio"/> Yes		<input checked="" type="radio"/> No		
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>						
If yes, list what:		<input type="radio"/> Yes		<input checked="" type="radio"/> No		
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>						
		<input type="radio"/> Yes		<input checked="" type="radio"/> No		

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

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

If yes, list type(s):

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

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

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

-

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

It smells so bad here!

**17. END TIME:**

9:52 am

**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:	1		
Assessment score:	3		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

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DNR cannot use incomplete data sheets in station data analysis.

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

✓  
ent.

<b>1. Your name:</b>	Decker Pabean	<b>2. Station name:</b>	Facility Pier	Form revision date: 02/17/15	
<b>3. Monitoring date:</b>	07/19/18	<b>4. Start time (include AM/PM):</b>	9:45 am		
<b>5. Water conditions:</b>	Calm <input type="checkbox"/> Slight movement <input checked="" type="checkbox"/>	Moderate flow or waves <input type="checkbox"/>	Rough or fast flowing <input type="checkbox"/>		
<b>6. Water level:</b>	High <input type="checkbox"/>	Normal <input checked="" type="checkbox"/>	Low <input type="checkbox"/>		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle <u>one</u> of the following: Very pleasing    Somewhat pleasing    Neither pleasing nor displeasing <b>Somewhat displeasing</b> Very displeasing					
Please describe. List any factors that make it pleasing or not pleasing. Bright Algae					
<b>8a. Is the color or clarity of the water unattractive?</b>					
If yes, please describe: <input checked="" type="radio"/> Yes <input type="radio"/> No Bright Algae					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>					
<input checked="" type="radio"/> Yes <input type="radio"/> No					
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	Colorless <input type="checkbox"/>	Red <input type="checkbox"/>	<b>Green</b> <input checked="" type="checkbox"/>	Brown <input type="checkbox"/>	Other (please indicate) _____
<b>B. Water Clarity:</b>	Completely clear <input type="checkbox"/>	Fairly clear <input type="checkbox"/>	Fairly cloudy <input type="checkbox"/>	<b>Completely cloudy</b> <input checked="" type="checkbox"/>	
<b>C. Water Surface:</b> (Circle all that apply)	<b>Normal</b> <input checked="" type="checkbox"/>	Oily sheen <input type="checkbox"/>	Foamy <input type="checkbox"/>	Floating aquatic plants <input checked="" type="checkbox"/>	
	Natural debris <input checked="" type="checkbox"/>	Neon green sheen <input checked="" type="checkbox"/>	Other (please indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>					
<input checked="" type="radio"/> Yes <input type="radio"/> No					
If yes, circle visible item(s):					
	<b>Building materials</b> <input checked="" type="checkbox"/>	Medical items <input type="checkbox"/>	Household waste <input type="checkbox"/>	Sewage-related litter <input type="checkbox"/>	
	Food-related litter <input checked="" type="checkbox"/>	Fishing-related litter <input type="checkbox"/>	Other (please indicate) _____		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
<input checked="" type="radio"/> Yes <input type="radio"/> No					
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
<input type="radio"/> Yes <input checked="" type="radio"/> No					
If yes, list what: _____					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
<input type="radio"/> Yes <input checked="" type="radio"/> No					

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

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

If yes, list type(s):

<input checked="" type="radio"/> Yes	<input type="radio"/> No
<del>wild raccoons, bright green algae washing up along shore.</del>	

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

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

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

If yes, list type if known and amount:

<input checked="" type="radio"/> Yes	<input type="radio"/> No
wild plants bright green algae hollow or along shore	

**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:**

9:52 am

For volunteer coordinator/DNR use only

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

Objectionable deposits on the shoreline

Additional feedback

QA/QC

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

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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

ent.

<b>1. Your name:</b>	Katherine Ziti	<b>2. Station name:</b>	Portier Pier	Form revision date: 02/17/15		
<b>3. Monitoring date:</b>	07/14/18	<b>4. Start time (include AM/PM):</b>	0945 AM			
<b>5. Water conditions:</b>	Calm <input type="checkbox"/> Slight movement <input checked="" type="checkbox"/>	Moderate flow or waves <input type="checkbox"/>	Rough or fast flowing <input type="checkbox"/>			
<b>6. Water level:</b>	High <input type="checkbox"/>	Normal <input checked="" type="checkbox"/>	Low <input type="checkbox"/>	Overall aesthetic impression of site		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>						
Circle <u>one</u> of the following:	Very pleasing <input type="checkbox"/>	Somewhat pleasing <input type="checkbox"/>	Neither pleasing nor displeasing <input checked="" type="checkbox"/>		Somewhat displeasing <input type="checkbox"/>	Very displeasing <input type="checkbox"/>
Please describe. List any factors that make it pleasing or not pleasing.	Algae, floating debris					
<b>8a. Is the color or clarity of the water unattractive?</b>						
	Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>			
If yes, please describe:	No clarity, not clean					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>						
	Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>			
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance.</b>						
<b>For water surface, please circle all applicable attributes.</b>						
<b>A. Water Color:</b>	Colorless <input type="checkbox"/>	Red <input type="checkbox"/>	Green <input checked="" type="checkbox"/>	Brown <input checked="" type="checkbox"/>	Other (please indicate) _____	
<b>B. Water Clarity:</b>	Completely clear <input type="checkbox"/>	Fairly clear <input type="checkbox"/>	Fairly cloudy <input type="checkbox"/>	Completely cloudy <input checked="" type="checkbox"/>		
<b>C. Water Surface:</b> (Circle all that apply)	Normal <input type="checkbox"/>	Oily sheen <input type="checkbox"/>	Foamy <input type="checkbox"/>	Floating aquatic plants <input checked="" type="checkbox"/>		
	Natural debris <input checked="" type="checkbox"/>	Neon green sheen <input checked="" type="checkbox"/>	Other (please indicate) _____			
<b>10a. Is there floating or submerged garbage present in the water?</b>						
	Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>			
If yes, circle visible item(s):	Building materials <input type="checkbox"/>	Medical items <input type="checkbox"/>	Household waste <input checked="" type="checkbox"/>	Sewage-related litter <input checked="" type="checkbox"/>		
	Food-related litter <input type="checkbox"/>	Fishing-related litter <input type="checkbox"/>	Other (please indicate) _____			
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>						
	Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>			
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>						
	Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>			
If yes, list what:	Dragging hose lying on shore					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>						
	Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>			

Objectionable deposits in/characteristics of the water

12a. Is there garbage along the shoreline?

If yes, circle type(s):

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

<input checked="" type="radio"/> Yes	<input type="radio"/> No
Goose & dog poop everywhere	

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

<input checked="" type="radio"/> Yes	<input type="radio"/> No
Buckthorn	

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.

Souely facility too bad it is so dirty

17. END TIME:

9:54 AM

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	BFW	Check box if data sheet meets quality control requirements	<input type="checkbox"/>
Aesthetic Impression score:	4		
Assessment score:	6		

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

✓  
cut

<b>1. Your name:</b>	Laura Zeit	<b>2. Station name:</b>	Porlier Pier	Form revision date: 02/17/15
<b>3. Monitoring date:</b>	01/14/15	<b>4. Start time (include AM/PM):</b>	9:45 am	
<b>5. Water conditions:</b>	Calm <input type="radio"/> Slight movement <input checked="" type="radio"/>	Moderate flow or waves <input type="radio"/>	Rough or fast flowing <input type="radio"/>	
<b>6. Water level:</b>	High <input type="radio"/>	Normal <input checked="" type="radio"/>	Low <input type="radio"/>	
<b>7. Overall, how aesthetically pleasing do you find the site?</b>				
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. Park is cute, esp. canoes. Nice lounge pier				
<b>8a. Is the color or clarity of the water unattractive?</b>				
Yes <input checked="" type="radio"/> No <input type="radio"/>				
If yes, please describe: Very green and cloudy!				
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>				
Yes <input checked="" type="radio"/> No <input type="radio"/>				
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>				
<b>A. Water Color:</b>	Colorless <input type="radio"/>	Red <input type="radio"/>	Green <input checked="" type="radio"/>	Brown <input type="radio"/> Other (please indicate) _____
<b>B. Water Clarity:</b>	Completely clear <input type="radio"/>	Fairly clear <input type="radio"/>	Fairly cloudy <input type="radio"/>	Completely cloudy <input checked="" type="radio"/>
<b>C. Water Surface:</b>	Normal <input type="radio"/>	Oily sheen <input type="radio"/>	Foamy <input type="radio"/>	Floating aquatic plants <input type="radio"/>
(Circle all that apply)	Natural debris <input type="radio"/>	Neon green sheen <input checked="" type="radio"/>	Other (please indicate) _____	
<b>10a. Is there floating or submerged garbage present in the water?</b>				
Yes <input checked="" type="radio"/> No <input type="radio"/>				
If yes, circle visible item(s):				
<input checked="" type="radio"/> Building materials <input type="radio"/> Medical Items <input checked="" type="radio"/> Household waste <input type="radio"/> Sewage-related litter <input type="radio"/> Food-related litter <input type="radio"/> Fishing-related litter <input type="radio"/> Other (please indicate) _____				
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>				
Yes <input type="radio"/> No <input checked="" type="radio"/>				
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>				
Yes <input checked="" type="radio"/> No <input type="radio"/>				
If yes, list what: Blue green algae				
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>				
Yes <input checked="" type="radio"/> No <input type="radio"/>				

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	
<input checked="" type="radio"/> Building materials	Medical items	<input checked="" type="radio"/> Household waste	Sewage-related litter
Food-related litter	Fishing-related litter	Other (please indicate) _____	

**12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**13a. Along the shoreline, are there problem animals or problems caused by animals?**

If yes, list type(s):

<input checked="" type="radio"/> Yes	<input type="radio"/> No
A little goosepoop on trail leading to pier.	

**13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known and amount:

<input checked="" type="radio"/> Yes	<input type="radio"/> No
Wild parsnip	

**14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?**

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

**15a. Are there any other shoreline substances that are not specifically mentioned on this form?**

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
-	

**15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

**16. Have you previously evaluated this station?**

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

-

Comments: Please include anything else you thought should be reported while completing this survey.

Could you mow the area with the wild parsnip in order to control it this season. Re-plant shoreline in 2019?

**17. END TIME:**

9:52 am

**For volunteer coordinator/DNR use only**

Date the data sheet was reviewed by contractor:	BGW	Check box if data sheet meets quality control requirements	<input type="checkbox"/>
Aesthetic impression score: 0	1		
Assessment score: 0	3		

Objectionable deposits on the shoreline

Additional feedback

QA/QC



# Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Megan O'Shea, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5465, megan.oshea@wi.gov

<b>1. Your name:</b>	Lauren Nokes	<b>2. Station name:</b>	Portier Pier	Form revision date: 02/17/15								
<b>3. Monitoring date:</b>	07/14/18	<b>4. Start time (include AM/PM):</b>	9:46 AM									
<b>5. Water conditions:</b>	Calm	<u>Slight movement</u>	Moderate flow or waves		Rough or fast flowing							
<b>6. Water level:</b>	High	<u>Normal</u>			Low							
<b>7. Overall, how aesthetically pleasing do you find the site?</b>												
Circle one of the following: Very pleasing    Somewhat pleasing    Neither pleasing nor displeasing <u>Somewhat displeasing</u> Very displeasing												
Please describe. List any factors that make it pleasing or not pleasing. <div style="text-align: center; font-size: 1.2em;">industrial machines &amp; sounds, murky water</div>												
<b>8a. Is the color or clarity of the water unattractive?</b>												
Yes    No												
If yes, please describe: <div style="text-align: center; font-size: 1.2em;">brownish-green, opaque</div>												
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>												
Yes    No												
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>												
<b>A. Water Color:</b>	Colorless	Red	<u>Green</u>	Brown	Other (please indicate) _____							
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	Fairly cloudy	<u>Completely cloudy</u>								
<b>C. Water Surface:</b> (Circle all that apply)	Normal	<u>Oily sheen</u>	Foamy	Floating aquatic plants								
	Natural debris	<u>Neon green sheen</u>	Other (please indicate) _____									
<b>10a. Is there floating or submerged garbage present in the water?</b>												
Yes    No												
If yes, circle visible item(s):												
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Building materials</td> <td style="width: 25%;">Medical items</td> <td style="width: 25%;">Household waste</td> <td style="width: 25%;">Sewage-related litter</td> </tr> <tr> <td>Food-related litter</td> <td>Fishing-related litter</td> <td colspan="2">Other (please indicate) _____</td> </tr> </table>					Building materials	Medical items	Household waste	Sewage-related litter	Food-related litter	Fishing-related litter	Other (please indicate) _____	
Building materials	Medical items	Household waste	Sewage-related litter									
Food-related litter	Fishing-related litter	Other (please indicate) _____										
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>												
Yes    No												
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>												
Yes <u>No</u>												
If yes, list what:												
-												
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>												
Yes    No    -												

Overall aesthetic impression of site

Objectionable deposits in/characteristics of the water

✓  
EMT.

**12a. Is there garbage along the shoreline?**

If yes, circle type(s):

<input checked="" type="radio"/> Yes		<input type="radio"/> No	
Building materials	Medical items	Household waste	Sewage-related litter
Food-related litter	Fishing-related litter	Other (please indicate) <u>plastic</u>	

**12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?**

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

**13a. Along the shoreline, are there problem animals or problems caused by animals?**

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
-	

**13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known and amount:

<input checked="" type="radio"/> Yes	<input type="radio"/> No
<u>algae &amp; pasnip</u>	

**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:**

9:52 AM

**For volunteer coordinator/DNR use only**

Date the data sheet was reviewed by contractor:	<u>BEW</u>	Check box if data sheet meets quality control requirements	<input type="checkbox"/>
Aesthetic impression score: <u>3</u>	<u>3</u>		
Assessment score: <u>4</u>	<u>4</u>		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

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: Lily McKeefry 2. Station name: Porter Park

3. Monitoring date: 7/14/2018 4. Start time (include AM/PM): 9:45am

5. Water conditions: Calm  Slight movement  Moderate flow or waves  Rough or fast flowing

6. Water level: High  Normal  Low

7. Overall, how aesthetically pleasing do you find the site?

Circle one of the following: Very pleasing  Somewhat pleasing  Neither pleasing nor displeasing  Somewhat displeasing  Very displeasing

Please describe. List any factors that make it pleasing or not pleasing.  
The water is totally green, but having the bridge to access the water is pleasing since it encourages people to appreciate nature

8a. Is the color or clarity of the water unattractive?

If yes, please describe: Yes  No

It's pretty cloudy.

8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?

Yes  No

9. For water color and clarity, please circle the answer choice that best describes the present appearance.

For water surface, please circle all applicable attributes.

A. Water Color: Colorless  Red  Green  Brown  Other (please indicate) \_\_\_\_\_

B. Water Clarity: Completely clear  Fairly clear  Fairly cloudy  Completely cloudy

C. Water Surface: Normal  Oily sheen  Foamy  Floating aquatic plants

(Circle all that apply) Natural debris  Neon green sheen  Other (please indicate) \_\_\_\_\_

10a. Is there floating or submerged garbage present in the water?

If yes, circle visible item(s): Yes  Building materials  Medical items  Household waste  Sewage-related litter

Food-related litter  Fishing-related litter  Other (please indicate) \_\_\_\_\_

10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?

Yes  No

11a. Are any other substances present in the water that are not specifically mentioned on this form?

If yes, list what: Yes  No

11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?

No  No

Form revision date: 02/17/15

Overall aesthetic impression of site

Objectionable deposits in/characteristics of the water



# Green Bay Volunteer Aesthetics Monitoring Data Sheet

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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

EMA

<b>1. Your name:</b>	Nancy Graham	<b>2. Station name:</b>	Parlier Pier	Form revision date: 02/17/15	
<b>3. Monitoring date:</b>	7-14-18	<b>4. Start time (include AM/PM):</b>	9:49 AM		
<b>5. Water conditions:</b>	<input checked="" type="radio"/> Calm	<input type="radio"/> Slight movement	<input type="radio"/> Moderate flow or waves		<input type="radio"/> Rough or fast flowing
<b>6. Water level:</b>	<input type="radio"/> High	<input checked="" type="radio"/> Normal	<input type="radio"/> Low		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle <u>one</u> of the following: <input 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. wild flowers; birds singing in trees butterflies; trees view across river					
<b>8a. Is the color or clarity of the water unattractive?</b>					
<input checked="" type="radio"/> Yes <input type="radio"/> No					
If yes, please describe: green, scummy					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>					
<input type="radio"/> Yes <input checked="" type="radio"/> No					
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	<input type="radio"/> Colorless	<input type="radio"/> Red	<input checked="" type="radio"/> Green	<input type="radio"/> Brown	<input type="radio"/> Other (please indicate) _____
<b>B. Water Clarity:</b>	<input type="radio"/> Completely clear	<input type="radio"/> Fairly clear	<input type="radio"/> Fairly cloudy	<input checked="" type="radio"/> Completely cloudy	
<b>C. Water Surface:</b>	<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) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>					
<input checked="" type="radio"/> Yes <input type="radio"/> No					
If yes, circle visible item(s):					
<input type="radio"/> Building materials <input type="radio"/> Medical items <input checked="" type="radio"/> Household waste <input type="radio"/> Sewage-related litter					
<input type="radio"/> Food-related litter <input type="radio"/> Fishing-related litter <input type="radio"/> Other (please indicate) _____					
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
<input type="radio"/> Yes <input checked="" type="radio"/> No					
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
<input type="radio"/> Yes <input checked="" type="radio"/> No					
If yes, list what:					
-					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
<input type="radio"/> Yes <input type="radio"/> No					

Overall aesthetic impression of site

Objectionable deposits in/characteristics of the water

**12a. Is there garbage along the shoreline?**

If yes, circle type(s):

Yes		<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	No <input checked="" type="radio"/>
-----	-------------------------------------

**13a. Along the shoreline, are there problem animals or problems caused by animals?**

If yes, list type(s):

Yes	No
a few goose droppings	

**13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?**

Yes	No <input checked="" type="radio"/>
-----	-------------------------------------

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known and amount:

Yes	No <input checked="" type="radio"/>
-	

**14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?**

Yes	No <input checked="" type="radio"/>
-----	-------------------------------------

**15a. Are there any other shoreline substances that are not specifically mentioned on this form?**

If yes, list type(s):

Yes	No <input checked="" type="radio"/>
-	

**15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?**

Yes	No <input checked="" type="radio"/>
-----	-------------------------------------

**16. Have you previously evaluated this station?**

Yes	No <input checked="" type="radio"/>
-----	-------------------------------------

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

-
---

Comments: Please include anything else you thought should be reported while completing this survey.

nice pier  
\* wild flowers near

**17. END TIME:**

10:00 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:	0		
Assessment score:	0		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

✓ *mt.*

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

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DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Megan O'Shea, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5465, megan.oshea@wi.gov

<b>1. Your name:</b>	<i>Patsy Gavin</i>	<b>2. Station name:</b>	<i>Parlier Pier</i>	Form revision date: 02/17/15	
<b>3. Monitoring date:</b>	<i>7-14-18</i>	<b>4. Start time (include AM/PM):</b>	<i>9:47am</i>		
<b>5. Water conditions:</b>	Calm	Slight movement	Moderate flow or waves	Rough or fast flowing -	
<b>6. Water level:</b>	High	Normal	Low	-	
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle <u>one</u> of the following:	Very pleasing <sup>0</sup>	Somewhat pleasing <sup>1</sup>	Neither pleasing nor displeasing <sup>2</sup>	Somewhat displeasing <sup>3</sup>	Very displeasing <sup>4</sup>
Please describe. List any factors that make it pleasing or not pleasing.	<i>green algae slime near shoreline to ~ 10 ft out.</i>				Overall aesthetic impression of site
<b>8a. Is the color or clarity of the water unattractive?</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
If yes, please describe:					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	Colorless	Red	<i>Green algae cover</i>	<i>Brown H<sub>2</sub>O</i>	Other (please indicate) _____
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	Fairly cloudy	<i>Completely cloudy</i>	
<b>C. Water Surface:</b>	Normal	Oily sheen	Foamy	<i>Floating aquatic plants</i>	
(Circle all that apply)	Natural debris	<i>Neon green sheen</i>		Other (please indicate) _____	
<b>10a. Is there floating or submerged garbage present in the water?</b>					
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
If yes, circle visible item(s):	Building materials	Medical Items	Household waste	Sewage-related litter	
	Food-related litter	Fishing-related litter	Other (please indicate)		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
If yes, list what:					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
Objectionable deposits in/characteristics of the water					

**12a. Is there garbage along the shoreline?**

If yes, circle type(s):

Yes *in the park area*  No *along shoreline itself*  
 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  
*goose droppings but not a problem*

**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  
*buckthorn, invasive species*

**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  
*high water debris line - mostly wood bark not a problem*

**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.

*(canoe & kayak launch site)*  
*in the NICE park at the site, goose poop = ok, just watch your step. Human food debris = plastic bottle cap, chip sack, Neat 3 canoe structures to practice paddling*  
*(River Dredging site to the S), Nice park sign*  
*9:54 am*

**17. END TIME:**

**For volunteer coordinator/DNR use only**

Date the data sheet was reviewed by contractor:	<i>Beve</i>	Check box if data sheet meets quality control requirements	<input type="checkbox"/>
Aesthetic Impression score:	<i>3</i>		
Assessment score:	<i>0</i>		

Objectionable deposits on the shoreline

Additional feedback

QA/QC



# Green Bay Volunteer Aesthetics Monitoring Data Sheet

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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

✓  
EMA.

<b>1. Your name:</b>	Yiort McKeerly	<b>2. Station name:</b>	Portier Pier	Form revision date: 02/17/15	
<b>3. Monitoring date:</b>	7/14/18	<b>4. Start time (include AM/PM):</b>	9:45 AM		
<b>5. Water conditions:</b>	Calm <input type="checkbox"/> Slight movement <input checked="" type="checkbox"/>	Moderate flow or waves <input type="checkbox"/>	Rough or fast flowing <input type="checkbox"/>		
<b>6. Water level:</b>	High <input type="checkbox"/>	Normal <input checked="" type="checkbox"/>	Low <input type="checkbox"/>	Overall aesthetic impression of site	
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle <u>one</u> of the following: Very pleasing <input type="checkbox"/> Somewhat pleasing <input type="checkbox"/> Neither pleasing nor displeasing <input type="checkbox"/> Somewhat displeasing <input checked="" type="checkbox"/> Very displeasing <input type="checkbox"/>					
Please describe. List any factors that make it pleasing or not pleasing. Land is pretty when you enter, but water is not clean at all. View is awful too.					
<b>8a. Is the color or clarity of the water unattractive?</b>					
If yes, please describe: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> completely cloudy a VERY Neon green.					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>					
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	Colorless <input type="checkbox"/>	Red <input type="checkbox"/>	Green <input checked="" type="checkbox"/>	Brown <input checked="" type="checkbox"/>	Other (please indicate) _____
<b>B. Water Clarity:</b>	Completely clear <input type="checkbox"/>	Fairly clear <input type="checkbox"/>	Fairly cloudy <input type="checkbox"/>	Completely cloudy <input checked="" type="checkbox"/>	
<b>C. Water Surface:</b> (Circle all that apply)	Normal <input checked="" type="checkbox"/>	Oily sheen <input type="checkbox"/>	Foamy <input type="checkbox"/>	Floating aquatic plants <input checked="" type="checkbox"/>	
	Natural debris <input checked="" type="checkbox"/>	Neon green sheen <input checked="" type="checkbox"/>	Other (please indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>					
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
If yes, circle visible item(s): Building materials <input checked="" type="checkbox"/> Medical items <input type="checkbox"/> Household waste <input checked="" type="checkbox"/> Sewage-related litter <input type="checkbox"/> Food-related litter <input checked="" type="checkbox"/> Fishing-related litter <input checked="" type="checkbox"/> Other (please indicate) _____					
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
If yes, list what: Blue and green algae is terrible!					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					

Objectionable deposits in/characteristics of the water

**12a. Is there garbage along the shoreline?**

If yes, circle type(s):

<input checked="" type="radio"/> Yes	<input type="radio"/> No
<input checked="" type="checkbox"/> Building materials	Medical items <input checked="" type="checkbox"/> Household waste
<input checked="" type="checkbox"/> Food-related litter	<input checked="" type="checkbox"/> 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 checked="" type="radio"/> Yes	<input type="radio"/> No
Goose waste all along the dock!	

**13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known and amount:

<input checked="" type="radio"/> Yes	<input type="radio"/> No
Wild parsnip, <del>weed</del> looking tree.	

**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.

If anything, or anyone entered this water the blue and green algae would kill or hurt them.

**17. END TIME:**

9:52 AM

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	BEW	Check box if data sheet meets quality control requirements	<input type="checkbox"/>
Aesthetic impression score: 30	3		
Assessment score: 6	4		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

net ent. DWA/DC

## 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

<b>1. Your name:</b>	Prachel Springs	<b>2. Station name:</b>	Portier Pier	Form revision: date: 02/17/15	
<b>3. Monitoring date:</b>	07/14/18	<b>4. Start time (include AM/PM):</b>	9:45 am		
<b>5. Water conditions:</b>	Calm <input type="radio"/> Slight movement <input checked="" type="radio"/> Moderate flow or waves <input type="radio"/> Rough or fast flowing <input type="radio"/>				
<b>6. Water level:</b>	High <input type="radio"/> Normal <input checked="" type="radio"/> Low <input type="radio"/>				
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle <u>one</u> of the following: 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 <input type="radio"/>					
Please describe. List any factors that make it pleasing or not pleasing. PCB dredging going on & it looks like one of their tubes broke off & is sitting at shoreline.					
<b>8a. Is the color or clarity of the water unattractive?</b>					
Yes <input checked="" type="radio"/> No <input type="radio"/>					
If yes, please describe: neon green, very cloudy					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>					
Yes <input checked="" type="radio"/> No <input type="radio"/>					
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	Colorless <input type="radio"/>	Red <input type="radio"/>	Green <input checked="" type="radio"/>	Brown <input type="radio"/>	Other (please indicate) _____
<b>B. Water Clarity:</b>	Completely clear <input type="radio"/>	Fairly clear <input type="radio"/>	Fairly cloudy <input type="radio"/>	Completely cloudy <input checked="" type="radio"/>	
<b>C. Water Surface:</b>	Normal <input type="radio"/>	Olly sheen <input checked="" type="radio"/>	Foamy <input type="radio"/>	Floating aquatic plants <input type="radio"/>	
(Circle all that apply)	Natural debris <input type="radio"/>	Neon green sheen <input checked="" type="radio"/>	Other (please indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>					
Yes <input checked="" type="radio"/> No <input 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 checked="" type="radio"/> Other (please indicate) discarded PCB pipe					
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
Yes <input checked="" type="radio"/> No <input type="radio"/>					
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
Yes <input type="radio"/> No <input checked="" type="radio"/>					
If yes, list what: _____					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
Yes <input type="radio"/> No <input checked="" type="radio"/>					

Overall aesthetic impression of site

Objectionable deposits in/characteristics of the water

<b>12a. Is there garbage along the shoreline?</b>	
If yes, circle type(s):	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Building materials <del>Medical items</del> <del>Household waste</del> <del>Sewage-related litter</del> <i>PCB pipe</i> <i>half pipe</i> <i>on shore</i> Food-related litter    Fishing-related litter    Other (please indicate) _____
<b>12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?</b>	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>13a. Along the shoreline, are there problem animals or problems caused by animals?</b>	
If yes, list type(s):	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?</b>	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>14a. Is there nuisance vegetation along the shoreline?</b>	
If yes, list type if known and amount:	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> <i>hackberry</i>
<b>14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?</b>	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>15a. Are there any other shoreline substances that are not specifically mentioned on this form?</b>	
If yes, list type(s):	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?</b>	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>16. Have you previously evaluated this station?</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?	-
Comments: Please include anything else you thought should be reported while completing this survey.	<i>I would not go in this water due to the odd color + PCB dredging so close.</i>
<b>17. END TIME:</b>	<i>9:56 AM</i>
<b>For volunteer coordinator/DNR use only</b>	
Date the data sheet was reviewed by contractor:	Check box if data sheet meets quality control requirements <input type="checkbox"/>
Aesthetic Impression score: <i>3</i>	QA/QC
Assessment score: <i>4</i>	

*no debris out*

Objectionable deposits on the shoreline

*no*

✓  
~~2011~~. did not ent. 01/10/18

### 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

<b>1. Your name:</b>	Jeane Drover	<b>2. Station name:</b>	Porlier Pier	Form revision date: 02/17/15		
<b>3. Monitoring date:</b>	07-14-18	<b>4. Start time (include AM/PM):</b>	9:45 am			
<b>5. Water conditions:</b>	Calm <input type="checkbox"/> Slight movement <input checked="" type="checkbox"/>	Moderate flow or waves <input type="checkbox"/>	Rough or fast flowing <input type="checkbox"/>			
<b>6. Water level:</b>	High <input type="checkbox"/>	Normal <input checked="" type="checkbox"/>	Low <input type="checkbox"/>			
<b>7. Overall, how aesthetically pleasing do you find the site?</b>						
Circle <u>one</u> of the following:	Very pleasing <input type="checkbox"/>	Somewhat pleasing <input type="checkbox"/>	Neither pleasing nor displeasing <input type="checkbox"/>	Somewhat displeasing <input checked="" type="checkbox"/>	Very displeasing <input type="checkbox"/>	Overall aesthetic impression of site
Please describe. List any factors that make it pleasing or not pleasing.	Lots of goose poop					
<b>8a. Is the color or clarity of the water unattractive?</b>						
If yes, please describe:	Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>		Objectionable deposits in/characteristics of the water	
	neon green					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>						
	Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>			
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>						
<b>A. Water Color:</b>	Colorless <input type="checkbox"/>	Red <input type="checkbox"/>	Green <input checked="" type="checkbox"/>	Brown <input type="checkbox"/>	Other (please indicate) _____	
<b>B. Water Clarity:</b>	Completely clear <input type="checkbox"/>	Fairly clear <input type="checkbox"/>	Fairly cloudy <input checked="" type="checkbox"/>	Completely cloudy <input type="checkbox"/>		
<b>C. Water Surface:</b>	Normal <input type="checkbox"/>	Oily sheen <input type="checkbox"/>	Foamy <input type="checkbox"/>	Floating aquatic plants <input type="checkbox"/>		
(Circle all that apply)	Natural debris <input type="checkbox"/>	Neon green sheen <input checked="" type="checkbox"/>	Other (please indicate) _____			
<b>10a. Is there floating or submerged garbage present in the water?</b>						
If yes, circle visible item(s):	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 checked="" type="checkbox"/>	Fishing-related litter <input checked="" type="checkbox"/>	Other (please indicate) _____			
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>						
	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>			
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>						
If yes, list what:	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>			
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>						
	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>			

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 type="radio"/> No
---------------------------	--------------------------

13a. Along the shoreline, are there problem animals or problems caused by animals?

If yes, list type(s):

<input checked="" type="radio"/> Yes	<input type="radio"/> No
goose poop	

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

<input checked="" type="radio"/> Yes	<input type="radio"/> No
Wild parsnip	

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 type="radio"/> No
Smells bad here	

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

16. Have you previously evaluated this station?

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

-
---

Comments: Please include anything else you thought should be reported while completing this survey.

so much goose poop
--------------------

17. END TIME:

9:53 am
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For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

Check box if data sheet meets quality control requirements

Aesthetic impression score: 3

Assessment score: 5

Objectionable deposits on the shoreline

Additional feedback

QA/QC

???

✓  
attached

### 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

<b>1. Your name:</b>	Dawson Reynolds	<b>2. Station name:</b>	Regatta 200	Form revision date: 02/17/15	
<b>3. Monitoring date:</b>	7/14/18	<b>4. Start time (include AM/PM):</b>	10:31am		
<b>5. Water conditions:</b>	<input checked="" type="radio"/> Calm	<input type="radio"/> Slight movement	<input type="radio"/> Moderate flow or waves		<input type="radio"/> Rough or fast flowing
<b>6. Water level:</b>	<input type="radio"/> High	<input checked="" type="radio"/> Normal	<input type="radio"/> Low		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle <u>one</u> of the following:	<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.					Overall aesthetic impression of site
<b>8a. Is the color or clarity of the water unattractive?</b>					
If yes, please describe:	<input checked="" type="radio"/> Yes <del>Yes</del>				
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No				
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	<input type="radio"/> Colorless	<input type="radio"/> Red	<input checked="" type="radio"/> Green	<input type="radio"/> Brown	<input type="radio"/> Other (please indicate) _____
<b>B. Water Clarity:</b>	<input type="radio"/> Completely clear	<input checked="" type="radio"/> Fairly clear	<input type="radio"/> Fairly cloudy	<input type="radio"/> Completely cloudy	
<b>C. Water Surface:</b>	<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) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>					
If yes, circle visible item(s):	<input type="radio"/> Yes <input checked="" type="radio"/> No				
	<input type="radio"/> Building materials	<input type="radio"/> Medical items	<input type="radio"/> Household waste	<input type="radio"/> Sewage-related litter	
	<input type="radio"/> Food-related litter	<input type="radio"/> Fishing-related litter		<input type="radio"/> Other (please indicate) _____	
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
	<input type="radio"/> Yes <input checked="" type="radio"/> No				
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
If yes, list what:	<input type="radio"/> Yes <input checked="" type="radio"/> No				
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
	<input type="radio"/> Yes <input type="radio"/> No				

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 <u>Food-related litter</u> Medical items Fishing-related litter Household waste Other (please indicate) _____ Sewage-related litter	

**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:**

10:39 am

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	Bevk	Check box if data sheet meets quality control requirements	<input type="checkbox"/>
Aesthetic impression score:	1		
Assessment score:	1		

Objectionable deposits on the shoreline

Additional feedback

QA/QC



## Green Bay Volunteer Aesthetics Monitoring Data Sheet

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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

<b>1. Your name:</b>	Drew Paschen	<b>2. Station name:</b>	Regatta 270	Form revision date: 02/17/15
<b>3. Monitoring date:</b>	07/19/15	<b>4. Start time (include AM/PM):</b>	10:36 am	
<b>5. Water conditions:</b>	Calm <input type="checkbox"/> Slight movement <input checked="" type="checkbox"/>	Moderate flow or waves <input type="checkbox"/>	Rough or fast flowing <input type="checkbox"/>	
<b>6. Water level:</b>	High <input type="checkbox"/>	Normal <input checked="" type="checkbox"/>	Low <input type="checkbox"/>	
<b>7. Overall, how aesthetically pleasing do you find the site?</b>				
Circle <u>one</u> of the following: Very pleasing <input type="checkbox"/> Somewhat pleasing <input type="checkbox"/> Neither pleasing nor displeasing <input checked="" type="checkbox"/> Somewhat displeasing <input type="checkbox"/> Very displeasing <input type="checkbox"/>				
Please describe. List any factors that make it pleasing or not pleasing.				
<b>8a. Is the color or clarity of the water unattractive?</b>				
If yes, please describe: <input checked="" type="radio"/> Yes <input type="radio"/> No Clarity				
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>				
<input checked="" type="radio"/> Yes <input type="radio"/> No				
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>				
<b>A. Water Color:</b>	Colorless <input type="checkbox"/>	Red <input type="checkbox"/>	Green <input checked="" type="checkbox"/>	Brown <input type="checkbox"/> Other (please indicate) _____
<b>B. Water Clarity:</b>	Completely clear <input type="checkbox"/>	Fairly clear <input type="checkbox"/>	Fairly cloudy <input checked="" type="checkbox"/>	Completely cloudy <input type="checkbox"/>
<b>C. Water Surface:</b>	Normal <input type="checkbox"/>	Oily sheen <input type="checkbox"/>	Foamy <input type="checkbox"/>	Floating aquatic plants <input type="checkbox"/>
(Circle all that apply)	Natural debris <input checked="" type="checkbox"/>	Neon green sheen <input type="checkbox"/>	Other (please indicate) _____	
<b>10a. Is there floating or submerged garbage present in the water?</b>				
<input type="radio"/> Yes <input checked="" type="radio"/> No				
If yes, circle visible item(s):				
Building materials <input type="checkbox"/> Medical items <input type="checkbox"/> Household waste <input type="checkbox"/> Sewage-related litter <input type="checkbox"/>				
Food-related litter <input type="checkbox"/> Fishing-related litter <input type="checkbox"/> Other (please indicate) _____				
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>				
<input type="radio"/> Yes <input type="radio"/> No				
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>				
<input type="radio"/> Yes <input checked="" type="radio"/> No				
If yes, list what:				
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>				
<input type="radio"/> Yes <input type="radio"/> No				

Overall aesthetic impression of site

Objectionable deposits in/characteristics of the water

**12a. Is there garbage along the shoreline?**

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	<input checked="" type="radio"/> Other (Please indicate) <u>crayons</u>	

**12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**13a. Along the shoreline, are there problem animals or problems caused by animals?**

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known and amount:

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

**15a. Are there any other shoreline substances that are not specifically mentioned on this form ?**

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

**16. Have you previously evaluated this station?**

<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:**

11:30 AM

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	<u>BAK</u>	Check box if data sheet meets quality control requirements	<input type="checkbox"/>
Aesthetic Impression score: <u>0</u>	<u>2</u>		
Assessment score: <u>0</u>	<u>1</u>		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

Ant.

# 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

<b>1. Your name:</b>	Katherine Zitt		<b>2. Station name:</b>	Red Arrow 120		Form revision date: 02/17/15
<b>3. Monitoring date:</b>	07/14/18		<b>4. Start time (include AM/PM):</b>	10:37 AM		
<b>5. Water conditions:</b>	<input checked="" type="radio"/> Calm	<input type="radio"/> Slight movement	<input type="radio"/> Moderate flow or waves	<input type="radio"/> Rough or fast flowing		
<b>6. Water level:</b>	<input type="radio"/> High	<input checked="" type="radio"/> Normal		<input type="radio"/> Low		Overall aesthetic impression of site
<b>7. Overall, how aesthetically pleasing do you find the site?</b>	Circle <u>one</u> of the following: <input checked="" 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.	Clean shores, looks well maintained					Objectionable deposits in/characteristics of the water
<b>8a. Is the color or clarity of the water unattractive?</b>	<input checked="" type="radio"/> Yes		<input type="radio"/> No			
If yes, please describe:	mucky, dirty looking					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>	<input checked="" type="radio"/> Yes		<input type="radio"/> No			
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>						
<b>A. Water Color:</b>	<input type="radio"/> Colorless	<input type="radio"/> Red	<input checked="" type="radio"/> Green	<input checked="" type="radio"/> Brown	<input type="radio"/> Other (please indicate) _____	
<b>B. Water Clarity:</b>	<input type="radio"/> Completely clear	<input type="radio"/> Fairly clear	<input type="radio"/> Fairly cloudy	<input checked="" type="radio"/> Completely cloudy		
<b>C. Water Surface:</b> (Circle all that apply)	<input checked="" type="radio"/> Normal	<input type="radio"/> Oily sheen	<input type="radio"/> Foamy	<input type="radio"/> Floating aquatic plants		
	<input type="radio"/> Natural debris	<input type="radio"/> Neon green sheen	<input type="radio"/> Other (please indicate) _____			
<b>10a. Is there floating or submerged garbage present in the water?</b>	<input type="radio"/> Yes		<input checked="" type="radio"/> No			
If yes, circle visible item(s):	<input type="radio"/> Building materials	<input type="radio"/> Medical items	<input type="radio"/> Household waste	<input type="radio"/> Sewage-related litter		
	<input type="radio"/> Food-related litter	<input type="radio"/> Fishing-related litter	<input type="radio"/> Other (please indicate) _____			
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>	<input type="radio"/> Yes		<input checked="" type="radio"/> No			
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>	<input type="radio"/> Yes		<input checked="" type="radio"/> No			
If yes, list what:						
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>	<input type="radio"/> Yes		<input checked="" type="radio"/> No			

**12a. Is there garbage along the shoreline?**

If yes, circle type(s):

Yes		No <input checked="" type="radio"/>	
Building materials	Medical items	Household waste	Sewage-related litter
Food-related litter	Fishing-related litter	Other (please indicate) _____	

**12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?**

Yes	No
-----	----

**13a. Along the shoreline, are there problem animals or problems caused by animals?**

If yes, list type(s):

Yes	No <input checked="" type="radio"/>
-----	-------------------------------------

**13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?**

Yes	No
-----	----

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known and amount:

Yes	No <input checked="" type="radio"/>
-----	-------------------------------------

**14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?**

Yes	No
-----	----

**15a. Are there any other shoreline substances that are not specifically mentioned on this form?**

If yes, list type(s):

Yes	No <input checked="" type="radio"/>
-----	-------------------------------------

**15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?**

Yes	No <input checked="" type="radio"/>
-----	-------------------------------------

**16. Have you previously evaluated this station?**

Yes	No <input checked="" type="radio"/>
-----	-------------------------------------

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

\_\_\_\_\_

Comments: Please include anything else you thought should be reported while completing this survey.

*Again, well-maintained water access but water quality is just awful! Obviously, maintenance better for more affluent neighbors*

**17. END TIME:**

*10:40 AM*

**For volunteer coordinator/DNR use only**

Date the data sheet was reviewed by contractor:	<i>Btk</i>	Check box if data sheet meets quality control requirements	<input type="checkbox"/>
Aesthetic impression score:	<i>2</i>		
Assessment score:	<i>1</i>		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

✓  
EM.

## 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

<b>1. Your name:</b>	Laura Zeit	<b>2. Station name:</b>	Regatta 220	Form revision date: 02/17/15	
<b>3. Monitoring date:</b>	07/14/12	<b>4. Start time (include AM/PM):</b>	10:51am		
<b>5. Water conditions:</b>	<input checked="" type="radio"/> Calm      Slight movement      Moderate flow or waves      Rough or fast flowing				
<b>6. Water level:</b>	<input type="radio"/> High <input checked="" type="radio"/> Normal <input type="radio"/> Low				
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle one of the following:    Very pleasing <input checked="" type="radio"/> Somewhat pleasing    Neither pleasing nor displeasing    Somewhat displeasing    Very displeasing					
Please describe. List any factors that make it pleasing or not pleasing. Nice area; too bad <del>it's</del> it's a "PRIVATE MARINA"					
<b>8a. Is the color or clarity of the water unattractive?</b>					
<input checked="" type="radio"/> Yes <input type="radio"/> No					
If yes, please describe: Green & cloudy.					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>					
<input checked="" type="radio"/> Yes <input type="radio"/> No					
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	Colorless	Red	<input checked="" type="radio"/> Green	Brown	Other (please indicate) _____
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	Fairly cloudy	<input checked="" type="radio"/> Completely cloudy	
<b>C. Water Surface:</b>	Normal	Oily sheen	Foamy	Floating aquatic plants	
(Circle all that apply)	Natural debris	<input checked="" type="radio"/> Neon green sheen	Other (please indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>					
<input type="radio"/> Yes <input checked="" type="radio"/> No					
If yes, circle visible item(s):					
Building materials      Medical items      Household waste      Sewage-related litter Food-related litter      Fishing-related litter      Other (please indicate) _____					
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
<input type="radio"/> Yes <input type="radio"/> No					
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
<input type="radio"/> Yes <input checked="" type="radio"/> No					
If yes, list what:					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
<input type="radio"/> Yes <input type="radio"/> No					

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	<u>Household waste</u>	Sewage-related litter
Food-related litter	Fishing-related litter	Other (please indicate) _____	

**12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**13a. Along the shoreline, are there problem animals or problems caused by animals?**

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known and amount:

<input checked="" type="radio"/> Yes	<input type="radio"/> No
<u>Few weedy plants</u>	

**14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**15a. Are there any other shoreline substances that are not specifically mentioned on this form?**

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input 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?

X

Comments: Please include anything else you thought should be reported while completing this survey.

Should be better marked for public access. The private marina is probably benefiting from city-maintained access.

**17. END TIME:**

10:42 am

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	<u>B. G. K.</u>	Check box if data sheet meets quality control requirements	<input type="checkbox"/>
Aesthetic impression score:	<u>1</u>		
Assessment score:	<u>1</u>		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

✓  
not ent. 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

<b>1. Your name:</b>	Lauren Nokes	<b>2. Station name:</b>	Regatta 220	Form revision date: 02/17/15		
<b>3. Monitoring date:</b>	07/14/18	<b>4. Start time (include AM/PM):</b>	10:36AM			
<b>5. Water conditions:</b>	Calm <u>Slight movement</u> Moderate flow or waves Rough or fast flowing					
<b>6. Water level:</b>	High <u>Normal</u> Low					
<b>7. Overall, how aesthetically pleasing do you find the site?</b>						
Circle <u>one</u> of the following:	Very pleasing	<u>Somewhat pleasing</u>	Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing	Overall aesthetic impression of site
Please describe. List any factors that make it pleasing or not pleasing.	smelly, traffic sounds					
<b>8a. Is the color or clarity of the water unattractive?</b>						
If yes, please describe:	<u>Yes</u>	No	greenish-brown, murky			Objectionable deposits in/characteristics of the water
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>						
	<u>Yes</u>	No				
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>						
<b>A. Water Color:</b>	Colorless	Red	<u>Green</u>	Brown	Other (please indicate)	
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	Fairly cloudy	<u>Completely cloudy</u>		
<b>C. Water Surface:</b> (Circle all that apply)	<u>Normal</u>	Oily sheen	Foamy	Floating aquatic plants		
	Natural debris	Neon green sheen	Other (please indicate)			
<b>10a. Is there floating or submerged garbage present in the water?</b>						
If yes, circle visible item(s):	<u>Yes</u>	No				
	Building materials	Medical items	Household waste	Sewage-related litter		
	Food-related litter	Fishing-related litter	Other (please indicate)			
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>						
	<u>Yes</u>	No				
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>						
If yes, list what:	<u>Yes</u>	No				
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>						
	<u>Yes</u>	No				

**12a. Is there garbage along the shoreline?**

If yes, circle type(s):

<input checked="" type="radio"/> Yes	<input type="radio"/> No
<input type="checkbox"/> Building materials <input checked="" type="checkbox"/> Food-related litter	<input type="checkbox"/> Medical items <input type="checkbox"/> Fishing-related litter <input type="checkbox"/> Household waste <input type="checkbox"/> Sewage-related litter <input type="checkbox"/> Other (please indicate) _____

**12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?**

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

**13a. Along the shoreline, are there problem animals or problems caused by animals?**

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known and amount:

<input checked="" type="radio"/> Yes	<input type="radio"/> No
algae	

**14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

**15a. Are there any other shoreline substances that are not specifically mentioned on this form ?**

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

**16. Have you previously evaluated this station?**

<input 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:**

10:42 AM

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: 3		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

???



EMA. ✓

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Megan O'Shea, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5465, megan.oshea@wi.gov

1. Your name:	Lily McKeefry	2. Station name:	east 220
3. Monitoring date:	7/19/2018	4. Start time (include AM/PM):	10:37am
5. Water conditions:	<input checked="" type="radio"/> Calm	<input type="radio"/> Slight movement	<input type="radio"/> Moderate flow or waves
6. Water level:	<input type="radio"/> High	<input checked="" type="radio"/> Normal	<input type="radio"/> 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.

lots of trees, but the view is wonderful

Overall aesthetic  
impression of site

8a. Is the color or clarity of the water unattractive?

Yes  No

If yes, please describe:

very cloudy.

8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?

Yes  No

9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.

A. Water Color:  Colorless  Red  Green  Brown  Other (please indicate) \_\_\_\_\_

B. Water Clarity:  Completely clear  Fairly clear  Fairly cloudy  Completely cloudy

C. Water Surface:  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:

twigs, ~~logs~~ and large branches.

11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?

Yes  No

maybe

EMA. ✓

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Megan O'Shea, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5465, megan.oshea@wi.gov

1. Your name:		Lily McWeeey		2. Station name:		Eau Claire 220		Form revision date: 02/17/15			
3. Monitoring date:		7/19/2015		4. Start time (include AM/PM):		10:37am					
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.		Lots of fish, but the view is wonderful									
8a. Is the color or clarity of the water unattractive?											
If yes, please describe:		<input type="radio"/> Yes		<input checked="" type="radio"/> No							
		very cloudy.									
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 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 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 checked="" type="radio"/> Yes		<input type="radio"/> No							
		twigs, <del>logs</del> and large branches.									
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							

Overall aesthetic impression of site

Objectionable deposits in/characteristics of the water

maybe

**12a. Is there garbage along the shoreline?**

If yes, circle type(s):

<b>Yes</b>		<b>No</b>	
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?**

<b>Yes</b>	<b>No</b>
------------	-----------

**13a. Along the shoreline, are there problem animals or problems caused by animals?**

If yes, list type(s):

<b>Yes</b>	<b>No</b>
------------	-----------

**13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?**

<b>Yes</b>	<b>No</b>
------------	-----------

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known and amount:

<b>Yes</b>	<b>No</b>
------------	-----------

**14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?**

<b>Yes</b>	<b>No</b>
------------	-----------

**15a. Are there any other shoreline substances that are not specifically mentioned on this form ?**

If yes, list type(s):

<b>Yes</b>	<b>No</b>
------------	-----------

**15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?**

<b>Yes</b>	<b>No</b>
------------	-----------

**16. Have you previously evaluated this station?**

<b>Yes</b>	<b>No</b>
------------	-----------

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.

*Like I said many times, the view is great, but the water is green. Maybe it's just that time, but it's not all pleasing.*

**17. END TIME:**

*10:40 am*

**For volunteer coordinator/DNR use only**

Date the data sheet was reviewed by contractor:	<i>BGM</i>	Check box if data sheet meets quality control requirements	<input type="checkbox"/>
Aesthetic impression score:	<i>1</i>		
Assessment score:	<i>20</i>		

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.

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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

✓  
ent.

<b>1. Your name:</b>	Nancy Graham	<b>2. Station name:</b>	Regatta 220	Form revision date: 02/17/15	
<b>3. Monitoring date:</b>	7-14-13	<b>4. Start time (include AM/PM):</b>	10:50am		
<b>5. Water conditions:</b>	<input checked="" type="radio"/> Calm     Slight movement     Moderate flow or waves     Rough or fast flowing				
<b>6. Water level:</b>	High <input checked="" type="radio"/> Normal     Low				
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle <u>one</u> of the following:     Very pleasing     Somewhat pleasing     Neither pleasing nor displeasing     Somewhat displeasing <input checked="" type="radio"/> Very displeasing					
Please describe. List any factors that make it pleasing or not pleasing.					
big rocks     need plantings !!! benches in shade					
<b>8a. Is the color or clarity of the water unattractive?</b>					
Yes <input checked="" type="radio"/> No <input type="radio"/>					
If yes, please describe:					
green					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>					
Yes <input type="radio"/> No <input checked="" type="radio"/>					
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	Colorless	Red	<input checked="" type="radio"/> Green	Brown	Other (please indicate) _____
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	Fairly cloudy	<input checked="" type="radio"/> Completely cloudy	
<b>C. Water Surface:</b>	Normal	Oily sheen	Foamy	Floating aquatic plants	
(Circle all that apply)	Natural debris	Neon green sheen	Other (please indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>					
Yes <input type="radio"/> No <input checked="" type="radio"/>					
If yes, circle visible item(s):					
Building materials     Medical items     Household waste     Sewage-related litter Food-related litter     Fishing-related litter     Other (please indicate) _____					
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
Yes <input type="radio"/> No <input type="radio"/>					
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
Yes <input type="radio"/> No <input checked="" type="radio"/>					
If yes, list what:					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
Yes <input type="radio"/> No <input type="radio"/>					

Overall aesthetic impression of site

Objectionable deposits in/characteristics of the water

**12a. Is there garbage along the shoreline?**

If yes, circle type(s):

Yes		No	
Building materials	Medical items	Household waste	Sewage-related litter
Food-related litter	Fishing-related litter	Other (please indicate) _____	

**12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?**

Yes	No
-----	----

**13a. Along the shoreline, are there problem animals or problems caused by animals?**

If yes, list type(s):

Yes	No
-----	----

**13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?**

Yes	No
-----	----

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known and amount:

Yes	No
-----	----

**14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?**

Yes	No
-----	----

**15a. Are there any other shoreline substances that are not specifically mentioned on this form?**

If yes, list type(s):

Yes	No
-----	----

**15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?**

Yes	No
-----	----

**16. Have you previously evaluated this station?**

Yes	No
-----	----

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

*Rocks*

Comments: Please include anything else you thought should be reported while completing this survey.

**17. END TIME:**

*11:00 am*

**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>4</i>		
Assessment score:	<i>1</i>		

Objectionable deposits on the shoreline

Additional feedback

QA/QC



**12a. Is there garbage along the shoreline?**

If yes, circle type(s):

Yes		<input checked="" type="radio"/> No	
Building materials	Medical Items	Household waste <i>no parking lot</i>	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):

Yes <i>???</i>	No
<i>goose poop - just watch your step - not a problem</i>	

**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 if known 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	No
<i>steep rip rap (big rock blocks) to water (could do canoe or kayak launch near marina bldg)</i>	

**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?

Comments: Please include anything else you thought should be reported while completing this survey.

*Viewing area, 3 benches, side walk around the #20 basin for hiking, biking  
quiet except for high auto bridge.*

**17. END TIME:**

*10:47am*

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	<i>Blom</i>	Check box if data sheet meets quality control requirements	<input type="checkbox"/>
Aesthetic impression score:	<i>0</i>		
Assessment score:	<i>0</i>		

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
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 checked="" type="radio"/> Yes	<input type="radio"/> No
some goose poop - easy enough to step around	

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

15a. Are there any other shoreline substances that are not specifically mentioned on this form?

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

16. Have you previously evaluated this station?

<input 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.

Overall water looks ok, most unappealing aspect is the litter among the rocks

17. END TIME:

10:42 AM

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	BEW	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

✓  
ent.

## 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

<b>1. Your name:</b>	Violet McKeefry	<b>2. Station name:</b>	Regatta 220	Form revision date: 02/17/15										
<b>3. Monitoring date:</b>	7/14/18	<b>4. Start time (include AM/PM):</b>	10:37AM											
<b>5. Water conditions:</b>	<input checked="" type="radio"/> Calm      Slight movement      Moderate flow or waves      Rough or fast flowing													
<b>6. Water level:</b>	High <input checked="" type="radio"/> Normal      Low													
<b>7. Overall, how aesthetically pleasing do you find the site?</b>														
Circle <u>one</u> of the following:														
<table style="width: 100%; text-align: center;"> <tr> <td><input checked="" type="radio"/> Very pleasing</td> <td><input type="radio"/> Somewhat pleasing</td> <td><input type="radio"/> Neither pleasing nor displeasing</td> <td><input type="radio"/> Somewhat displeasing</td> <td><input type="radio"/> Very displeasing</td> </tr> </table>					<input checked="" type="radio"/> Very pleasing	<input type="radio"/> Somewhat pleasing	<input type="radio"/> Neither pleasing nor displeasing	<input type="radio"/> Somewhat displeasing	<input type="radio"/> Very displeasing					
<input checked="" type="radio"/> Very pleasing	<input type="radio"/> Somewhat pleasing	<input type="radio"/> Neither pleasing nor displeasing	<input type="radio"/> Somewhat displeasing	<input type="radio"/> Very displeasing										
Please describe. List any factors that make it pleasing or not pleasing.														
Amazing scenery, amazing nature, clouds this day were stunning!														
<b>8a. Is the color or clarity of the water unattractive?</b>														
If yes, please describe:														
<table style="width: 100%; text-align: center;"> <tr> <td><input checked="" type="radio"/> Yes</td> <td><input type="radio"/> No</td> </tr> </table>					<input checked="" type="radio"/> Yes	<input type="radio"/> No								
<input checked="" type="radio"/> Yes	<input type="radio"/> No													
Water was brown and green and is not clear at all.														
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>														
<table style="width: 100%; text-align: center;"> <tr> <td><input checked="" type="radio"/> Yes</td> <td><input type="radio"/> No</td> </tr> </table>					<input checked="" type="radio"/> Yes	<input type="radio"/> No								
<input checked="" type="radio"/> Yes	<input type="radio"/> No													
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>														
<b>A. Water Color:</b>	<table style="width: 100%; text-align: center;"> <tr> <td>Colorless</td> <td>Red</td> <td><input checked="" type="radio"/> Green</td> <td><input checked="" type="radio"/> Brown</td> <td>Other (please indicate) _____</td> </tr> </table>				Colorless	Red	<input checked="" type="radio"/> Green	<input checked="" type="radio"/> Brown	Other (please indicate) _____					
Colorless	Red	<input checked="" type="radio"/> Green	<input checked="" type="radio"/> Brown	Other (please indicate) _____										
<b>B. Water Clarity:</b>	<table style="width: 100%; text-align: center;"> <tr> <td>Completely clear</td> <td>Fairly clear</td> <td>Fairly cloudy</td> <td><input checked="" type="radio"/> Completely cloudy</td> <td>Other (please indicate) _____</td> </tr> </table>				Completely clear	Fairly clear	Fairly cloudy	<input checked="" type="radio"/> Completely cloudy	Other (please indicate) _____					
Completely clear	Fairly clear	Fairly cloudy	<input checked="" type="radio"/> Completely cloudy	Other (please indicate) _____										
<b>C. Water Surface:</b> (Circle all that apply)	<table style="width: 100%; text-align: center;"> <tr> <td><input checked="" type="radio"/> Normal</td> <td><input type="radio"/> Oily sheen</td> <td><input type="radio"/> Foamy</td> <td><input checked="" type="radio"/> Floating aquatic plants</td> <td>Other (please indicate) _____</td> </tr> <tr> <td><input checked="" type="radio"/> Natural debris</td> <td><input checked="" type="radio"/> Neon green sheen</td> <td colspan="3">Other (please indicate) _____</td> </tr> </table>				<input checked="" type="radio"/> Normal	<input type="radio"/> Oily sheen	<input type="radio"/> Foamy	<input checked="" type="radio"/> Floating aquatic plants	Other (please indicate) _____	<input checked="" type="radio"/> Natural debris	<input checked="" type="radio"/> Neon green sheen	Other (please indicate) _____		
<input checked="" type="radio"/> Normal	<input type="radio"/> Oily sheen	<input type="radio"/> Foamy	<input checked="" type="radio"/> Floating aquatic plants	Other (please indicate) _____										
<input checked="" type="radio"/> Natural debris	<input checked="" type="radio"/> Neon green sheen	Other (please indicate) _____												
<b>10a. Is there floating or submerged garbage present in the water?</b>														
<table style="width: 100%; text-align: center;"> <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													
If yes, circle visible item(s):														
<table style="width: 100%; text-align: center;"> <tr> <td>Building materials</td> <td>Medical items</td> <td>Household waste</td> <td>Sewage-related litter</td> </tr> <tr> <td>Food-related litter</td> <td>Fishing-related litter</td> <td colspan="2">Other (please indicate) _____</td> </tr> </table>					Building materials	Medical items	Household waste	Sewage-related litter	Food-related litter	Fishing-related litter	Other (please indicate) _____			
Building materials	Medical items	Household waste	Sewage-related litter											
Food-related litter	Fishing-related litter	Other (please indicate) _____												
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>														
<table style="width: 100%; text-align: center;"> <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													
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>														
<table style="width: 100%; text-align: center;"> <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													
If yes, list what:														
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>														
<table style="width: 100%; text-align: center;"> <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													
Objectable deposits in/characteristics of the water.														

12a. Is there garbage along the shoreline?

If yes, circle type(s):

<input checked="" type="radio"/> Yes		<input checked="" 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 checked="" type="radio"/> Yes	<input type="radio"/> No
quite a bit of goose 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
---------------------------	-------------------------------------

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.

want to come here again! one of the most beautiful places I have ever been! photo-worthy! took some pictures!

17. END TIME:

10:40 AM

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	BGW	Check box if data sheet meets quality control requirements	<input type="checkbox"/>
Aesthetic Impression score:	0		
Assessment score:	1		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

mt ent. 04/08

## 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

<b>1. Your name:</b>	Chase Reyer	<b>2. Station name:</b>	Regatta	Form revision: date: 02/17/15	
<b>3. Monitoring date:</b>	7/14/18	<b>4. Start time (include AM/PM):</b>	10:37a		
<b>5. Water conditions:</b>	<input checked="" type="radio"/> Calm	<input type="radio"/> Slight movement	<input type="radio"/> Moderate flow or waves		<input type="radio"/> Rough or fast flowing
<b>6. Water level:</b>	<input type="radio"/> High	<input checked="" type="radio"/> Normal	<input type="radio"/>		<input type="radio"/> Low
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle <u>one</u> of the following:	<input type="radio"/> Very pleasing	<input type="radio"/> Somewhat pleasing	<input 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.					
<b>8a. Is the color or clarity of the water unattractive?</b>					
If yes, please describe:	<input checked="" type="radio"/> Yes		<input type="radio"/> No		
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>					
	<input type="radio"/> Yes		<input checked="" type="radio"/> No		
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	<input type="radio"/> Colorless	<input type="radio"/> Red	<input checked="" type="radio"/> Green	<input type="radio"/> Brown	<input type="radio"/> Other (please indicate) _____
<b>B. Water Clarity:</b>	<input type="radio"/> Completely clear	<input type="radio"/> Fairly clear	<input checked="" type="radio"/> Fairly cloudy	<input type="radio"/> Completely cloudy	
<b>C. Water Surface:</b> (Circle all that apply)	<input checked="" type="radio"/> Normal	<input type="radio"/> Oily sheen	<input type="radio"/> Foamy	<input type="radio"/> Floating aquatic plants	
	<input checked="" type="radio"/> Natural debris	<input type="radio"/> Neon green sheen	<input type="radio"/> Other (please indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>					
If yes, circle visible item(s):	<input type="radio"/> Yes		<input checked="" type="radio"/> No		
	<input type="radio"/> Building materials	<input type="radio"/> Medical items	<input type="radio"/> Household waste	<input type="radio"/> Sewage-related litter	
	<input type="radio"/> Food-related litter	<input type="radio"/> Fishing-related litter		<input type="radio"/> Other (please indicate) _____	
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
	<input type="radio"/> Yes		<input checked="" type="radio"/> No		
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
If yes, list what:	<input type="radio"/> Yes		<input checked="" type="radio"/> No		
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
	<input type="radio"/> Yes		<input type="radio"/> No		

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 type="radio"/> No
---------------------------	--------------------------

13a. Along the shoreline, are there problem animals or problems caused by animals?

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

15a. Are there any other shoreline substances that are not specifically mentioned on this form ?

If yes, list type(s):

<input checked="" type="radio"/> Yes	<input type="radio"/> No
ROCK	

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

16. Have you previously evaluated this station?

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

*(Handwritten notes and scribbles in the feedback area)*

17. END TIME:

10:40 am

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: 2		
Assessment score: 3		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

not ont. WA/ae ✓

### 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

<b>1. Your name:</b> <u>Jeane Drover</u>		<b>2. Station name:</b> <u>Regatta 220</u>		Form revision date: 02/17/15
<b>3. Monitoring date:</b> <u>07/14/18</u>		<b>4. Start time (include AM/PM):</b> <u>10:37 AM</u>		
<b>5. Water conditions:</b> <input checked="" type="radio"/> Calm    Slight movement    Moderate flow or waves    Rough or fast flowing				
<b>6. Water level:</b> High <input checked="" type="radio"/> Normal    Low				
<b>7. Overall, how aesthetically pleasing do you find the site?</b>				
Circle <u>one</u> of the following:    Very pleasing <input checked="" type="radio"/> Somewhat pleasing    Neither pleasing nor displeasing    Somewhat displeasing    Very displeasing				
Please describe. List any factors that make it pleasing or not pleasing. <u>clean area</u>				
<b>8a. Is the color or clarity of the water unattractive?</b>				
Yes <input checked="" type="radio"/> No				
If yes, please describe:				
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>				
Yes    No				
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>				
<b>A. Water Color:</b> Colorless    Red <input checked="" type="radio"/> Green    Brown    Other (please indicate)				
<b>B. Water Clarity:</b> Completely clear    Fairly clear <input checked="" type="radio"/> Fairly cloudy    Completely cloudy				
<b>C. Water Surface:</b> Normal    Oily sheen    Foamy    Floating aquatic plants				
(Circle all that apply)    Natural debris    Neon green sheen <input checked="" type="radio"/> Other (please indicate) <u>not clear</u>				
<b>10a. Is there floating or submerged garbage present in the water?</b>				
Yes <input checked="" type="radio"/> No				
If yes, circle visible item(s):				
Building materials    Medical items    Household waste    Sewage-related litter				
Food-related litter    Fishing-related litter    Other (please indicate)				
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>				
Yes    No				
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>				
Yes <input checked="" type="radio"/> No				
If yes, list what:				
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>				
Yes    No				

Overall aesthetic impression of site

Objectionable deposits in/characteristics of the water

**12a. Is there garbage along the shoreline?**

If yes, circle type(s):

Yes		<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	No
-----	----

**13a. Along the shoreline, are there problem animals or problems caused by animals?**

If yes, list type(s):

<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No
Goose poop on walkway	

**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	<input checked="" type="radio"/> 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	<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?**

<input checked="" type="radio"/> Yes	No
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If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

**17. END TIME:**

10:40 am

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

Check box if data sheet meets quality control requirements

Aesthetic impression score: 1

Assessment score: 1

Objectionable deposits on the shoreline

Additional feedback

QA/QC

EMA.

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Megan O'Shea, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5465, megan.oshea@wi.gov

1. Your name:		Anna Hooley		2. Station name:		River View Place Park		Form revision date: 02/17/15
3. Monitoring date:		08/04/18		4. Start time (include AM/PM):		9:24am		
5. Water conditions:		Calm	<u>Slight movement</u>	Moderate flow or waves	Rough or fast flowing			
6. Water level:		High	<u>Normal</u>	Low				
7. Overall, how aesthetically pleasing do you find the site?								
Circle <u>one</u> of the following:		Very pleasing	Somewhat pleasing	Neither pleasing nor displeasing	<u>Somewhat displeasing</u>	Very displeasing		
Please describe. List any factors that make it pleasing or not pleasing.		Smells bad → like rotting, lots strands of algae on rocks, algae floating on water, garbage in bushes						
8a. Is the color or clarity of the water unattractive?								
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
If yes, please describe:		Green/brown, not transparent						
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="checkbox"/> No <input type="checkbox"/>								
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>	<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	Foamy	Floating aquatic plants			
		<u>Natural debris</u>	<u>Neon green sheen</u>	Other (please indicate) _____				
10a. Is there floating or submerged garbage present in the water?								
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
If yes, circle visible item(s):		Building materials	Medical items	Household waste	Sewage-related litter			
		Food-related litter	Fishing-related litter	Other (please indicate) _____				
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 type="checkbox"/>								
11a. Are any other substances present in the water that are not specifically mentioned on this form?								
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
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="checkbox"/> No <input type="checkbox"/>								

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
<input type="checkbox"/> Building materials <input checked="" type="checkbox"/> Food-related litter	<input type="checkbox"/> Medical items <input type="checkbox"/> Fishing-related litter <input type="checkbox"/> Household waste <input type="checkbox"/> Sewage-related litter <input type="checkbox"/> Other (please indicate) _____

**12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?**

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

**13a. Along the shoreline, are there problem animals or problems caused by animals?**

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known and amount:

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

**14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?**

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

**15a. Are there any other shoreline substances that are not specifically mentioned on this form ?**

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

**16. Have you previously evaluated this station?**

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

Comments: Please include anything else you thought should be reported while completing this survey.

*Definitely blue-green algae in water*

**17. END TIME:**

*9:35 am*

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	<i>BGL</i>	Check box if data sheet meets quality control requirements	<input type="checkbox"/>
Aesthetic impression score:	<i>3</i>		
Assessment score:	<i>3</i>		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

✓  
ent.

### 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

<b>1. Your name:</b> Caitlynn Aaga		<b>2. Station name:</b> Riverview Place Park		Form revision date: 02/17/15			
<b>3. Monitoring date:</b> 08/10/18		<b>4. Start time (include AM/PM):</b> 9:25 am					
<b>5. Water conditions:</b>		Calm	<u>Slight movement</u> Moderate flow or waves Rough or fast flowing				
<b>6. Water level:</b>		High	<u>Normal</u> Low				
<b>7. Overall, how aesthetically pleasing do you find the site?</b>							
Circle <u>one</u> of the following:		Very pleasing	Somewhat pleasing	<u>Neither pleasing nor displeasing</u>	Somewhat displeasing	Very displeasing	Overall aesthetic impression of site
Please describe. List any factors that make it pleasing or not pleasing.		" - nice once you get on the river " - small park, small access point					
<b>8a. Is the color or clarity of the water unattractive?</b>							
If yes, please describe:		Yes		<u>No</u>			
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>							
		Yes		<u>No</u>			
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>							
<b>A. Water Color:</b>		Colorless	Red	Green	<u>Brown</u>	Other (please indicate) _____	Objectionable deposits in/characteristics of the water
<b>B. Water Clarity:</b>		Completely clear	Fairly clear	<u>Fairly cloudy</u>	Completely cloudy		
<b>C. Water Surface:</b> (Circle all that apply)		Normal	Oilly sheen	Foamy	Floating aquatic plants		
		<u>Natural debris</u>	<u>Neon green sheen</u>	Other (please indicate) _____			
<b>10a. Is there floating or submerged garbage present in the water?</b>							
If yes, circle visible item(s):		Yes		<u>No</u>			
		Building materials	Medical items	Household waste	Sewage-related litter		
		Food-related litter	Fishing-related litter	Other (please indicate) _____			
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>							
		Yes		<u>No</u>			
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>							
If yes, list what:		Yes		<u>No</u>			
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>							
		Yes		<u>No</u>			

12a. Is there garbage along the shoreline?

If yes, circle type(s):

<input 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 checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

broken glass

13a. Along the shoreline, are there problem animals or problems caused by animals?

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

<input checked="" type="radio"/> Yes	<input type="radio"/> No
Hard to access water	

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:

9:35 am

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	BK	Check box if data sheet meets quality control requirements	<input type="checkbox"/>
Aesthetic Impression score:	2		
Assessment score:	2		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

✓  
ent.

# 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

<b>1. Your name:</b> Dawson Reyer		<b>2. Station name:</b> Riverview Place park		Form revision date: 02/17/15		
<b>3. Monitoring date:</b> 8/4/18		<b>4. Start time (include AM/PM):</b> 9:24am				
<b>5. Water conditions:</b>		Calm	<input checked="" type="radio"/> Slight movement		Moderate flow or waves	Rough or fast flowing
<b>6. Water level:</b>		High	Normal		<input checked="" type="radio"/> Low	
<b>7. Overall, how aesthetically pleasing do you find the site?</b>						
Circle <u>one</u> of the following:		Very pleasing	Somewhat pleasing	Neither pleasing nor displeasing	<input checked="" type="radio"/> Somewhat displeasing	Very displeasing
Please describe. List any factors that make it pleasing or not pleasing.		Small space/access			Overall aesthetic impression of site	
<b>8a. Is the color or clarity of the water unattractive?</b>		<input checked="" type="radio"/> Yes <input type="radio"/> No				
If yes, please describe:		algae				
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>						
<input checked="" type="radio"/> Yes <input type="radio"/> No						
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance.</b>						
For water surface, please circle all applicable attributes.						
<b>A. Water Color:</b>		<input checked="" type="radio"/> Colorless	Red	Green	Brown	Other (please indicate) _____
<b>B. Water Clarity:</b>		<input checked="" type="radio"/> Completely clear	Fairly clear	Fairly cloudy	Completely cloudy	
<b>C. Water Surface:</b>		Normal	<input checked="" type="radio"/> Oily sheen	Foamy	Floating aquatic plants	
(Circle all that apply)		Natural debris	Neon green sheen	Other (please indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>						
<input checked="" type="radio"/> Yes <input type="radio"/> No						
If yes, circle visible item(s):		Building materials	Medical items	<input checked="" type="radio"/> Household waste	Sewage-related litter	
		Food-related litter	Fishing-related litter	Other (please indicate) _____		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>						
<input checked="" type="radio"/> Yes <input type="radio"/> No						
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>						
<input type="radio"/> Yes <input checked="" type="radio"/> No						
If yes, list what:						
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>						
<input type="radio"/> Yes <input checked="" type="radio"/> No						
Objectionable deposits in/characteristics of the water						

12a. Is there garbage along the shoreline?

If yes, circle type(s):

<input checked="" type="radio"/> Yes	<input type="radio"/> No
<input checked="" type="checkbox"/> Building materials <input checked="" type="checkbox"/> Food-related litter	<input checked="" type="checkbox"/> Medical items <input checked="" type="checkbox"/> Household waste <input type="checkbox"/> Sewage-related litter <input type="checkbox"/> Fishing-related litter <input type="checkbox"/> Other (please indicate) _____

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No
--------------------------------------	-------------------------------------

13a. Along the shoreline, are there problem animals or problems caused by animals?

If yes, list type(s):

<input checked="" type="radio"/> Yes	<input type="radio"/> No
goose poop	

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

<input checked="" type="radio"/> Yes	<input type="radio"/> No
excess vegetation	

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 checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

17. END TIME: 9:35 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:	3		
Assessment score:	4		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

ent. ✓

# 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: <u>Georgiana Castellanos</u>		2. Station name: <u>River Place Park</u>		Form revision date: 02/17/15
3. Monitoring date: <u>08/04/18</u>		4. Start time (include AM/PM): <u>9:24 AM</u>		
5. Water conditions:		6. Water level:		
Calm <u>Slight movement</u>		Moderate flow or waves <u>Low</u>		Overall aesthetic impression of site
High		Normal		
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. <u>Great view of the bridge! I feel this spot shows the real working on the river.</u>				
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 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 checked="" type="radio"/> Red <input 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="checkbox"/> <del>Wavy</del> <input checked="" type="checkbox"/> Oily sheen <input type="checkbox"/> Foamy <input type="checkbox"/> Floating aquatic plants				
(Circle all that apply) <input type="checkbox"/> Natural debris <input type="checkbox"/> Neon green sheen <input type="checkbox"/> Other (please indicate) _____				
10a. Is there floating or submerged garbage present in the water?				
If yes, circle visible item(s): <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No				
<input type="checkbox"/> Building materials <input type="checkbox"/> Medical Items <input checked="" type="checkbox"/> Household waste <input checked="" 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 checked="" 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 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 checked="" type="radio"/> Yes <input type="radio"/> No				

Objectionable deposits in/characteristics of the water

12a. Is there garbage along the shoreline?

If yes, circle type(s):

<input checked="" type="radio"/> Yes		<input type="radio"/> No	
Building materials	Medical Items	Household waste	Sewage-related litter
Food-related litter	Fishing-related litter	Other (please indicate) _____	

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

13a. Along the shoreline, are there problem animals or problems caused by animals?

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

<input type="radio"/> Yes	<input checked="" type="radio"/> No

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

15a. Are there any other shoreline substances that are not specifically mentioned on this form ?

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

16. Have you previously evaluated this station?

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

<input type="radio"/> Yes	<input checked="" type="radio"/> No

Comments: Please include anything else you thought should be reported while completing this survey.

--

17. END TIME:

9:35 am

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	DFW	Check box if data sheet meets quality control requirements	<input type="checkbox"/>
Aesthetic impression score:	2		
Assessment score:	1		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

✓  
EMA.

## Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Megan O'Shea, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5465, megan.oshea@wi.gov

<b>1. Your name:</b>	Lamron Childs	<b>2. Station name:</b>	River View	Form revision date: 02/17/15	
<b>3. Monitoring date:</b>	08/04/15	<b>4. Start time (include AM/PM):</b>	9:25am		
<b>5. Water conditions:</b>	Calm <input type="radio"/> Slight movement <input checked="" type="radio"/>	Moderate flow or waves <input type="radio"/>	Rough or fast flowing <input type="radio"/>		
<b>6. Water level:</b>	High <input type="radio"/>	Normal <input checked="" type="radio"/>	Low <input type="radio"/>		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle <u>one</u> of the following: <input type="radio"/> Very pleasing <input type="radio"/> Somewhat pleasing <input type="radio"/> Neither pleasing nor displeasing <input type="radio"/> Somewhat displeasing <input checked="" type="radio"/> Very displeasing					
Please describe. List any factors that make it pleasing or not pleasing. Small area with garbage					
<b>8a. Is the color or clarity of the water unattractive?</b>					
Yes <input type="radio"/> No <input checked="" type="radio"/>					
If yes, please describe:					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>					
Yes <input type="radio"/> No <input type="radio"/>					
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	Colorless <input type="radio"/>	Red <input type="radio"/>	Green <input type="radio"/>	Brown <input checked="" type="radio"/>	Other (please indicate) _____
<b>B. Water Clarity:</b>	Completely clear <input type="radio"/>	Fairly clear <input type="radio"/>	Fairly cloudy <input checked="" type="radio"/>	Completely cloudy <input type="radio"/>	
<b>C. Water Surface:</b> (Circle all that apply)	Normal <input type="radio"/>	Oily sheen <input type="radio"/>	Foamy <input checked="" type="radio"/>	Floating aquatic plants <input type="radio"/>	
	Natural debris <input type="radio"/>	Neon green sheen <input checked="" type="radio"/>	Other (please indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>					
Yes <input checked="" type="radio"/> No <input type="radio"/>					
If yes, circle visible item(s):					
<input checked="" type="radio"/> Building materials     Medical items     Household waste     Sewage-related litter <input type="radio"/> Food-related litter     Fishing-related litter     Other (please indicate) _____					
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
Yes <input type="radio"/> No <input checked="" type="radio"/>					
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
Yes <input type="radio"/> No <input checked="" type="radio"/>					
If yes, list what:					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
Yes <input type="radio"/> No <input type="radio"/>					

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"/> <b>Yes</b>		<input type="checkbox"/> <b>No</b>	
Building materials	Medical Items	<input checked="" type="checkbox"/> <b>Household waste</b>	Sewage-related litter
<input checked="" type="checkbox"/> <b>Food-related litter</b>	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"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
------------------------------------------------	------------------------------------

**13a. Along the shoreline, are there problem animals or problems caused by animals?**

If yes, list type(s):

<input type="checkbox"/> <b>Yes</b>	<input checked="" type="checkbox"/> <b>No</b>
-------------------------------------	-----------------------------------------------

**13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?**

<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
-------------------------------------	------------------------------------

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known and amount:

<input checked="" type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
------------------------------------------------	------------------------------------

**14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?**

<input checked="" type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
------------------------------------------------	------------------------------------

**15a. Are there any other shoreline substances that are not specifically mentioned on this form ?**

If yes, list type(s):

<input type="checkbox"/> <b>Yes</b>	<input checked="" type="checkbox"/> <b>No</b>
-------------------------------------	-----------------------------------------------

**15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?**

<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
-------------------------------------	------------------------------------

**16. Have you previously evaluated this station?**

<input type="checkbox"/> <b>Yes</b>	<input checked="" type="checkbox"/> <b>No</b>
-------------------------------------	-----------------------------------------------

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:**

9:35am

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	BAC	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

<b>1. Your name:</b>	JOSEPH PRESTLEY	<b>2. Station name:</b>	RIVERVIEW PLACE PK.	Form revision date: 02/17/15	
<b>3. Monitoring date:</b>	08/04/18	<b>4. Start time (include AM/PM):</b>	9:24AM		
<b>5. Water conditions:</b>	Calm <input type="checkbox"/> Slight movement <input checked="" type="checkbox"/>	Moderate flow or waves <input type="checkbox"/>	Rough or fast flowing <input type="checkbox"/>		
<b>6. Water level:</b>	High <input type="checkbox"/>	Normal <input checked="" type="checkbox"/>	Low <input type="checkbox"/>		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle <u>one</u> of the following:	Very pleasing <input type="checkbox"/>	Somewhat pleasing <input type="checkbox"/>	Neither pleasing nor displeasing <input type="checkbox"/>	Somewhat displeasing <input checked="" type="checkbox"/>	Overall aesthetic impression of site
Please describe. List any factors that make it pleasing or not pleasing.	BAD SMELL, DREDGING OPERATION, NEON ALGAE FILM				
<b>8a. Is the color or clarity of the water unattractive?</b>					
	(Yes) <input checked="" type="checkbox"/>		No <input type="checkbox"/>		
If yes, please describe:	OPAQUE, BROWN/GREEN COLOR				
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>					
	(Yes) <input checked="" type="checkbox"/>		No <input type="checkbox"/>		
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance.</b>					
<b>For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	Colorless <input type="checkbox"/>	Red <input type="checkbox"/>	Green <input type="checkbox"/>	Brown <input checked="" type="checkbox"/>	Other (please indicate) _____
<b>B. Water Clarity:</b>	Completely clear <input type="checkbox"/>	Fairly clear <input type="checkbox"/>	Fairly cloudy <input checked="" type="checkbox"/>	Completely cloudy <input type="checkbox"/>	
<b>C. Water Surface:</b> (Circle all that apply)	Normal <input type="checkbox"/>	Oily sheen <input type="checkbox"/>	Foamy <input type="checkbox"/>	Floating aquatic plants <input type="checkbox"/>	
	Natural debris <input type="checkbox"/>	Neon green sheen <input checked="" type="checkbox"/>		Other (please indicate) _____	
<b>10a. Is there floating or submerged garbage present in the water?</b>					
	(Yes) <input checked="" type="checkbox"/>		No <input type="checkbox"/>		
If yes, circle visible item(s):	Building materials <input type="checkbox"/>	Medical items <input type="checkbox"/>	Household waste <input checked="" type="checkbox"/>	Sewage-related litter <input type="checkbox"/>	
	Food-related litter <input type="checkbox"/>	Fishing-related litter <input type="checkbox"/>	Other (please indicate) _____		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
	(Yes) <input checked="" type="checkbox"/>		No <input type="checkbox"/>		
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
	Yes <input type="checkbox"/>		(No) <input checked="" type="checkbox"/>		
If yes, list what:					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
	Yes <input type="checkbox"/>		No <input type="checkbox"/>		

Objectionable deposits in/characteristics of the water

**12a. Is there garbage along the shoreline?**

If yes, circle type(s):

<input checked="" type="radio"/> Yes		<input type="radio"/> No	
Building materials	Medical items	Household waste	Sewage-related litter
<input checked="" type="radio"/> Food-related litter	Fishing-related litter	Other (please indicate) _____	

**12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**13a. Along the shoreline, are there problem animals or problems caused by animals?**

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known and amount:

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

**15a. Are there any other shoreline substances that are not specifically mentioned on this form ?**

If yes, list type(s):

<input checked="" type="radio"/> Yes	<input type="radio"/> No
STORM DRAIN RUNOFF TUBE	

**15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?**

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

**16. Have you previously evaluated this station?**

<input type="radio"/> Yes	<input checked="" type="radio"/> No
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If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

**17. END TIME:**

9:33 AM

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"/>
Aesthetic impression score:	3		
Assessment score:	3		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

✓  
ENT.

# 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:	Tiera Schultz	2. Station name:	RD Riverview Park	Form revision date: 02/17/15		
3. Monitoring date:	08/04/18	4. Start time (include AM/PM):	9:25 AM			
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"/>		<input type="radio"/> Low	
7. Overall, how aesthetically pleasing do you find the site?					Overall aesthetic impression of 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.	Noise level, lack of access, smell					
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.					Objectionable deposits in/characteristics of the water	
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"/>	<input type="radio"/>	<input type="radio"/> Other (please indicate) _____	
10a. Is there floating or submerged garbage present in the water?						
If yes, circle visible item(s):	<input checked="" type="radio"/> Yes <input type="radio"/> No					
	<input checked="" 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"/>	<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 checked="" 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 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					

**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 checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

**13a. Along the shoreline, are there problem animals or problems caused by animals?**

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known and amount:

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

**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.

Additional Feedback

**17. END TIME:**

9:35 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:	3		
Assessment score:	4		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

not ent. 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

<b>1. Your name:</b>	C Chase Reyes	<b>2. Station name:</b>	Riverview Place	Form revision date: 02/17/15		
<b>3. Monitoring date:</b>	8/14/18	<b>4. Start time (include AM/PM):</b>	9:24am			
<b>5. Water conditions:</b>	Calm	<input checked="" type="radio"/> Slight movement	Moderate flow or waves		Rough or fast flowing	
<b>6. Water level:</b>	High	Normal	<input checked="" type="radio"/> Low			
<b>7. Overall, how aesthetically pleasing do you find the site?</b>						
Circle <u>one</u> of the following:	Very pleasing	Somewhat pleasing	Neither pleasing nor displeasing	<input checked="" type="radio"/> Somewhat displeasing	Overall aesthetic impression of site	
Please describe. List any factors that make it pleasing or not pleasing.						
<b>8a. Is the color or clarity of the water unattractive?</b>						
	<input checked="" type="radio"/> Yes		<input type="radio"/> No			
If yes, please describe:						
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>						
	<input type="radio"/> Yes		<input checked="" type="radio"/> No			
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>						
<b>A. Water Color:</b>	Colorless	Red	<input checked="" type="radio"/> Green	Brown	Other (please indicate) _____	Objectionable deposits in/characteristics of the water
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	<input checked="" type="radio"/> Fairly cloudy	Completely cloudy		
<b>C. Water Surface:</b>	Normal	Oily sheen	Foamy	Floating aquatic plants		
(Circle all that apply)	Natural debris	<input checked="" type="radio"/> Neon green sheen	Other (please indicate) _____			
<b>10a. Is there floating or submerged garbage present in the water?</b>						
	<input checked="" type="radio"/> Yes		<input type="radio"/> No			
If yes, circle visible item(s):	<input checked="" type="radio"/> Building materials	<input type="radio"/> Medical items	<input checked="" type="radio"/> Household waste	<input type="radio"/> Sewage-related litter		
	<input checked="" type="radio"/> Food-related litter	<input type="radio"/> Fishing-related litter	<input type="radio"/> Other (please indicate) _____			
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>						
	<input checked="" type="radio"/> Yes		<input type="radio"/> No			
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>						
	<input type="radio"/> Yes		<input checked="" type="radio"/> No			
If yes, list what:						
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>						
	<input type="radio"/> Yes		<input type="radio"/> No			

**12a. Is there garbage along the shoreline?**

If yes, circle type(s):

<input checked="" type="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 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 checked="" type="checkbox"/> Yes	<input 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 type="checkbox"/> No
------------------------------	-----------------------------

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known and amount:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
-----------------------------------------	-----------------------------

**14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?**

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
-----------------------------------------	-----------------------------

**15a. Are there any other shoreline substances that are not specifically mentioned on this form ?**

If yes, list type(s):

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
glass	

**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?

Comments: Please include anything else you thought should be reported while completing this survey.

**17. END TIME:**

9:35am

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

Check box if data sheet meets quality control requirements

Aesthetic Impression score:

Assessment score:

Objectionable deposits on the shoreline

Additional feedback

QA/QC

✓  
not ent. QALQC

## 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

<b>1. Your name:</b>	Chris Agy	<b>2. Station name:</b>	Riverview Place Park	Form revision date: 02/17/15	
<b>3. Monitoring date:</b>	08/04/18	<b>4. Start time (include AM/PM):</b>	9:24 am		
<b>5. Water conditions:</b>	Calm <input checked="" type="radio"/> Slight movement	Moderate flow or waves	Rough or fast flowing		
<b>6. Water level:</b>	High	<input checked="" type="radio"/> Normal	Low		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle <u>one</u> of the following:	Very pleasing	<input checked="" type="radio"/> Somewhat pleasing	Neither pleasing nor displeasing	Somewhat displeasing	Overall aesthetic impression of site
Very displeasing	Calm water, trees Not pleasing: trash, smells bad				
<b>8a. Is the color or clarity of the water unattractive?</b>					
If yes, please describe:	<input checked="" type="radio"/> Yes <input type="radio"/> No				
	cloudy				
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>					
	<input checked="" type="radio"/> Yes <input type="radio"/> No				
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	Colorless	Red	<input checked="" type="radio"/> Green	<input checked="" type="radio"/> Brown	Other (please indicate) _____
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	<input checked="" type="radio"/> Fairly cloudy	Completely cloudy	
<b>C. Water Surface:</b> (Circle all that apply)	Normal	Oily sheen	Foamy	Floating aquatic plants	
	<input checked="" type="radio"/> Natural debris	<input checked="" type="radio"/> Neon green sheen	Other (please indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>					
If yes, circle visible item(s):	<input checked="" type="radio"/> Yes <input type="radio"/> No				
	Building materials	<input checked="" type="radio"/> Medical items	<input checked="" type="radio"/> Household waste	Sewage-related litter	
	<input checked="" type="radio"/> Food-related litter	Fishing-related litter		Other (please indicate) _____	
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
	<input checked="" type="radio"/> Yes <input type="radio"/> No				
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
If yes, list what:	<input type="radio"/> Yes <input checked="" type="radio"/> No				
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
	<input type="radio"/> Yes <input type="radio"/> No				

Objectionable deposits in/characteristics of the water



**12a. Is there garbage along the shoreline?**

If yes, circle type(s):

<input checked="" type="radio"/> Yes		<input type="radio"/> No	
Building materials	Medical items	Household waste	Sewage-related litter
<input checked="" type="radio"/> Food-related litter	Fishing-related litter	Other (please indicate) _____	

**12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**13a. Along the shoreline, are there problem animals or problems caused by animals?**

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known and amount:

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

**15a. Are there any other shoreline substances that are not specifically mentioned on this form ?**

If yes, list type(s):

<input checked="" type="radio"/> Yes	<input type="radio"/> No
Lots of vegetation makes it difficult to access water	

**15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?**

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

**16. Have you previously evaluated this station?**

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Less medical syringes, more blue-green algae

Comments: Please include anything else you thought should be reported while completing this survey.

**17. END TIME:**

9:31 am

**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:	

Objectionable deposits on the shoreline

Additional feedback

QA/QC

???

not ent. 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

<b>1. Your name:</b>	Dotty Juegert	<b>2. Station name:</b>	Recreation Park	Form revision date: 02/17/15	
<b>3. Monitoring date:</b>	08/04/18	<b>4. Start time (include AM/PM):</b>	9:24		
<b>5. Water conditions:</b>	Calm <input checked="" type="radio"/> <del>Slight movement</del>	Moderate flow or waves	Rough or fast flowing		
<b>6. Water level:</b>	High	<input checked="" type="radio"/> Normal	Low		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle <u>one</u> of the following:	Very pleasing	Somewhat pleasing	Neither pleasing nor displeasing	<input checked="" type="radio"/> Somewhat displeasing	Overall aesthetic impression of site
Please describe. List any factors that make it pleasing or not pleasing.	order, green water				
<b>8a. Is the color or clarity of the water unattractive?</b>					
If yes, please describe:	<input type="radio"/> Yes		<input checked="" type="radio"/> No		
	green				
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>					
	<input checked="" type="radio"/> Yes		<input type="radio"/> No		
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	Colorless	Red	<input checked="" type="radio"/> Green	Brown	Other (please indicate) _____
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	<input checked="" type="radio"/> Fairly cloudy	Completely cloudy	
<b>C. Water Surface:</b> (Circle all that apply)	Normal	Oily sheen	Foamy	Floating aquatic plants	
	Natural debris	<input checked="" type="radio"/> Neon green sheen		Other (please indicate) _____	
<b>10a. Is there floating or submerged garbage present in the water?</b>					
If yes, circle visible item(s):	<input type="radio"/> Yes		<input checked="" type="radio"/> No		
	Building materials	Medical items	Household waste	Sewage-related litter	
	Food-related litter	Fishing-related litter	Other (please indicate)	_____	
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
	<input type="radio"/> Yes		<input checked="" type="radio"/> No		
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
If yes, list what:	<input checked="" type="radio"/> Yes		<input type="radio"/> No		
	stormwater outflow pipe				
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
	<input checked="" type="radio"/> Yes		<input type="radio"/> No		

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 checked="" 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):

<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No

**13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?**

Yes  No

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known and amount:

<input checked="" 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?**

Yes  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 checked="" type="radio"/> 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:**

9:33am

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

Check box if data sheet meets quality control requirements

Aesthetic Impression score:

Assessment score:


Objectionable deposits on the shoreline

Additional feedback

QA/QC

???

not ent. DATE

# 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:	Emily Hennigiller	2. Station name:	Riverview Place Pond	Form revision date: 02/17/15
3. Monitoring date:	08/04/18	4. Start time (include AM/PM):	9:20 am	
5. Water conditions:	Calm <u>Slight movement</u> Moderate flow or waves Rough or fast flowing			
6. Water level:	High <u>Normal</u> Low			Overall aesthetic impression of site
7. Overall, how aesthetically pleasing do you find the site?	Circle <u>one</u> of the following: Very pleasing <u>Somewhat pleasing</u> Neither pleasing nor displeasing Somewhat displeasing Very displeasing Please describe. List any factors that make it pleasing or not pleasing. The shoreline is nice and natural and it's a good view of the bridge but also very industrial			
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.	Yes <u>No</u>			
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: (Circle all that apply)	Normal Oily sheen 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?	Yes <u>No</u>			
If yes, circle visible item(s):	<u>only one</u> <u>Building materials</u> 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:	rip-rap + a culvert			
11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?	Yes <u>No</u>			

**12a. Is there garbage along the shoreline?**

If yes, circle type(s):

<input checked="" type="radio"/> Yes		<input type="radio"/> No	
Building materials	Medical Items	<input checked="" type="radio"/> Household waste	Sewage-related litter
<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 type="radio"/> No
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**13a. Along the shoreline, are there problem animals or problems caused by animals?**

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
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**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
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**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known and amount:

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

**15a. Are there any other shoreline substances that are not specifically mentioned on this form ?**

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
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**15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input 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.

~~Nothing~~ Dredging  
Bad smell

**17. END TIME:**

9:35 am

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:		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

not MA. 04/02

# 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:	R. Fry Schukz	2. Station name:	River View Fork	Form revision date: 02/17/15	
3. Monitoring date:	08/04/18	4. Start time (include AM/PM):	9:25		
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.	Loss of Vegetation, Industrial Land				Overall aesthetic impression of site
8a. Is the color or clarity of the water unattractive?					
	<input type="radio"/> Yes		<input checked="" type="radio"/> No		
If yes, please describe:					
8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?					
	<input type="radio"/> Yes		<input type="radio"/> No		
9. For water color and clarity, please circle the answer choice that best describes the present appearance.					
For water surface, please circle 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 checked="" 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 checked="" type="radio"/> Yes		<input type="radio"/> No		
If yes, list what:	Fence, Submerged cement pillars				
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?**

If yes, circle type(s):

<input checked="" type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>		
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"/> <b>Yes</b>	<input checked="" type="radio"/> <b>No</b>
----------------------------------	--------------------------------------------

**13a. Along the shoreline, are there problem animals or problems caused by animals?**

If yes, list type(s):

<input type="radio"/> <b>Yes</b>	<input checked="" type="radio"/> <b>No</b>

**13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>
----------------------------------	---------------------------------

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known and amount:

<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>

**14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>
----------------------------------	---------------------------------

**15a. Are there any other shoreline substances that are not specifically mentioned on this form ?**

If yes, list type(s):

<input checked="" type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>
Paint with Felt	

**15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?**

<input checked="" type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>
---------------------------------------------	---------------------------------

**16. Have you previously evaluated this station?**

<input type="radio"/> <b>Yes</b>	<input checked="" type="radio"/> <b>No</b>
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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?

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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:**

9:32 AM
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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:			

Objectionable deposits on the shoreline

Additional feedback

QA/QC

ent

# 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:		Alexna Mikulski		2. Station name:		Voyagers Park		Form revision date: 02/17/15	
3. Monitoring date:		10/06/15		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 <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.		displeasing looking foam							
8a. Is the color or clarity of the water unattractive?									
If yes, please describe:		Yes		No					Objectionable deposits in/characteristics of the water
		Brown foam		Brown water					
8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?									
		Yes		No					
9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.									
A. Water Color:		Colorless	Red	Green	Brown		Other (please indicate) _____		
B. Water Clarity:		Completely clear	Fairly clear	Fairly cloudy		Completely cloudy			
C. Water Surface: (Circle all that apply)		Normal	Oily sheen	Foamy		Floating aquatic plants			
		Natural debris	Neon green sheen		Other (please indicate) _____				
10a. Is there floating or submerged garbage present in the water?									
If yes, circle visible item(s):		Yes		No					
		Building materials	Medical items	Household waste	Sewage-related litter				
		Food-related litter	Fishing-related litter		Other (please indicate) _____				
10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?									
		Yes		No					
11a. Are any other substances present in the water that are not specifically mentioned on this form?									
If yes, list what:		Yes		No					
11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?									
		Yes		No					



**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?

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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:**

10:22
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For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

BFH

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

DNA.

# 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:		Brady Stockwell		2. Station name:		Voyageur Park		Form revision date: 02/17/15								
3. Monitoring date:		10/06/18		4. Start time (include AM/PM):		10:17										
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		Overall aesthetic impression of site				
Please describe. List any factors that make it pleasing or not pleasing.		Not a lot of district, Large		Developed Buildings,		shoreline away from business water fowl										
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) Core and by stream									
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		Myriophyllum spicatum								
		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					

**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):

<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 if known 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?

Comments: Please include anything else you thought should be reported while completing this survey.

**17. END TIME:**

10:29

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

BTK

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

ent.

# 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

<b>1. Your name:</b>		Dan Keyer		<b>2. Station name:</b>		Voyager Park		Form revision date: 02/17/15
<b>3. Monitoring date:</b>		10/10/18		<b>4. Start time (include AM/PM):</b>		10:30am		
<b>5. Water conditions:</b>		Calm	Slight movement	Moderate flow or waves		Rough or fast flowing		
<b>6. Water level:</b>		High		Normal		Low		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>								
Circle <u>one</u> of the following:		Very pleasing	Somewhat pleasing	Neither pleasing nor displeasing		Somewhat displeasing		Overall aesthetic impression of site
Please describe. List any factors that make it pleasing or not pleasing.		Ugly factory						
<b>8a. Is the color or clarity of the water unattractive?</b>								
If yes, please describe:		Yes		No				
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>								
		Yes		No				
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>								
<b>A. Water Color:</b>		Colorless	Red	Green	Brown	Other (please indicate) _____		
<b>B. Water Clarity:</b>		Completely clear	Fairly clear	Fairly cloudy	Completely cloudy			
<b>C. Water Surface:</b> (Circle all that apply)		Normal	Oily sheen	Foamy	Floating aquatic plants			
		Natural debris	Neon green sheen	Other (please indicate) _____				
<b>10a. Is there floating or submerged garbage present in the water?</b>								
If yes, circle visible item(s):		Yes		No				
		Building materials	Medical items	Household waste	Sewage-related litter			
		Food-related litter	Fishing-related litter	Other (please indicate) _____				
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>								
		Yes		No				
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>								
If yes, list what:		Yes		No				
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>								
		Yes		No				

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):

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?**

Yes	<input checked="" type="radio"/> No
-----	-------------------------------------

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known 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?**

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	<input checked="" type="radio"/> No
-----	-------------------------------------

Comments: Please include anything else you thought should be reported while completing this survey.

**17. END TIME:**

10:21 AM

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	BGL	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

ent.

# 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

<b>1. Your name:</b>		Dannille		<b>2. Station name:</b>		Votaguer Park		Form revision date: 02/17/15
<b>3. Monitoring date:</b>		10/06/15		<b>4. Start time (include AM/PM):</b>		10:17		
<b>5. Water conditions:</b>		Calm	Slight movement	Moderate flow or waves	Rough or <u>fast flowing</u>			
<b>6. Water level:</b>		High	<u>Normal</u>			Low		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>								
Circle <u>one</u> of the following:		Very pleasing	Somewhat pleasing	<u>Neither pleasing nor displeasing</u>		Somewhat displeasing	Very displeasing	Overall aesthetic impression of site
Please describe. List any factors that make it pleasing or not pleasing.								
<b>8a. Is the color or clarity of the water unattractive?</b>								
		<u>Yes</u>			No			
If yes, please describe:		VERY DARK						
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>								
		Yes			<u>No</u>			
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>								
<b>A. Water Color:</b>		Colorless	Red	Green	<u>Brown</u>	Other (please indicate) _____		
<b>B. Water Clarity:</b>		Completely clear	Fairly clear	Fairly cloudy	<u>Completely cloudy</u>			
<b>C. Water Surface:</b> (Circle all that apply)		Normal	Oily sheen	<u>Foamy</u>	Floating aquatic plants			
		Natural debris	Neon green sheen	Other (please indicate) _____				
<b>10a. Is there floating or submerged garbage present in the water?</b>								
		<u>Yes</u>			<u>No</u>			
If yes, circle visible item(s):		Building materials	Medical items	Household waste	Sewage-related litter			
		Food-related litter	Fishing-related litter	Other (please indicate) _____				
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>								
		Yes			<u>No</u>			
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>								
		<u>Yes</u>			<u>No</u>			
If yes, list what:								
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>								
		Yes			<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 type="radio"/> No
-----	--------------------------

**13a. Along the shoreline, are there problem animals or problems caused by animals?**

If yes, list type(s):

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?**

Yes	<input checked="" type="radio"/> No
-----	-------------------------------------

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known 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 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.

--

**17. END TIME:**

10:20
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For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	<i>Ben</i>	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

ent.

# 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:		Dawson Reyer		2. Station name:		Voyager Park		Form revision date: 02/17/15
3. Monitoring date:		10/10/18		4. Start time (include AM/PM):		10:19am		
5. Water conditions:		Calm	<u>Slight movement</u>	Moderate flow or waves	Rough or fast flowing			Overall aesthetic impression of site
6. Water level:		<u>High</u>	Normal	Low				
7. Overall, how aesthetically pleasing do you find the site?								
Circle <u>one</u> of the following:		Very pleasing	<u>Somewhat pleasing</u>	Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing		Objectionable deposits in/characteristics of the water
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:		<u>Yes</u>	No					
		green & foamy						
8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?								
		<u>Yes</u>	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	<u>Green</u>	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	<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 what:		<u>Yes</u>		<u>No</u>				
11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?								
		<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
Food-related litter	Fishing-related litter	Other (please indicate) <u>CIGARS</u>	

**12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?**

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

**13a. Along the shoreline, are there problem animals or problems caused by animals?**

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input 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?**

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

Comments: Please include anything else you thought should be reported while completing this survey.

--

**17. END TIME:**

10:20am

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

BAK

Check box if data sheet meets quality control requirements

Aesthetic impression score:

1

Assessment score:

2

Objectionable deposits on the shoreline

Additional feedback

QA/QC

ent.

# 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:	Erica Kern		2. Station name:	Woyager	
3. Monitoring date:	10 min 01/18		4. Start time (include AM/PM):		
5. Water conditions:	Calm	<u>Slight movement</u>	Moderate flow or waves	Rough or fast flowing	
6. Water level:	<u>High</u>	Normal	Low		
7. Overall, how aesthetically pleasing do you find the site?					
Circle <u>one</u> of the following:	<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?					
Yes <u>No</u>					
If yes, please describe:					
8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?					
Yes <u>No</u>					
9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.					
A. Water Color:	<u>Colorless</u>	Red	Green	Brown	Other (please indicate) <u>Gray</u>
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?					
Yes <u>No</u>					
If yes, circle visible item(s):					
Building materials		Medical items	Household waste	Sewage-related litter	
Food-related litter		Fishing-related litter		Other (please indicate) _____	
10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?					
Yes <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>					

Foam revision date: 02/17/15

Overall aesthetic impression of site

Objectionable deposits in/characteristics of the water

Handwritten mark

**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:**

10:29

**For volunteer coordinator/DNR use only**

Date the data sheet was reviewed by contractor:

BK

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

EM.

# 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:		Georgina Castellanos		2. Station name:		Novocam Park		Form revision date: 02/17/15				
3. Monitoring date:		10/08/18		4. Start time (include AM/PM):		10:17 A						
5. Water conditions:		Calm	Slight movement	Moderate flow or waves		Rough or fast flowing						
6. Water level:		High	Normal		Low							
7. Overall, how aesthetically pleasing do you find the site?												
Circle <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?												
If yes, please describe:		Yes		No								
8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?												
		Yes		No								
9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.												
A. Water Color:		Colorless	Red	Green	Brown		Other (please indicate) _____					
B. Water Clarity:		Completely clear	Fairly clear	Fairly cloudy		Completely cloudy						
C. Water Surface: (Circle all that apply)		Normal	Oily sheen	Foamy		Floating aquatic plants						
		Natural debris	Neon green sheen	Other (please indicate) _____								
10a. Is there floating or submerged garbage present in the water?												
If yes, circle visible item(s):		Yes		No								
		Building materials	Medical items	Household waste	Sewage-related litter							
		Food-related litter	Fishing-related litter	Other (please indicate) _____								
10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?												
		Yes		No								
11a. Are any other substances present in the water that are not specifically mentioned on this form?												
If yes, list what:		Yes		No								
11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?												
		Yes		No								

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 type="radio"/> No
-----	--------------------------

13a. Along the shoreline, are there problem animals or problems caused by animals?

If yes, list type(s):

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?

Yes	<input type="radio"/> No
-----	--------------------------

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known 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 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?

Comments: Please include anything else you thought should be reported while completing this survey.

17. END TIME:

10:20 AM

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	B. Brink	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

ent.

# 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

<b>1. Your name:</b>		Jeane Drover		<b>2. Station name:</b>		Voyager Park		Form revision date: 02/17/15
<b>3. Monitoring date:</b>		10-16-18		<b>4. Start time (include AM/PM):</b>		10:17 am		
<b>5. Water conditions:</b>		Calm	Slight movement	Moderate flow or waves		Rough or fast flowing		
<b>6. Water level:</b>		High		Normal		Low		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>								
Circle <u>one</u> of the following:		Very pleasing	Somewhat pleasing		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.								
<b>8a. Is the color or clarity of the water unattractive?</b>								
If yes, please describe:		Yes		No				
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>								
		Yes		No				
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>								
<b>A. Water Color:</b>		Colorless	Red	Green		Brown	Other (please indicate) _____	
<b>B. Water Clarity:</b>		Completely clear	Fairly clear	Fairly cloudy		Completely cloudy		
<b>C. Water Surface:</b> (Circle all that apply)		Normal	Oily sheen	Foamy		Floating aquatic plants		
		Natural debris	Neon green sheen	Other (please indicate) _____				
<b>10a. Is there floating or submerged garbage present in the water?</b>								
If yes, circle visible item(s):		Yes		No				
		Building materials	Medical items	Household waste	Sewage-related litter			
		Food-related litter	Fishing-related litter	Other (please indicate) _____				
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>								
		Yes		No				
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>								
If yes, list what:		Yes		No				
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>								
		Yes		No				

Objectionable deposits in/characteristics of the water

**12a. Is there garbage along the shoreline?**

If yes, circle type(s):

<input checked="" type="radio"/> Yes	<input type="radio"/> No
Building materials	Medical Items Household waste Sewage-related litter
Food-related litter	Fishing-related litter Other (please indicate) <u>Cig. butts</u>

**12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**13a. Along the shoreline, are there problem animals or problems caused by animals?**

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known and amount:

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

**15a. Are there any other shoreline substances that are not specifically mentioned on this form ?**

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

**16. Have you previously evaluated this station?**

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

About the same

Comments: Please include anything else you thought should be reported while completing this survey.

**17. END TIME:**

10:23 am

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	<u>Berk</u>	Check box if data sheet meets quality control requirements	<input type="checkbox"/>
Aesthetic impression score:	<u>1</u>		
Assessment score:	<u>0</u>		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

ent.

# 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:		Katherine Zitt		2. Station name:		Wagawong Park		Form revision date: 02/17/15	
3. Monitoring date:		10/06/18		4. Start time (include AM/PM):		10:17 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 <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	Overall aesthetic impression of site
Please describe. List any factors that make it pleasing or not pleasing.		Park beautiful. Dock area less so.							
8a. Is the color or clarity of the water unattractive?									
If yes, please describe:		<input checked="" type="radio"/> Yes		<input type="radio"/> No					
		Water grey foamy. Nothing to recommend it.							
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	Green	Brown	<input checked="" type="radio"/> Other (please indicate) Grey			
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?									
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 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?**

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 type="radio"/> No
-----	--------------------------

**13a. Along the shoreline, are there problem animals or problems caused by animals?**

If yes, list type(s):

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?**

Yes	<input type="radio"/> No
-----	--------------------------

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known 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 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
<i>Great deal of foam everywhere</i>	

**15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?**

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

**16. Have you previously evaluated this station?**

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Yes	<input checked="" type="radio"/> No
-----	-------------------------------------

Comments: Please include anything else you thought should be reported while completing this survey.

*Better maintained than most but water clarity & quality still a problem.*

**17. END TIME:**

*10:23 AM*

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	<i>BEV</i>	Check box if data sheet meets quality control requirements	<input type="checkbox"/>
Aesthetic impression score:	<i>0</i>		
Assessment score:	<i>2</i>		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

EMA

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Megan O'Shea, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5465, megan.oshea@wi.gov

<b>1. Your name:</b>		Kyle Kupsky		<b>2. Station name:</b>		Voyageur Park		Form revision date: 02/17/15
<b>3. Monitoring date:</b>		10/06/18		<b>4. Start time (include AM/PM):</b>		10:15 AM		
<b>5. Water conditions:</b>		Calm	<u>Slight movement</u>	Moderate flow or waves	Rough or fast flowing			Overall aesthetic impression of site
<b>6. Water level:</b>		<u>High</u>	Normal	Low				
<b>7. Overall, how aesthetically pleasing do you find the site?</b>								
Circle <u>one</u> of the following:		<u>Very pleasing</u>	Somewhat pleasing	Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing		
Please describe. List any factors that make it pleasing or not pleasing.								
<b>8a. Is the color or clarity of the water unattractive?</b>								
If yes, please describe:		Yes			<u>No</u>			
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>								
		Yes			No			
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>								
<b>A. Water Color:</b>		Colorless	Red	<u>Green</u>	Brown	Other (please indicate) _____		
<b>B. Water Clarity:</b>		Completely clear	Fairly clear	<u>Fairly cloudy</u>	Completely cloudy			
<b>C. Water Surface:</b> (Circle all that apply)		<u>Normal</u>	Oily sheen	<u>Foamy</u>	Floating aquatic plants			
		Natural debris	Neon green sheen	Other (please indicate) _____				
<b>10a. Is there floating or submerged garbage present in the water?</b>								
If yes, circle visible item(s):		Yes			<u>No</u>			
		Building materials	Medical items	Household waste	Sewage-related litter			
		Food-related litter	Fishing-related litter	Other (please indicate) _____				
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>								
		Yes			No			
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>								
If yes, list what:		Yes			<u>No</u>			
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>								
		Yes			No			

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 type="radio"/> No
-----	--------------------------

**13a. Along the shoreline, are there problem animals or problems caused by animals?**

If yes, list type(s):

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?**

Yes	<input type="radio"/> No
-----	--------------------------

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known 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 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 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?

--

Comments: Please include anything else you thought should be reported while completing this survey.

--

**17. END TIME:**

10:22

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

BEN

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

ent.

# 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

<b>1. Your name:</b>		Megan Huff		<b>2. Station name:</b>		Voyager Park		Form revision date: 02/17/15
<b>3. Monitoring date:</b>		10/10/2018		<b>4. Start time (include AM/PM):</b>		10:15		
<b>5. Water conditions:</b>		Calm	<u>Slight movement</u>	Moderate flow or waves	Rough or fast flowing			
<b>6. Water level:</b>		High	<u>Normal</u>	Low				
<b>7. Overall, how aesthetically pleasing do you find the site?</b>								
Circle <u>one</u> of the following:		Very pleasing	<u>Somewhat pleasing</u>	Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing		
Please describe. List any factors that make it pleasing or not pleasing.		Pleasing: well maintained docks, seating, water access			Displeasing: not any native veg water quality			
<b>8a. Is the color or clarity of the water unattractive?</b>								
If yes, please describe:		<u>Yes</u>		No				
		cloudy, sediment & turbid						
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>								
		<u>Yes</u>			<u>No</u>			
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>								
<b>A. Water Color:</b>		Colorless	Red	Green	<u>Brown</u>	Other (please indicate) _____		
<b>B. Water Clarity:</b>		Completely clear	Fairly clear	<u>Fairly cloudy</u>	Completely cloudy			
<b>C. Water Surface:</b> (Circle all that apply)		Normal	Oily sheen	<u>Foamy</u>	Floating aquatic plants			
		<u>Natural debris</u>	Neon green sheen	Other (please indicate) _____				
<b>10a. Is there floating or submerged garbage present in the water?</b>								
If yes, circle visible item(s):		<u>Yes</u>		<u>No</u>				
		Building materials	Medical items	Household waste	Sewage-related litter			
		Food-related litter	Fishing-related litter	Other (please indicate) _____				
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>								
		<u>Yes</u>			<u>No</u>			
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>								
If yes, list what:		<u>Yes</u>		<u>No</u>				
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>								
		<u>Yes</u>			<u>No</u>			

Overall aesthetic impression of site

Objectionable deposits in/characteristics of the water

**12a. Is there garbage along the shoreline?**

If yes, circle type(s):

<input checked="" type="radio"/> Yes	<input type="radio"/> No
Building materials	Medical Items Household waste Sewage-related litter
<input checked="" type="radio"/> Food-related litter	<input checked="" type="radio"/> Fishing-related litter Other (please indicate) _____

**12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**13a. Along the shoreline, are there problem animals or problems caused by animals?**

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known and amount:

<input checked="" type="radio"/> Yes	<input type="radio"/> No
algae, phragmites, red canary grass	

**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.

I wish there were more ~~land~~ parcels of native vegetation, and not just turf grass, however, it is a well maintained park, great public access to water

**17. END TIME:**

10:30

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

Beth

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

ent.

# 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:	Violet McKeown			2. Station name:	Voyager Park			Form revision date: 02/17/15
3. Monitoring date:	10/6/18			4. Start time (include AM/PM):	10:15 AM			
5. Water conditions:	Calm	Slight movement	<u>Moderate flow or waves</u>	Rough or fast flowing				
6. Water level:	High		Normal		Low			
7. Overall, how aesthetically pleasing do you find the site?								Overall aesthetic impression of 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. Great park, the view is beautiful!								
8a. Is the color or clarity of the water unattractive?								Objectionable deposits in/characteristics of the water
If yes, please describe: <u>Yes</u> No Foamy, the water is gray								
8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?								
<u>Yes</u> 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	<u>Other (please indicate) Gray</u>			
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	<u>Neon green sheen</u>		Other (please indicate) _____				
10a. Is there floating or submerged garbage present in the water?								
<u>Yes</u> <u>No</u>								
If yes, circle visible item(s):								
<u>Building materials</u>		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?								
<u>Yes</u> <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?								
<u>Yes</u> <u>No</u>								

**12a. Is there garbage along the shoreline?**

If yes, circle type(s):

<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No
<input checked="" type="checkbox"/> Building materials	Medical items    Household waste    Sewage-related litter
Food-related litter	Fishing-related litter    Other (please indicate) _____

**12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?**

<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?

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Comments: Please include anything else you thought should be reported while completing this survey.

--

**17. END TIME:**

10:22 AM

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

B. Cole

Check box if data sheet meets quality control requirements

Aesthetic impression score:

0

Assessment score:

1

Objectionable deposits on the shoreline

Additional feedback

QA/QC

not mt. RA/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

<b>1. Your name:</b>		Chase Revel		<b>2. Station name:</b>		Voyager Park		Form revision date: 02/17/15
<b>3. Monitoring date:</b>		10/20/18		<b>4. Start time (include AM/PM):</b>		10:18		
<b>5. Water conditions:</b>		Calm	Slight movement	Moderate flow or waves		Rough or fast flowing		
<b>6. Water level:</b>		High	Normal		Low			
<b>7. Overall, how aesthetically pleasing do you find the site?</b>								
Circle <u>one</u> of the following:		Very pleasing	Somewhat pleasing	Neither pleasing nor displeasing	Somewhat displeasing		Very displeasing	Overall aesthetic impression of site
Please describe. List any factors that make it pleasing or not pleasing.								
<b>8a. Is the color or clarity of the water unattractive?</b>								
If yes, please describe:		Yes			No			
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>								
		Yes			No			
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>								
<b>A. Water Color:</b>		Colorless	Red	Green	Brown	Other (please indicate) _____		
<b>B. Water Clarity:</b>		Completely clear	Fairly clear	Fairly cloudy	Completely cloudy			
<b>C. Water Surface:</b> (Circle all that apply)		Normal	Oily sheen	Foamy	Floating aquatic plants			
		Natural debris	Neon green sheen	Other (please indicate) _____				
<b>10a. Is there floating or submerged garbage present in the water?</b>								
If yes, circle visible item(s):		Yes			No			
		Building materials	Medical items	Household waste	Sewage-related litter			
		Food-related litter	Fishing-related litter	Other (please indicate) _____				
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>								
		Yes			No			
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>								
If yes, list what:		Yes			No			
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>								
		Yes			No			

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	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	
poop			

**13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?**

Yes	No
-----	----

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known and amount:

Yes	<input checked="" type="radio"/> 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	<input checked="" type="radio"/> No
-----	-------------------------------------

**15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?**

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

**16. Have you previously evaluated this station?**

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

Vary foamy

**17. END TIME:**

10:20

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

Check box if data sheet meets quality control requirements

Aesthetic impression score:

Assessment score:

Objectionable deposits on the shoreline

Additional feedback

QA/QC

# 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

ent.  
W. Lazzarre  
Avenue

<b>1. Your name:</b>	Chase Rexel	<b>2. Station name:</b>	<del>W. Lazzarre Avenue</del>	Form revision date: 02/17/15	
<b>3. Monitoring date:</b>	7/14/18	<b>4. Start time (include AM/PM):</b>	9:25 am		
<b>5. Water conditions:</b>	Calm <input type="checkbox"/> <u>Slight movement</u> <input checked="" type="checkbox"/>	Moderate flow or waves <input type="checkbox"/>	Rough or fast flowing <input type="checkbox"/>		
<b>6. Water level:</b>	High <input type="checkbox"/>	<u>Normal</u> <input checked="" type="checkbox"/>	Low <input type="checkbox"/>		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle <u>one</u> of the following: <input checked="" type="radio"/> Very pleasing <input type="radio"/> Somewhat pleasing <input type="radio"/> Neither pleasing nor displeasing <input type="radio"/> Somewhat displeasing <input type="radio"/> Very displeasing					
Please describe. List any factors that make it pleasing or not pleasing.					
<b>8a. Is the color or clarity of the water unattractive?</b>					
Yes <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/>					
If yes, please describe:					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>					
Yes <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/>					
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	<u>Colorless</u> <input checked="" type="checkbox"/>	Red <input type="checkbox"/>	Green <input type="checkbox"/>	Brown <input type="checkbox"/>	Other (please indicate) _____
<b>B. Water Clarity:</b>	Completely clear <input type="checkbox"/>	<u>Fairly clear</u> <input checked="" type="checkbox"/>	Fairly cloudy <input type="checkbox"/>	Completely cloudy <input type="checkbox"/>	
<b>C. Water Surface:</b> (Circle all that apply)	<u>Normal</u> <input checked="" type="checkbox"/>	Oily sheen <input type="checkbox"/>	Foamy <input type="checkbox"/>	Floating aquatic plants <input type="checkbox"/>	
	Natural debris <input type="checkbox"/>	Neon green sheen <input type="checkbox"/>	Other (please indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>					
Yes <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/>					
If yes, circle visible item(s):					
Building materials <input type="checkbox"/> Medical items <input type="checkbox"/> Household waste <input type="checkbox"/> Sewage-related litter <input type="checkbox"/> Food-related litter <input type="checkbox"/> Fishing-related litter <input type="checkbox"/> Other (please indicate) _____					
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
Yes <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/>					
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
Yes <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/>					
If yes, list what:					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
Yes <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/>					

Objectionable deposits in/characteristics of the water

**12a. Is there garbage along the shoreline?**

If yes, circle type(s):

<input checked="" type="radio"/> Yes		<input type="radio"/> No	
Building materials	Medical Items	Household waste	Sewage-related litter
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 checked="" type="radio"/> Yes	<input type="radio"/> No
ROCKS	

**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:**

9:35 am
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For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	BSK	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

ent.

### 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

<b>1. Your name:</b>	Dawson Reyer	<b>2. Station name:</b>	W. Lazarre Ave	Form revision date: 02/17/15	
<b>3. Monitoring date:</b>	7/14/18	<b>4. Start time (include AM/PM):</b>	10:28am		
<b>5. Water conditions:</b>	Calm	<input checked="" type="radio"/> Slight movement	Moderate flow or waves		Rough or fast flowing
<b>6. Water level:</b>	High	<input checked="" type="radio"/> Normal			Low
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle <u>one</u> of the following:	Very pleasing	<input checked="" type="radio"/> Somewhat pleasing	Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing
Please describe. List any factors that make it pleasing or not pleasing.	Clean water				Overall aesthetic impression of site
<b>8a. Is the color or clarity of the water unattractive?</b>	Yes <input type="radio"/> No <input checked="" type="radio"/>				
If yes, please describe:					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>	Yes <input type="radio"/> No <input checked="" type="radio"/>				
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	<input checked="" type="radio"/> Colorless	Red	Green	Brown	Other (please indicate) _____
<b>B. Water Clarity:</b>	<input checked="" type="radio"/> Completely clear	Fairly clear	Fairly cloudy	Completely cloudy	
<b>C. Water Surface:</b> (Circle all that apply)	<input checked="" type="radio"/> Normal	Oily sheen	Foamy	Floating aquatic plants	
	Natural debris	Neon green sheen	Other (please indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>					
	Yes <input type="radio"/> No <input checked="" type="radio"/>				
If yes, circle visible item(s):	Building materials	Medical items	Household waste	Sewage-related litter	
	Food-related litter	Fishing-related litter	Other (please indicate) _____		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
	Yes <input type="radio"/> No <input checked="" type="radio"/>				
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
	Yes <input type="radio"/> No <input checked="" type="radio"/>				
If yes, list what:					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
	Yes <input type="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):

<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) <u>HUNTING</u>	

**12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?**

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

**13a. Along the shoreline, are there problem animals or problems caused by animals?**

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
-	

**13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known and amount:

<input checked="" type="radio"/> Yes	<input type="radio"/> No
<u>bushy plants</u>	

**14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**15a. Are there any other shoreline substances that are not specifically mentioned on this form ?**

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
-	

**15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**16. Have you previously evaluated this station?**

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

-
---

Comments: Please include anything else you thought should be reported while completing this survey.

-
---

**17. END TIME:**

9:35 am

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	<u>Ben</u>	Check box if data sheet meets quality control requirements	<input type="checkbox"/>
Aesthetic impression score:	<u>1</u>		
Assessment score:	<u>1</u>		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

ent.

### 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

<b>1. Your name:</b>	Jeane Drover		<b>2. Station name:</b>	W. Lazarre Ave.		Form revision date: 02/17/15
<b>3. Monitoring date:</b>	07/14/18		<b>4. Start time (include AM/PM):</b>	9:25 am		
<b>5. Water conditions:</b>	Calm	<input checked="" type="radio"/> Slight movement	Moderate flow or waves	<input type="radio"/> Rough or fast flowing		
<b>6. Water level:</b>	High	<input checked="" type="radio"/> Normal	Low			
<b>7. Overall, how aesthetically pleasing do you find the site?</b>						
Circle <u>one</u> of the following: Very pleasing <input checked="" type="radio"/> Somewhat pleasing    Neither pleasing nor displeasing    Somewhat displeasing    Very displeasing						
Please describe. List any factors that make it pleasing or not pleasing. Water is fairly clear here						
<b>8a. Is the color or clarity of the water unattractive?</b>						
If yes, please describe: Yes <input checked="" type="radio"/> No						
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>						
Yes <input type="radio"/> No						
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>						
<b>A. Water Color:</b>	Colorless	Red	Green	<input checked="" type="radio"/> Brown	Other (please indicate) _____	
<b>B. Water Clarity:</b>	Completely clear	<input checked="" type="radio"/> Fairly clear	Fairly cloudy	Completely cloudy		
<b>C. Water Surface:</b> (Circle all that apply)	<input checked="" type="radio"/> Normal	Oily sheen	Foamy	Floating aquatic plants		
	Natural debris	Neon green sheen	Other (please indicate) _____			
<b>10a. Is there floating or submerged garbage present in the water?</b>						
If yes, circle visible item(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) _____						
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>						
Yes <input type="radio"/> No						
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>						
If yes, list what: Yes <input checked="" type="radio"/> No						
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>						
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	<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 checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Less garbage here now.

Comments: Please include anything else you thought should be reported while completing this survey.

-

**17. END TIME:**

9:35am

**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:	1		
Assessment score:	0		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

✓  
EVA.

## 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

<b>1. Your name:</b>	Mathewina Zitt	<b>2. Station name:</b>	45. LAZZAR AVE	Form revision date: 02/17/15	
<b>3. Monitoring date:</b>	07/16/15	<b>4. Start time (include AM/PM):</b>	9:25 AM		
<b>5. Water conditions:</b>	Calm <input type="checkbox"/> Slight movement <input checked="" type="checkbox"/>	Moderate flow or waves <input type="checkbox"/>	Rough or fast flowing <input type="checkbox"/>		
<b>6. Water level:</b>	High <input type="checkbox"/>	Normal <input checked="" type="checkbox"/>	Low <input type="checkbox"/>		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle <u>one</u> of the following:	Very pleasing <input type="checkbox"/> Somewhat pleasing <input type="checkbox"/> Neither pleasing nor displeasing <input type="checkbox"/> Somewhat displeasing <input checked="" type="checkbox"/> Very displeasing <input type="checkbox"/>			Overall aesthetic impression of site	
Please describe. List any factors that make it pleasing or not pleasing.	water does not look at all inviting. Dirty looking				
<b>8a. Is the color or clarity of the water unattractive?</b>					
If yes, please describe:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> green, murky, algae			Objectionable deposits in/characteristics of the water	
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>					
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	Colorless <input type="checkbox"/>	Red <input type="checkbox"/>	Green <input checked="" type="checkbox"/>		Brown <input checked="" type="checkbox"/>
<b>B. Water Clarity:</b>	Completely clear <input type="checkbox"/>	Fairly clear <input type="checkbox"/>	Fairly cloudy <input checked="" type="checkbox"/>	Completely cloudy <input type="checkbox"/>	
<b>C. Water Surface:</b> (Circle all that apply)	Normal <input type="checkbox"/>	Oily sheen <input type="checkbox"/>	Foamy <input type="checkbox"/>	Floating aquatic plants <input checked="" type="checkbox"/>	
	Natural debris <input type="checkbox"/>	Neon green sheen <input checked="" type="checkbox"/>	Other (please indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>					
If yes, circle visible item(s):	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Building materials <input checked="" type="checkbox"/> Medical items <input type="checkbox"/> Household waste <input checked="" type="checkbox"/> Sewage-related litter <input type="checkbox"/> Food-related litter <input type="checkbox"/> Fishing-related litter <input type="checkbox"/> Other (please indicate) _____			Objectionable deposits in/characteristics of the water	
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
If yes, list what:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			Objectionable deposits in/characteristics of the water	
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				



**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

Buckthorn

**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

garbage everywhere

**15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?**

Yes  No

**16. Have you previously evaluated this station?**

Yes  No

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

\_\_\_\_\_

Comments: Please include anything else you thought should be reported while completing this survey.

This place is just plain dirty

**17. END TIME:**

9:36 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:	3		
Assessment score:	4		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

✓  
CNA.

### 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

<b>1. Your name:</b>	Laura Zeit	<b>2. Station name:</b>	West Lazarre Ave.	Form revision date: 02/17/15		
<b>3. Monitoring date:</b>	07/14/18	<b>4. Start time (include AM/PM):</b>	9:28 am			
<b>5. Water conditions:</b>	Calm <u>slight movement</u>	Moderate flow or waves	Rough or fast flowing			
<b>6. Water level:</b>	High	Normal	<u>Low</u>			
<b>7. Overall, how aesthetically pleasing do you find the site?</b>						
Circle <u>one</u> of the following:	Very pleasing	Somewhat pleasing	<u>Neither pleasing nor displeasing</u>	Somewhat displeasing	Very displeasing	Overall aesthetic impression of site
Please describe. List any factors that make it pleasing or not pleasing.	Looks small and unused.					
<b>8a. Is the color or clarity of the water unattractive?</b>						
If yes, please describe:	Yes _____ <u>No</u> _____					Objectionable deposits in/characteristics of the water
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>						
Yes _____ No _____						
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>						
<b>A. Water Color:</b>	Colorless	Red	Green	<u>Brown</u>	Other (please indicate) _____	
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	<u>Fairly cloudy</u>	Completely cloudy		
<b>C. Water Surface:</b> (Circle all that apply)	<u>Normal</u>	Oily sheen	Foamy	<u>Floating aquatic plants</u>		
	Natural debris	Neon green sheen	Other (please indicate) _____			
<b>10a. Is there floating or submerged garbage present in the water?</b>						
If yes, circle visible item(s):	Yes _____ <u>No</u> _____					
	Building materials	Medical items	Household waste	Sewage-related litter		
	Food-related litter	Fishing-related litter	Other (please indicate) _____			
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>						
Yes _____ <u>No</u> _____						
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>						
If yes, list what:	Yes _____ <u>No</u> _____					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>						
Yes _____ <u>No</u> _____						

**12a. Is there garbage along the shoreline?**

If yes, circle type(s):

<input checked="" type="radio"/> Yes	<input type="radio"/> No
<input checked="" 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 checked="" type="checkbox"/> Fishing-related litter <input type="checkbox"/> Other (please indicate) _____	

**12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**13a. Along the shoreline, are there problem animals or problems caused by animals?**

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known and amount:

<input checked="" type="radio"/> Yes	<input type="radio"/> No
Buckthorn has choked out other vegetation.	

**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?

X

Comments: Please include anything else you thought should be reported while completing this survey.

Gravel is nice for launching kayaks.

**17. END TIME:**

9:36 am

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	Belle	Check box if data sheet meets quality control requirements	<input type="checkbox"/>
Aesthetic Impression score:	2		
Assessment score:	1		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

## Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Megan O'Shea, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5465, megan.oshea@wi.gov

<b>1. Your name:</b>	Lily McKelvey	<b>2. Station name:</b>	W. West Lorraine Ave	Form revision date: 02/17/15		
<b>3. Monitoring date:</b>	7/14/2018	<b>4. Start time (include AM/PM):</b>	9:30am			
<b>5. Water conditions:</b>	Calm <u>Slight movement</u>	Moderate flow or waves	Rough or fast flowing			
<b>6. Water level:</b>	High	<u>Normal</u>	Low			
<b>7. Overall, how aesthetically pleasing do you find the site?</b>						
Circle <u>one</u> of the following:	Very pleasing	<u>Somewhat pleasing</u>	Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing	Overall aesthetic impression of site
Please describe. List any factors that make it pleasing or not pleasing.	The water is cloudy.					
<b>8a. Is the color or clarity of the water unattractive?</b>						
If yes, please describe:	<u>Yes</u> You can only see 2 feet of clear water, then the rest of it is brown/tan.				Objectionable deposits in/characteristics of the water	
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>	<u>Yes</u> No					
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>						
<b>A. Water Color:</b>	Colorless	Red	Green	<u>Brown</u>		Other (please indicate) _____
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	Fairly cloudy	<u>Completely cloudy</u>		
<b>C. Water Surface:</b> (Circle all that apply)	<u>Natural debris</u>	Olly sheen	Foamy	<u>Floating aquatic plants</u>	Other (please indicate) _____	
<b>10a. Is there floating or submerged garbage present in the water?</b>						
If yes, circle visible item(s):	<u>Yes</u> <u>No</u>					
	Building materials	Medical items	Household waste	Sewage-related litter		
	Food-related litter	Fishing-related litter	Other (please indicate) _____			
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>						
	<u>Yes</u> No					
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>						
If yes, list what:	<u>Yes</u> No There's a good sized tree stump right in the middle of the launch					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>						
	<u>Yes</u> No					

**12a. Is there garbage along the shoreline?**

If yes, circle type(s):

<input checked="" type="radio"/> Yes		<input type="radio"/> No	
Building materials	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 type="radio"/> No
--------------------------------------	--------------------------

**13a. Along the shoreline, are there problem animals or problems caused by animals?**

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
-	

**13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input type="radio"/> No
-	

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known and amount:

<input checked="" type="radio"/> Yes	<input type="radio"/> No
buckhorn is present.	

**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.

There is a trail leading to the water which would be hard to carry the kayak down, and there looks to be fairly large rocks on the bottom which could damage the

**17. END TIME:**

9:36am

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	BSK	Check box if data sheet meets quality control requirements	<input type="checkbox"/>
Aesthetic impression score:	0		
Assessment score:	B		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

BSK

✓ ent

### 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

<b>1. Your name:</b>		<i>Patsy Gavin</i>		<b>2. Station name:</b>		<i>Altona W. Lezay Ave.</i>		Form revision date: 02/17/15				
<b>3. Monitoring date:</b>		<i>July 14, 2018</i>		<b>4. Start time (include AM/PM):</b>		<i>9:20am</i>						
<b>5. Water conditions:</b>		Calm <input type="checkbox"/> <u>Slight movement</u> <input checked="" type="checkbox"/>		Moderate flow or waves <input type="checkbox"/>		Rough or fast flowing <input type="checkbox"/>						
<b>6. Water level:</b>		<u>High</u> <input checked="" type="checkbox"/>		<u>Normal</u> <input checked="" type="checkbox"/>		Low <input type="checkbox"/>						
<b>7. Overall, how aesthetically pleasing do you find the site?</b>												
Circle <u>one</u> of the following:		Very pleasing <input type="checkbox"/>		<u>Somewhat pleasing</u> <input checked="" type="checkbox"/>		Neither pleasing nor displeasing <input type="checkbox"/>		Somewhat displeasing <input type="checkbox"/>		Very displeasing <input type="checkbox"/>		Overall aesthetic impression of site
Please describe. List any factors that make it pleasing or not pleasing.		<i>greenery, quiet (except for nearness to busy highway bridge)</i>										
<b>8a. Is the color or clarity of the water unattractive?</b>									Objectable deposits in/characteristics of the water			
If yes, please describe:		<u>Yes</u> <input checked="" type="checkbox"/>		No <input type="checkbox"/>								
		<i>greenish brown</i>										
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>									Objectable deposits in/characteristics of the water			
		Yes <input type="checkbox"/>		<u>No</u> <input checked="" type="checkbox"/>								
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>									Objectable deposits in/characteristics of the water			
<b>A. Water Color:</b>		Colorless <input type="checkbox"/>		Red <input type="checkbox"/>		Green <input type="checkbox"/>		<u>Brown</u> <input checked="" type="checkbox"/>		Other (please indicate) _____		
<b>B. Water Clarity:</b>		Completely clear <input type="checkbox"/>		Fairly clear <input type="checkbox"/>		<u>Fairly cloudy</u> <input checked="" type="checkbox"/>		Completely cloudy <input type="checkbox"/>				
<b>C. Water Surface:</b> (Circle all that apply)		Normal <input type="checkbox"/>		Oily sheen <input type="checkbox"/>		Foamy <input type="checkbox"/>		<u>Floating aquatic plants</u> <input checked="" type="checkbox"/>		<i>None</i>		
		Natural debris <input type="checkbox"/>		Neon green sheen <input type="checkbox"/>		Other (please indicate) _____						
<b>10a. Is there floating or submerged garbage present in the water?</b>									Objectable deposits in/characteristics of the water			
If yes, circle visible item(s):		<u>Yes</u> <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) _____						
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>									Objectable deposits in/characteristics of the water			
		Yes <input type="checkbox"/>		<u>No</u> <input checked="" type="checkbox"/>								
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>									Objectable deposits in/characteristics of the water			
If yes, list what:		<u>Yes</u> <input checked="" type="checkbox"/>		No <input type="checkbox"/>								
		<i>floating aquatic plants</i>										
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>									Objectable deposits in/characteristics of the water			
		Yes <input type="checkbox"/>		<u>No</u> <input checked="" type="checkbox"/>								

**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	<del>Household waste</del>	Sewage-related litter
Food-related litter	<del>Fishing-related litter</del>	plastic	Other (please indicate) <u>cigarette butt</u>

**12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?**

Yes  No

**13a. Along the shoreline, are there problem animals or problems caused by animals?**

If yes, list type(s):

Yes  No

**13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?**

Yes  No

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known and amount:

<input checked="" type="radio"/> Yes		<input type="radio"/> No	
<u>buckthorn, invasive species - Lots of it</u>			

**14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?**

Yes  No

**15a. Are there any other shoreline substances that are not specifically mentioned on this form?**

If yes, list type(s):

Yes  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.

(kayak site)  
storm drain to the left of path - looks like it could bring in garbage like very nice sign board. Small parking lot. plastic. There's a walking trail starting here, too - NICE

**17. END TIME:**

9:40 am

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	<u>BEK</u>	Check box if data sheet meets quality control requirements	<input type="checkbox"/>
Aesthetic impression score:	<u>1</u>		
Assessment score:	<u>0</u>		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

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

<b>1. Your name:</b>	Roche Springs	<b>2. Station name:</b>	W. Lorraine Ave	Form revision date: 02/17/15	
<b>3. Monitoring date:</b>	07/14/18	<b>4. Start time (include AM/PM):</b>	9:28 am		
<b>5. Water conditions:</b>	Calm <input type="radio"/> Slight movement <input checked="" type="radio"/>	Moderate flow or waves <input type="radio"/>	Rough or fast flowing <input type="radio"/>		
<b>6. Water level:</b>	High <input type="radio"/>	Normal <input checked="" type="radio"/>	Low <input type="radio"/>		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle <u>one</u> of the following:	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 <input type="radio"/>			Overall aesthetic impression of site	
Please describe. List any factors that make it pleasing or not pleasing.	pleasing - water much more clear displeasing - trash on the shore				
<b>8a. Is the color or clarity of the water unattractive?</b>					
If yes, please describe:	Yes <input type="radio"/> No <input checked="" type="radio"/>			Objectionable deposits in/characteristics of the water	
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>	Yes <input type="radio"/> No <input checked="" type="radio"/>				
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	<input checked="" type="radio"/> Colorless	<input type="radio"/> Red	<input type="radio"/> Green		<input checked="" type="radio"/> Brown
<b>B. Water Clarity:</b>	<input type="radio"/> Completely clear	<input checked="" type="radio"/> Fairly clear	<input checked="" type="radio"/> Fairly cloudy	<input type="radio"/> Completely cloudy	
<b>C. Water Surface:</b> (Circle all that apply)	<input checked="" type="radio"/> Normal	<input type="radio"/> Oily sheen	<input type="radio"/> Foamy	<input type="radio"/> Floating aquatic plants	
	<input type="radio"/> Natural debris	<input type="radio"/> Neon green sheen	<input type="radio"/> Other (please indicate) <u>kind of cloudy</u>		
<b>10a. Is there floating or submerged garbage present in the water?</b>					
If yes, circle visible item(s):	Yes <input checked="" type="radio"/> No <input type="radio"/>			Objectionable deposits in/characteristics of the water	
	<input type="radio"/> Building materials	<input type="radio"/> Medical items	<input checked="" 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) <u>plastic</u>		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
	Yes <input type="radio"/> No <input checked="" type="radio"/>				
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
If yes, list what:	Yes <input type="radio"/> No <input checked="" type="radio"/>				
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
	Yes <input type="radio"/> No <input checked="" type="radio"/>				



**12a. Is there garbage along the shoreline?**

If yes, circle type(s):

<input checked="" type="radio"/> Yes	<input type="radio"/> No
<input type="checkbox"/> Building materials <input checked="" type="checkbox"/> Food-related litter	<input type="checkbox"/> Medical items <input checked="" type="checkbox"/> Fishing-related litter <input checked="" type="checkbox"/> Household waste <input type="checkbox"/> Sewage-related litter <input type="checkbox"/> Other (please indicate) _____

**12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**13a. Along the shoreline, are there problem animals or problems caused by animals?**

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
_____ _____	

**13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known and amount:

<input type="radio"/> Yes	<input checked="" type="radio"/> No
_____ _____	

**14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

**15a. Are there any other shoreline substances that are not specifically mentioned on this form ?**

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
_____ _____	

**15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

**16. Have you previously evaluated this station?**

<input 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.

Aside from the litter & somewhat cloudy water, the site is visually appealing in terms of water quality.

**17. END TIME:**

9:34 AM

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	Belle	Check box if data sheet meets quality control requirements	<input type="checkbox"/>
Aesthetic impression score:	3		
Assessment score:	0		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

# 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

✓  
ent.

<b>1. Your name:</b>	Violet McKeefry	<b>2. Station name:</b>	West Lazzarre Ave.	Form revision: date: 02/17/15		
<b>3. Monitoring date:</b>	7/14/18	<b>4. Start time (include AM/PM):</b>	9:29 AM			
<b>5. Water conditions:</b>	Calm <input type="checkbox"/> <u>Slight movement</u> <input checked="" type="checkbox"/>	Moderate flow or waves <input type="checkbox"/>	Rough or fast flowing <input type="checkbox"/>			
<b>6. Water level:</b>	High <input type="checkbox"/>	<u>Normal</u> <input checked="" type="checkbox"/>	Low <input type="checkbox"/>			
<b>7. Overall, how aesthetically pleasing do you find the site?</b>						
Circle <u>one</u> of the following:	Very pleasing <input type="checkbox"/>	<u>Somewhat pleasing</u> <input checked="" type="checkbox"/>	Neither pleasing nor displeasing <input type="checkbox"/>	Somewhat displeasing <input type="checkbox"/>	Very displeasing <input type="checkbox"/>	
Please describe. List any factors that make it pleasing or not pleasing.	I love the scenery! I love all of the nature too!				Overall aesthetic impression of site	
<b>8a. Is the color or clarity of the water unattractive?</b>						
If yes, please describe:	<u>Yes</u> <input checked="" type="checkbox"/> Not so clear and some algae. <u>No</u> <input type="checkbox"/>					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>						
	<u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> <input type="checkbox"/>					
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>						
<b>A. Water Color:</b>	Colorless <input type="checkbox"/>	Red <input type="checkbox"/>	<u>Green</u> <input checked="" type="checkbox"/>	<u>Brown</u> <input checked="" type="checkbox"/>		Other (please indicate) _____
<b>B. Water Clarity:</b>	Completely clear <input type="checkbox"/>	Fairly clear <input type="checkbox"/>	Fairly cloudy <input type="checkbox"/>	<u>Completely cloudy</u> <input checked="" type="checkbox"/>		
<b>C. Water Surface:</b> (Circle all that apply)	<u>Normal</u> <input checked="" type="checkbox"/>	Oily sheen <input type="checkbox"/>	Foamy <input type="checkbox"/>	<u>Floating aquatic plants</u> <input checked="" type="checkbox"/>		
	<u>Natural debris</u> <input checked="" type="checkbox"/>	<u>Neon green sheen</u> <input checked="" type="checkbox"/>	Other (please indicate) _____			
<b>10a. Is there floating or submerged garbage present in the water?</b>						
If yes, circle visible item(s):	<u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> <input type="checkbox"/> <input checked="" type="checkbox"/> Building materials      Medical items <input checked="" type="checkbox"/> Household waste      Sewage-related litter Food-related litter      Fishing-related litter      Other (please indicate) _____					
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>						
	<u>Yes</u> <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/>					
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>						
If yes, list what:	<u>Yes</u> <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/>					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>						
	<u>Yes</u> <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/>					

Objectable deposits in/characteristics of the water

**12a. Is there garbage along the shoreline?**

If yes, circle type(s):

<input checked="" type="radio"/> Yes	<input type="radio"/> No
<input checked="" 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 checked="" type="checkbox"/> Fishing-related litter <input checked="" type="checkbox"/> Other (please indicate) <u>plastic</u>	

**12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?**

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

**13a. Along the shoreline, are there problem animals or problems caused by animals?**

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
-	

**13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known and amount:

<input checked="" type="radio"/> Yes	<input type="radio"/> No
<u>Buckthorn (everywhere)</u>	

**14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**15a. Are there any other shoreline substances that are not specifically mentioned on this form ?**

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
-	

**15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**16. Have you previously evaluated this station?**

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

-
---

Comments: Please include anything else you thought should be reported while completing this survey.

-
---

**17. END TIME:**

9:36 AM

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	<u>BGV</u>	Check box if data sheet meets quality control requirements	<input type="checkbox"/>
Aesthetic impression score:	<u>1</u>		
Assessment score:	<u>2</u>		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

not ent. *MA/BC*

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Megan O'Shea, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5465, megan.oshea@wi.gov

<b>1. Your name:</b>	<i>Derak P. Hyden</i>	<b>2. Station name:</b>	<i>Kayaker Pt.</i>	Form revision date: 02/17/15		
<b>3. Monitoring date:</b>	<i>07/17/18</i>	<b>4. Start time (include AM/PM):</b>	<i>9:28 am</i>			
<b>5. Water conditions:</b>	Calm	<input checked="" type="radio"/> Slight movement	Moderate flow or waves		Rough or fast flowing	
<b>6. Water level:</b>	<input checked="" type="radio"/> High	Normal	Low			
<b>7. Overall, how aesthetically pleasing do you find the site?</b>						
Circle <u>one</u> of the following:	Very pleasing	<input checked="" type="radio"/> Somewhat pleasing	Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing	
Please describe. List any factors that make it pleasing or not pleasing.	<i>trees, berries, rocks</i>				Overall aesthetic impression of site	
<b>8a. Is the color or clarity of the water unattractive?</b>						
If yes, please describe:	<input checked="" type="radio"/> Yes		<input type="radio"/> No			
	<i>Muddy, green</i>					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>						
	<input checked="" type="radio"/> Yes		<input type="radio"/> No			
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>						
<b>A. Water Color:</b>	Colorless	Red	<input checked="" type="radio"/> Green	<input checked="" type="radio"/> Brown		Other (please indicate) _____
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	<input checked="" type="radio"/> Fairly cloudy	Completely cloudy		
<b>C. Water Surface:</b> (Circle all that apply)	Normal	Oily sheen	Foamy	<input checked="" type="radio"/> Floating aquatic plants		
	<input checked="" type="radio"/> Natural debris	Neon green sheen	Other (please indicate) _____			
<b>10a. Is there floating or submerged garbage present in the water?</b>						
If yes, circle visible item(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	<input checked="" type="radio"/> Other (please indicate)	<i>Plastic</i>		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>						
	<input type="radio"/> Yes		<input checked="" type="radio"/> No			
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>						
If yes, list what:	<input type="radio"/> Yes		<input checked="" type="radio"/> No			
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>						
	<input type="radio"/> Yes		<input checked="" type="radio"/> No			

Objectable deposits in/characteristics of the water

???

12a. Is there garbage along the shoreline?

If yes, circle type(s):

<input checked="" type="radio"/> Yes	<input type="radio"/> No
<input checked="" type="checkbox"/> Building materials <input checked="" type="checkbox"/> Food-related litter	<input type="checkbox"/> Medical items <input checked="" type="checkbox"/> Fishing-related litter <input type="checkbox"/> Household waste <input type="checkbox"/> Sewage-related litter <input type="checkbox"/> Other (please indicate) <i>Cigarettes</i>

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?

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:

9:33 AM

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:	1		
Assessment score:	3		

QA/QC

not ent. 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: Lauren Nokes 2. Station name: Kayaker's Point

3. Monitoring date: 07/14/18 4. Start time (include AM/PM): 9:30 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.  
Smelly

8a. Is the color or clarity of the water unattractive?

If yes, please describe: Yes No  
brownish-green, somewhat opaque

8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?

Yes No

9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.

A. Water Color: Colorless Red Green Brown Other (please indicate) \_\_\_\_\_

B. Water Clarity: Completely clear Fairly clear Fairly cloudy Completely cloudy

C. Water Surface: Normal Oily sheen Foamy Floating aquatic plants  
(Circle all that apply) Natural debris Neon green sheen Other (please indicate) \_\_\_\_\_

10a. Is there floating or submerged garbage present in the water?

If yes, circle visible item(s): Yes No  
Building materials Medical items Household waste Sewage-related litter  
Food-related litter Fishing-related litter Other (please indicate) \_\_\_\_\_

10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?

Yes No

11a. Are any other substances present in the water that are not specifically mentioned on this form?

If yes, list what: Yes No

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

12

12a. Is there garbage along the shoreline?

If yes, circle type(s):

<input checked="" type="radio"/> Yes	<input type="radio"/> No
Building materials	Medical Items Household waste Sewage-related litter
Food-related litter	Fishing-related litter Other (please indicate) <u>plastic</u>

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

13a. Along the shoreline, are there problem animals or problems caused by animals?

If yes, list type(s):

<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No
<u>somewhat buggy</u>	

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:

9:35 AM

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:	<u>1</u>	
Assessment score:	<u>3</u>	

Objectionable deposits on the shoreline

Additional feedback

QA/QC

✓  
Not on file. DAIAC

### 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

<b>1. Your name:</b>	Nancy Graham	<b>2. Station name:</b>	W. Lazzarre	Form revision date: 02/17/15		
<b>3. Monitoring date:</b>	7-14-18	<b>4. Start time (include AM/PM):</b>	9:30am			
<b>5. Water conditions:</b>	Calm <u>Slight movement</u>	Moderate flow or waves	Rough or fast flowing			
<b>6. Water level:</b>	High	<u>Normal</u>	Low			
<b>7. Overall, how aesthetically pleasing do you find the site?</b>						
Circle <u>one</u> of the following:	Very pleasing	<u>Somewhat pleasing</u>	Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing	Overall aesthetic impression of site
Please describe. List any factors that make it pleasing or not pleasing.	much buckthorn					
<b>8a. Is the color or clarity of the water unattractive?</b>						
If yes, please describe:	<u>Yes</u>		No			Objectionable deposits in/characteristics of the water
	green					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>						
	<u>Yes</u>		<u>No</u>			
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>						
<b>A. Water Color:</b>	Colorless	Red	<u>Green</u>	Brown	Other (please indicate)	
<b>B. Water Clarity:</b>	Completely clear	Fairly clear	<u>Fairly cloudy</u>	Completely cloudy		
<b>C. Water Surface:</b> (Circle all that apply)	<u>Normal</u>	Oily sheen	Foamy	Floating aquatic plants		
	Natural debris	Neon <u>green sheen</u>	Other (please indicate)			
<b>10a. Is there floating or submerged garbage present in the water?</b>						
If yes, circle visible item(s):	<u>Yes</u>		<u>No</u>			
	Building materials	Medical items	Household waste	Sewage-related litter		
	Food-related litter	Fishing-related litter	Other (please indicate)			
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>						
	<u>Yes</u>		<u>No</u>			
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>						
If yes, list what:	<u>Yes</u>		<u>No</u>			
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>						
	<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
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):

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

buckthorn

**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:**

9:36 am

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: 1	
Assessment score: 3	

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):

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:**

9:45

**For volunteer coordinator/DNR use only**

Date the data sheet was reviewed by contractor:

Boke

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

✓  
LMA

## 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

<b>1. Your name:</b>	Anna Hooley	<b>2. Station name:</b>	Weider <del>har</del> <sup>har</sup>	Form revision date: 02/17/15	
<b>3. Monitoring date:</b>	08/04/18	<b>4. Start time (include AM/PM):</b>	9:44am		
<b>5. Water conditions:</b>	<input checked="" type="radio"/> Calm <input type="radio"/> Slight movement <input type="radio"/> Moderate flow or waves <input type="radio"/> Rough or fast flowing				
<b>6. Water level:</b>	<input type="radio"/> High <input checked="" type="radio"/> Normal <input type="radio"/> Low				
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle <u>one</u> of the following: <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. Dead fish, garbage in water, lots of duck weed holding in litter					
<b>8a. Is the color or clarity of the water unattractive?</b>					
<input checked="" type="radio"/> Yes <input type="radio"/> No					
If yes, please describe: Brown					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>					
<input checked="" type="radio"/> Yes <input type="radio"/> No					
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	<input type="radio"/> Colorless	<input type="radio"/> Red	<input type="radio"/> Green	<input checked="" type="radio"/> Brown	<input type="radio"/> Other (please indicate) _____
<b>B. Water Clarity:</b>	<input type="radio"/> Completely clear	<input type="radio"/> Fairly clear	<input checked="" type="radio"/> Fairly cloudy	<input type="radio"/> Completely cloudy	
<b>C. Water Surface:</b>	<input type="radio"/> Normal	<input type="radio"/> Oily sheen	<input type="radio"/> Foamy	<input checked="" type="radio"/> Floating aquatic plants	
(Circle all that apply)	<input type="radio"/> Natural debris	<input type="radio"/> Neon green sheen	<input type="radio"/> Other (please indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>					
<input checked="" type="radio"/> Yes <input type="radio"/> No					
If yes, circle visible item(s):					
<input checked="" type="radio"/> Building materials		<input type="radio"/> Medical items		<input type="radio"/> Household waste	
<input checked="" type="radio"/> Food-related litter		<input checked="" type="radio"/> Fishing-related litter		<input type="radio"/> Sewage-related litter	
<input type="radio"/> Other (please indicate) _____					
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
<input checked="" type="radio"/> Yes <input type="radio"/> No					
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
<input type="radio"/> Yes <input checked="" type="radio"/> No					
If yes, list what:					
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
<input type="radio"/> Yes <input type="radio"/> No					

Overall aesthetic impression of site

Objectionable deposits in/characteristics of the water

**12a. Is there garbage along the shoreline?**

If yes, circle type(s):

<input checked="" type="radio"/> <b>Yes</b>		<input type="radio"/> <b>No</b>	
Building materials	Medical items	<input checked="" type="radio"/> <b>Household waste</b>	Sewage-related litter
<input checked="" type="radio"/> <b>Food-related litter</b>	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"/> <b>Yes</b>	<input type="radio"/> <b>No</b>
---------------------------------------------	---------------------------------

**13a. Along the shoreline, are there problem animals or problems caused by animals?**

If yes, list type(s):

<input type="radio"/> <b>Yes</b>	<input checked="" type="radio"/> <b>No</b>
----------------------------------	--------------------------------------------

**13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> <b>Yes</b>	<input checked="" type="radio"/> <b>No</b>
----------------------------------	--------------------------------------------

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known and amount:

<input checked="" type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>
<i>Phragmites</i>	

**14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?**

<input checked="" type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>
---------------------------------------------	---------------------------------

**15a. Are there any other shoreline substances that are not specifically mentioned on this form ?**

If yes, list type(s):

<input type="radio"/> <b>Yes</b>	<input checked="" type="radio"/> <b>No</b>
----------------------------------	--------------------------------------------

**15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> <b>Yes</b>	<input checked="" type="radio"/> <b>No</b>
----------------------------------	--------------------------------------------

**16. Have you previously evaluated this station?**

<input type="radio"/> <b>Yes</b>	<input checked="" type="radio"/> <b>No</b>
----------------------------------	--------------------------------------------

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.

*Tons of Duck weed*

**17. END TIME:**

*9:56 am*

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	<i>TB</i>	Check box if data sheet meets quality control requirements	<input type="checkbox"/>
Aesthetic impression score:	<i>4</i>		
Assessment score:	<i>3</i>		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

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# Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Megan O'Shea, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5465, megan.oshea@wi.gov

<b>1. Your name:</b>		Brady Stockwell		<b>2. Station name:</b>		Weiler wharf		Form revision date: 02/17/15		
<b>3. Monitoring date:</b>		10/08/18		<b>4. Start time (include AM/PM):</b>		9:40				
<b>5. Water conditions:</b>		<input checked="" type="radio"/> Calm		<input type="radio"/> Slight movement		<input type="radio"/> Moderate flow or waves			<input type="radio"/> Rough or fast flowing	
<b>6. Water level:</b>		<input type="radio"/> High		<input checked="" type="radio"/> Normal		<input type="radio"/> Low		Overall aesthetic impression of site		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>										
Circle <u>one</u> of the following:		<input checked="" type="radio"/> Very pleasing		<input type="radio"/> Somewhat pleasing		<input type="radio"/> Neither pleasing nor displeasing			<input type="radio"/> Somewhat displeasing	<input type="radio"/> Very displeasing
Please describe. List any factors that make it pleasing or not pleasing.										
<b>8a. Is the color or clarity of the water unattractive?</b>										
If yes, please describe:		<input type="radio"/> Yes		<input checked="" type="radio"/> No						
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>										
		<input type="radio"/> Yes		<input checked="" type="radio"/> No						
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>										
<b>A. Water Color:</b>		<input type="radio"/> Colorless		<input type="radio"/> Red		<input checked="" type="radio"/> Green		<input type="radio"/> Brown	<input type="radio"/> Other (please indicate) _____	
<b>B. Water Clarity:</b>		<input type="radio"/> Completely clear		<input checked="" type="radio"/> Fairly clear		<input type="radio"/> Fairly cloudy		<input type="radio"/> Completely cloudy		
<b>C. Water Surface:</b> (Circle all that apply)		<input checked="" type="radio"/> Normal		<input type="radio"/> Oily sheen		<input type="radio"/> Foamy		<input type="radio"/> Floating aquatic plants		
		<input type="radio"/> Natural debris		<input type="radio"/> Neon green sheen		<input type="radio"/> Other (please indicate) _____				
<b>10a. Is there floating or submerged garbage present in the water?</b>										
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) _____				
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>										
		<input type="radio"/> Yes		<input checked="" type="radio"/> No						
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>										
If yes, list what:		<input type="radio"/> Yes		<input checked="" type="radio"/> No						
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>										
		<input type="radio"/> Yes		<input checked="" type="radio"/> No						

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 checked="" 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 checked="" type="radio"/> Yes	<input type="radio"/> No
Benthoins, Phragmites,	

**14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**15a. Are there any other shoreline substances that are not specifically mentioned on this form ?**

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No

**15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input type="radio"/> No
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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?

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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:**

9:46
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For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

BELC

Check box if data sheet meets quality control requirements

Aesthetic impression score:

8

Assessment score:

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
<input type="checkbox"/> Building materials <input checked="" type="checkbox"/> Food-related litter	<input type="checkbox"/> Medical items <input checked="" type="checkbox"/> Fishing-related litter
<input type="checkbox"/> Household waste	<input type="checkbox"/> Sewage-related litter <input type="checkbox"/> Other (please indicate) _____

**12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**13a. Along the shoreline, are there problem animals or problems caused by animals?**

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No

**13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known and amount:

<input checked="" type="radio"/> Yes	<input type="radio"/> No
purple loosestrife & lots of other veg.	

**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:**

9:55 am

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

BFW

Check box if data sheet meets quality control requirements

Aesthetic impression score:

1

Assessment score:

1

Objectionable deposits on the shoreline

Additional feedback

QA/QC

# 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



<b>1. Your name:</b>	Chase, Ryan	<b>2. Station name:</b>	Wetzel Wharf	Form revision date: 02/17/15	
<b>3. Monitoring date:</b>	mm/dd/yy	<b>4. Start time (include AM/PM):</b>	9:45am		
<b>5. Water conditions:</b>	<input checked="" type="radio"/> Calm	<input type="radio"/> Slight movement	<input type="radio"/> Moderate flow or waves		<input type="radio"/> Rough or fast flowing
<b>6. Water level:</b>	<input type="radio"/> High	<input checked="" type="radio"/> Normal	<input type="radio"/>		<input type="radio"/> Low
<b>7. Overall, how aesthetically pleasing do you find the site?</b>					
Circle <u>one</u> of the following:					
	<input type="radio"/> Very pleasing	<input checked="" type="radio"/> Somewhat pleasing	<input type="radio"/> Neither pleasing nor displeasing	<input type="radio"/> Somewhat displeasing	<input type="radio"/> Very displeasing
Please describe. List any factors that make it pleasing or not pleasing.					
<b>8a. Is the color or clarity of the water unattractive?</b>					
If yes, please describe:					
	<input checked="" type="radio"/> Yes	<input type="radio"/> No			
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>					
	<input checked="" type="radio"/> Yes	<input type="radio"/> No			
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>					
<b>A. Water Color:</b>	<input checked="" type="radio"/> Colorless	<input type="radio"/> Red	<input checked="" type="radio"/> Green	<input type="radio"/> Brown	<input type="radio"/> Other (please indicate) _____
<b>B. Water Clarity:</b>	<input type="radio"/> Completely clear	<input type="radio"/> Fairly clear	<input type="radio"/> Fairly cloudy	<input checked="" type="radio"/> Completely cloudy	
<b>C. Water Surface:</b>	<input type="radio"/> Normal	<input type="radio"/> Oily sheen	<input type="radio"/> Foamy	<input checked="" type="radio"/> Floating aquatic plants	
(Circle all that apply)	<input type="radio"/> Natural debris	<input type="radio"/> Neon green sheen	<input type="radio"/> Other (please indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>					
If yes, circle visible item(s):					
	<input checked="" type="radio"/> Building materials	<input type="radio"/> Medical items	<input checked="" type="radio"/> Household waste	<input type="radio"/> Sewage-related litter	
	<input checked="" type="radio"/> Food-related litter	<input type="radio"/> Fishing-related litter	<input type="radio"/> Other (please indicate) _____		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>					
	<input checked="" type="radio"/> Yes	<input type="radio"/> No			
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>					
If yes, list what:					
	<input type="radio"/> Yes	<input checked="" type="radio"/> No			
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>					
	<input type="radio"/> Yes	<input type="radio"/> No			

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	<input checked="" type="radio"/> Household waste	Sewage-related litter
<input checked="" type="radio"/> Food-related litter	Fishing-related litter	Other (please indicate) _____	

**12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?**

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

**13a. Along the shoreline, are there problem animals or problems caused by animals?**

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known and amount:

<input checked="" type="radio"/> Yes	<input type="radio"/> No
<i>Duckweed</i>	

**14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?**

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

**15a. Are there any other shoreline substances that are not specifically mentioned on this form ?**

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

**16. Have you previously evaluated this station?**

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

**17. END TIME:**

*9:54 am*

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	<i>Perk</i>	Check box if data sheet meets quality control requirements	<input type="checkbox"/>
Aesthetic impression score:	<i>1</i>		
Assessment score:	<i>4</i>		

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

<b>1. Your name:</b>	Chris Acy	<b>2. Station name:</b>	Water Wharf	Form revision date: 02/17/15		
<b>3. Monitoring date:</b>	08/04/18	<b>4. Start time (include AM/PM):</b>	9:44 am			
<b>5. Water conditions:</b>	<input checked="" type="radio"/> Calm	<input type="radio"/> Slight movement	<input type="radio"/> Moderate flow or waves		<input type="radio"/> Rough or fast flowing	
<b>6. Water level:</b>	<input type="radio"/> High	<input checked="" type="radio"/> Normal	<input type="radio"/>		<input type="radio"/> Low	
<b>7. Overall, how aesthetically pleasing do you find the site?</b>						
Circle <u>one</u> of the following:	<input type="radio"/> Very pleasing	<input checked="" type="radio"/> Somewhat pleasing	<input type="radio"/> Neither pleasing nor displeasing	<input type="radio"/> Somewhat displeasing	<input type="radio"/> Very displeasing	
Please describe. List any factors that make it pleasing or not pleasing.	Green, trees, calm water, little infrastructure				Overall aesthetic impression of site	
<b>8a. Is the color or clarity of the water unattractive?</b>						
If yes, please describe:	<input type="radio"/> Yes	<input checked="" type="radio"/> No				
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>						
	<input type="radio"/> Yes	<input type="radio"/> No				
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>						
<b>A. Water Color:</b>	<input checked="" type="radio"/> Colorless	<input type="radio"/> Red	<input type="radio"/> Green	<input type="radio"/> Brown		<input type="radio"/> Other (please indicate) _____
<b>B. Water Clarity:</b>	<input type="radio"/> Completely clear	<input checked="" type="radio"/> Fairly clear	<input type="radio"/> Fairly cloudy	<input type="radio"/> Completely cloudy		
<b>C. Water Surface:</b>	<input checked="" type="radio"/> Normal	<input type="radio"/> Oily sheen	<input type="radio"/> Foamy	<input checked="" type="radio"/> Floating aquatic plants		
(Circle all that apply)	<input checked="" type="radio"/> Natural debris	<input type="radio"/> Neon green sheen	<input type="radio"/> Other (please indicate) _____			
<b>10a. Is there floating or submerged garbage present in the water?</b>						
If yes, circle visible item(s):	<input checked="" type="radio"/> Yes	<input type="radio"/> No				
	<input type="radio"/> Building materials	<input checked="" type="radio"/> Medical items	<input checked="" type="radio"/> Household waste	<input type="radio"/> Sewage-related litter		
	<input checked="" type="radio"/> Food-related litter	<input checked="" type="radio"/> Fishing-related litter	<input type="radio"/> Other (please indicate) <u>Dead fish</u>			
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>						
	<input checked="" type="radio"/> Yes	<input type="radio"/> No				
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>						
If yes, list what:	<input type="radio"/> Yes	<input checked="" type="radio"/> No				
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>						
	<input type="radio"/> Yes	<input type="radio"/> No				

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	<input checked="" type="radio"/> Medical items	<input checked="" type="radio"/> Household waste	Sewage-related litter
<input checked="" type="radio"/> Food-related litter	Fishing-related litter	Other (please indicate) _____	

**12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?**

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

**13a. Along the shoreline, are there problem animals or problems caused by animals?**

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known and amount:

<input checked="" type="radio"/> Yes	<input type="radio"/> No
Phragmites, 50% of vegetation Purple loosestrife, patches of 3-4 m <sup>2</sup>	

**14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**15a. Are there any other shoreline substances that are not specifically mentioned on this form ?**

If yes, list type(s):

<input checked="" type="radio"/> Yes	<input 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.

Several terns, herons, native plants in water

**17. END TIME:**

9:55 am

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:	1		
Assessment score:	2		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

ent.

# 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:	Dan Royer	2. Station name:	Victor Wharf
3. Monitoring date:	10/06/18	4. Start time (include AM/PM):	9:40am

Form revision  
date: 02/17/15

5. Water conditions:	Calm	light movement	Moderate flow or waves	Rough or fast flowing
6. Water level:	High	Normal	Low	

7. Overall, how aesthetically pleasing do you find the site?

Circle one of the following: Very pleasing, Somewhat pleasing, Neither pleasing nor displeasing, Somewhat displeasing, Very displeasing

Please describe. List any factors that make it pleasing or not pleasing.

lots of willow trees

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 all applicable attributes.

A. Water Color: Colorless, Red, Green, Brown, Other (please indicate)

B. Water Clarity: Completely clear, Fairly clear, Fairly cloudy, Completely cloudy

C. Water Surface: Normal, Oily sheen, Foamy, Floating aquatic plants, Natural debris, Neon green sheen, Other (please indicate)

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 what:

Yes No

11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?

Yes No

**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?**

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

Comments: Please include anything else you thought should be reported while completing this survey.

**17. END TIME:**

9:50 AM

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

B. Mc

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

✓  
LMA.

### 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

<b>1. Your name:</b> Dawson Reyer		<b>2. Station name:</b> Weiter wharf		Form revision date: 02/17/15
<b>3. Monitoring date:</b> 8/4/18		<b>4. Start time (include AM/PM):</b> 9:44am		
<b>5. Water conditions:</b> <input checked="" type="radio"/> Calm    Slight movement    Moderate flow or waves    Rough or fast flowing				
<b>6. Water level:</b> High <input checked="" type="radio"/> Normal    Low				
<b>7. Overall, how aesthetically pleasing do you find the site?</b>				
Circle <u>one</u> of the following: Very pleasing <input checked="" type="radio"/> Somewhat pleasing    Neither pleasing nor displeasing    Somewhat displeasing    Very displeasing				
Please describe. List any factors that make it pleasing or not pleasing.				
<b>8a. Is the color or clarity of the water unattractive?</b>				
If yes, please describe: <input checked="" type="radio"/> Yes    No green				
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>				
<input checked="" type="radio"/> Yes    No				
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>				
<b>A. Water Color:</b> Colorless    Red <input checked="" type="radio"/> Green    Brown    Other (please indicate)				
<b>B. Water Clarity:</b> Completely clear    Fairly clear <input checked="" type="radio"/> Fairly cloudy    Completely cloudy				
<b>C. Water Surface:</b> Normal    Oily sheen    Foamy <input checked="" type="radio"/> Floating aquatic plants				
(Circle all that apply) Natural debris    Neon green sheen    Other (please indicate)				
<b>10a. Is there floating or submerged garbage present in the water?</b>				
If yes, circle visible item(s): <input checked="" type="radio"/> Yes    No Building materials    Medical items    Household waste    Sewage-related litter <input checked="" type="radio"/> Food-related litter    Fishing-related litter    Other (please indicate)				
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>				
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No				
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>				
If yes, list what: <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No duck weed				
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>				
<input checked="" type="radio"/> Yes <input 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 checked="" 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.

Its pretty here

**17. END TIME:**

9:53 am

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:	1		
Assessment score:	1		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

ENA.

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Megan O'Shea, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5465, megan.oshea@wi.gov

<b>1. Your name:</b>		Dawson Reyer		<b>2. Station name:</b>		Wietor Wharf		Form revision date: 02/17/15			
<b>3. Monitoring date:</b>		10/16/18		<b>4. Start time (include AM/PM):</b>		9:38 am					
<b>5. Water conditions:</b>		<input checked="" type="radio"/> Calm		<input type="radio"/> Slight movement		<input type="radio"/> Moderate flow or waves		<input type="radio"/> Rough or fast flowing			
<b>6. Water level:</b>		<input checked="" type="radio"/> High		<input type="radio"/> Normal		<input type="radio"/> Low		Overall aesthetic impression of site			
<b>7. Overall, how aesthetically pleasing do you find the site?</b>											
Circle <u>one</u> of the following:		<input checked="" type="radio"/> Very pleasing		<input type="radio"/> Somewhat pleasing		<input type="radio"/> Neither pleasing nor displeasing			<input type="radio"/> Somewhat displeasing		<input type="radio"/> Very displeasing
Please describe. List any factors that make it pleasing or not pleasing.		It's pretty here									
<b>8a. Is the color or clarity of the water unattractive?</b>									Objectionable deposits in/characteristics of the water		
If yes, please describe:		Yes		<input checked="" type="radio"/> No							
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>											
		Yes		<input checked="" type="radio"/> No							
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>											
<b>A. Water Color:</b>		<input checked="" type="radio"/> Colorless		<input type="radio"/> Red		<input type="radio"/> Green		<input type="radio"/> Brown		<input type="radio"/> Other (please indicate) _____	
<b>B. Water Clarity:</b>		<input type="radio"/> Completely clear		<input type="radio"/> Fairly clear		<input checked="" type="radio"/> Fairly cloudy		<input type="radio"/> Completely cloudy			
<b>C. Water Surface:</b> (Circle all that apply)		<input checked="" type="radio"/> Normal		<input type="radio"/> Oily sheen		<input type="radio"/> Foamy		<input type="radio"/> Floating aquatic plants			
		<input checked="" type="radio"/> Natural debris		<input type="radio"/> Neon green sheen		<input type="radio"/> Other (please indicate) _____					
<b>10a. Is there floating or submerged garbage present in the water?</b>									Objectionable deposits in/characteristics of the water		
If yes, circle visible item(s):		<input checked="" type="radio"/> Yes		<input type="radio"/> No							
		<input type="radio"/> Building materials		<input type="radio"/> Medical items		<input type="radio"/> Household waste		<input type="radio"/> Sewage-related litter			
		<input checked="" type="radio"/> Food-related litter		<input type="radio"/> Fishing-related litter		<input type="radio"/> Other (please indicate) _____					
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>											
		<input checked="" type="radio"/> Yes		<input type="radio"/> No							
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>											
If yes, list what:		Yes		<input checked="" type="radio"/> No							
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>											
		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 checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

**13a. Along the shoreline, are there problem animals or problems caused by animals?**

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known and amount:

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

**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 checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

**17. END TIME:**

9:45 am

**For volunteer coordinator/DNR use only**

Date the data sheet was reviewed by contractor:	<i>BEK</i>	Check box if data sheet meets quality control requirements	<input type="checkbox"/>
Aesthetic impression score:	0		
Assessment score:	3		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

✓  
LMA.

### 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:	<i>Dotty Quenert</i>	2. Station name:	<i>Wetland Wharf</i>	Form revision date: 02/17/15	
3. Monitoring date:	<i>08/10/2018</i>	4. Start time (include AM/PM):	<i>9:44</i>		
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	Overall aesthetic impression of site
Please describe. List any factors that make it pleasing or not pleasing.	<i>odor - dead fish</i>				
8a. Is the color or clarity of the water unattractive?					
If yes, please describe:	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No			
	<i>green algae</i>				
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 checked="" type="radio"/> Colorless	<input type="radio"/> Red	<input type="radio"/> Green	<input type="radio"/> Brown	<input type="radio"/> Other (please indicate) _____
B. Water Clarity:	<input type="radio"/> Completely clear	<input checked="" type="radio"/> Fairly clear	<input 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 checked="" 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 checked="" type="radio"/> Yes	<input type="radio"/> No			
	<input checked="" type="radio"/> Building materials	<input type="radio"/> Medical items	<input type="radio"/> Household waste	<input type="radio"/> Sewage-related litter	
	<input checked="" type="radio"/> Food-related litter	<input 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?					
	<input checked="" 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 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?

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 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:

10:05 am

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	<i>Beck</i>	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

✓  
M.A.

# 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:	Emily Hennigill's	2. Station name:	Weider Wharf	Form revision date: 02/17/15		
3. Monitoring date:	08/04/15	4. Start time (include AM/PM):	9:44am			
5. Water conditions:	Calm <u>Slight movement</u>	Moderate flow or waves	Rough or fast flowing			
6. Water level:	High	Normal	<u>inbetween</u>	Low		
7. Overall, how aesthetically pleasing do you find the site?						
Circle <u>one</u> of the following:	Very pleasing	<u>Somewhat pleasing</u>	Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing	Overall aesthetic impression of site
Please describe. List any factors that make it pleasing or not pleasing.	It's a great site sort of nice boardwalk, lots of submersent veg so lots of duckweed on the surface					
8a. Is the color or clarity of the water unattractive?						
	Yes		<u>No</u>			
If yes, please describe:						
8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?						
	Yes		<u>No</u>			
9. For water color and clarity, please circle the answer choice that best describes the present appearance.						
For water surface, please circle all applicable attributes.						
A. Water Color:	Colorless	Red	<u>Green</u>	<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)	<u>Normal</u>	Oily sheen	Foamy	<u>Floating aquatic plants</u>		
	Natural debris	Neon green sheen	Other (please indicate)			
10a. Is there floating or submerged garbage present in the water?						
	Yes		<u>No</u>			
If yes, circle visible item(s):	Building materials	Medical Items	<u>Household waste</u>	Sewage-related litter		
	<u>Food-related litter</u>	<u>Fishing-related litter</u>	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?						
	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>			

Objectionable deposits in/characteristics of the water

**12a. Is there garbage along the shoreline?**

If yes, circle type(s):

<input checked="" type="radio"/> Yes		<input type="radio"/> No	
Building materials	Medical Items	Household waste	Sewage-related litter
<input checked="" type="radio"/> Food-related litter	<input checked="" type="radio"/> Fishing-related litter	Other (please indicate) _____	

**12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**13a. Along the shoreline, are there problem animals or problems caused by animals?**

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known and amount:

<input checked="" type="radio"/> Yes	<input type="radio"/> No
Buckweed and common waterweed, mainly a milfoil species	

**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:**

9:50 am

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

7/26/11

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

ent.

# 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:	<u>Evoletta Kupsich</u>	2. Station name:	<u>Water Wharf</u>
3. Monitoring date:	<u>1/28/15</u>	4. Start time (include AM/PM):	<u>9:38am</u>
5. Water conditions:	<u>Calm</u> Slight movement    Moderate flow or waves    Rough or fast flowing		
6. Water level:	High <u>Normal</u> 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?

If yes, please describe:

Yes    No

8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?

Yes    No

9. For water color and clarity, please circle the answer choice that best describes the present appearance.  
For water surface, please circle all applicable attributes.

A. Water Color:	Colorless	Red	<u>Green</u>	Brown	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	Foamy	<u>Floating aquatic plants</u>	Other (please indicate) _____
	Natural debris	Neon green sheen			

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 what:

Yes    No

11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?

Yes    No



**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
<input checked="" type="checkbox"/> 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 type="checkbox"/> No
------------------------------	-----------------------------

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known and amount:

<input checked="" type="checkbox"/> Yes	<input 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 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:**

9:46

**For volunteer coordinator/DNR use only**

Date the data sheet was reviewed by contractor:

*Bob*

Check box if data sheet meets quality control requirements

Aesthetic Impression score:

0

Assessment score:

1

Objectionable deposits on the shoreline

Additional feedback

QA/QC



# 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

2/11/15 ✓

<b>1. Your name:</b>	Georgia Castellano			<b>2. Station name:</b>	Wieder Wharf	Form revision date: 02/17/15	
<b>3. Monitoring date:</b>	2/10/15			<b>4. Start time (include AM/PM):</b>	9:45am		
<b>5. Water conditions:</b>	Calm	<input checked="" type="radio"/> Slight movement	Moderate flow or waves	Rough or fast flowing			
<b>6. Water level:</b>	High	Normal		<input checked="" type="radio"/> Low			
<b>7. Overall, how aesthetically pleasing do you find the site?</b>							
Circle <u>one</u> of the following:		Very pleasing	<input checked="" type="radio"/> Somewhat pleasing	Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing	
Please describe. List any factors that make it pleasing or not pleasing.		Nature everywhere! The view, left is way better.				Overall aesthetic impression of site	
<b>8a. Is the color or clarity of the water unattractive?</b>		Yes		<input checked="" type="radio"/> No			
If yes, please describe:							
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>		Yes		<input checked="" type="radio"/> No			
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance.</b>							
<b>For water surface, please circle all applicable attributes.</b>							
<b>A. Water Color:</b>	Colorless	Red	<input checked="" type="radio"/> Green	Brown	Other (please indicate) _____		
<b>B. Water Clarity:</b>	Completely clear	<input checked="" type="radio"/> Fairly clear	Fairly cloudy	Completely cloudy			
<b>C. Water Surface:</b> (Circle all that apply)	Normal	Oily sheen	Foamy	<input checked="" type="radio"/> Floating aquatic plants			
	<input checked="" type="radio"/> Natural debris	Neon green sheen		Other (please indicate) _____			
<b>10a. Is there floating or submerged garbage present in the water?</b>		Yes		<input checked="" type="radio"/> No			
If yes, circle visible item(s):		Building materials	Medical items	Household waste	Sewage-related litter		
		Food-related litter	Fishing-related litter		Other (please indicate) _____		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>		Yes		<input checked="" type="radio"/> No			
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>		Yes		<input checked="" type="radio"/> No			
If yes, list what:							
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>		Yes		<input checked="" type="radio"/> No			

Objectable deposits in/characteristics of the water

**12a. Is there garbage along the shoreline?**

If yes, circle type(s):

Yes	No
<input checked="" type="checkbox"/> Building materials <input type="checkbox"/> Medical Items <input type="checkbox"/> Household waste <input type="checkbox"/> Sewage-related litter	
<input checked="" type="checkbox"/> Food-related litter <input type="checkbox"/> Fishing-related litter <input type="checkbox"/> Other (please indicate) _____	

**12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?**

Yes	No
	<input checked="" type="checkbox"/>

**13a. Along the shoreline, are there problem animals or problems caused by animals?**

If yes, list type(s):

Yes	No
	<input checked="" type="checkbox"/>

**13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?**

Yes	No
	<input checked="" type="checkbox"/>

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known and amount:

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

**14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?**

Yes	No
	<input checked="" type="checkbox"/>

**15a. Are there any other shoreline substances that are not specifically mentioned on this form ?**

If yes, list type(s):

Yes	No
	<input checked="" type="checkbox"/>

**15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?**

Yes	No
	<input checked="" type="checkbox"/>

**16. Have you previously evaluated this station?**

Yes	No
	<input checked="" type="checkbox"/>

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

Additional/feedback

**17. END TIME:**

9:56am

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

BGK

Check box if data sheet meets quality control requirements

Aesthetic Impression score:

1

Assessment score:

0

QA/QC

✓  
CMA

# 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: Megan O'Shea 2. Station name: Weider Wharf

3. Monitoring date: 08/04/18 4. Start time (include AM/PM): 9:44

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.  
lot of algae

8a. Is the color or clarity of the water unattractive?

Yes No 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 Yes

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 Yes

11a. Are any other substances present in the water that are not specifically mentioned on this form?

Yes No Yes  
algae

11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?

Yes No Yes

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 checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

13a. Along the shoreline, are there problem animals or problems caused by animals?

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

<input checked="" type="radio"/> Yes	<input type="radio"/> No
Trees bushes	

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No
--------------------------------------	-------------------------------------

15a. Are there any other shoreline substances that are not specifically mentioned on this form ?

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

16. Have you previously evaluated this station?

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.

17. END TIME:

9:56 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:	3		
Assessment score:	4		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

EMA

# Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Megan O'Shea, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5465, megan.oshea@wi.gov

<b>1. Your name:</b> Kyle Kupsky		<b>2. Station name:</b> Wictor Wharf		Form revision date: 02/17/15		
<b>3. Monitoring date:</b> 10/06/18		<b>4. Start time (include AM/PM):</b> 9:38 AM				
<b>5. Water conditions:</b>		<input checked="" type="radio"/> Calm	<input type="radio"/> Slight movement	<input type="radio"/> Moderate flow or waves	<input type="radio"/> Rough or fast flowing	
<b>6. Water level:</b>		<input type="radio"/> High	<input checked="" type="radio"/> Normal	<input type="radio"/> Low		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>						
Circle <u>one</u> of the following:		<input checked="" type="radio"/> Very pleasing	<input type="radio"/> Somewhat pleasing	<input type="radio"/> Neither pleasing nor displeasing	<input type="radio"/> Somewhat displeasing	<input type="radio"/> Very displeasing
Please describe. List any factors that make it pleasing or not pleasing.					Overall aesthetic impression of site	
<b>8a. Is the color or clarity of the water unattractive?</b>						
		<input type="radio"/> Yes	<input checked="" type="radio"/> No			
If yes, please describe:					Objectionable deposits in/characteristics of the water	
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>						
		<input type="radio"/> Yes	<input type="radio"/> No			
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>						
<b>A. Water Color:</b>		<input type="radio"/> Colorless	<input type="radio"/> Red	<input type="radio"/> Green	<input checked="" type="radio"/> Brown	<input type="radio"/> Other (please indicate) _____
<b>B. Water Clarity:</b>		<input type="radio"/> Completely clear	<input checked="" type="radio"/> Fairly clear	<input type="radio"/> Fairly cloudy	<input type="radio"/> Completely cloudy	
<b>C. Water Surface:</b> (Circle all that apply)		<input checked="" type="radio"/> Normal	<input type="radio"/> Oily sheen	<input type="radio"/> Foamy	<input checked="" type="radio"/> Floating aquatic plants	<input type="radio"/> Other (please indicate) _____
		<input checked="" type="radio"/> Natural debris	<input type="radio"/> Neon green sheen			
<b>10a. Is there floating or submerged garbage present in the water?</b>						
		<input checked="" type="radio"/> Yes	<input type="radio"/> No			
If yes, circle visible item(s):		<input checked="" type="radio"/> Building materials	<input type="radio"/> Medical items	<input type="radio"/> Household waste	<input type="radio"/> Sewage-related litter	
		<input checked="" type="radio"/> Food-related litter	<input checked="" type="radio"/> Fishing-related litter	<input type="radio"/> Other (please indicate) _____		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>						
		<input type="radio"/> Yes	<input checked="" type="radio"/> No			
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>						
		<input type="radio"/> Yes	<input checked="" type="radio"/> No			
If yes, list what:						
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>						
		<input type="radio"/> Yes	<input type="radio"/> No			

**12a. Is there garbage along the shoreline?**

If yes, circle type(s):

<input checked="" type="radio"/> <b>Yes</b>		<input type="radio"/> <b>No</b>	
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"/> <b>Yes</b>	<input checked="" type="radio"/> <b>No</b>
----------------------------------	--------------------------------------------

**13a. Along the shoreline, are there problem animals or problems caused by animals?**

If yes, list type(s):

<input type="radio"/> <b>Yes</b>	<input checked="" type="radio"/> <b>No</b>
----------------------------------	--------------------------------------------

**13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>
----------------------------------	---------------------------------

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known and amount:

<input checked="" type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>
Phragmites, Buckthorn	

**14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> <b>Yes</b>	<input checked="" type="radio"/> <b>No</b>
----------------------------------	--------------------------------------------

**15a. Are there any other shoreline substances that are not specifically mentioned on this form?**

If yes, list type(s):

<input type="radio"/> <b>Yes</b>	<input checked="" type="radio"/> <b>No</b>
----------------------------------	--------------------------------------------

**15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>
----------------------------------	---------------------------------

**16. Have you previously evaluated this station?**

<input type="radio"/> <b>Yes</b>	<input checked="" type="radio"/> <b>No</b>
----------------------------------	--------------------------------------------

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.

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**17. END TIME:**

9:46
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**For volunteer coordinator/DNR use only**

Date the data sheet was reviewed by contractor:	BMC	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

ent

# 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

<b>1. Your name:</b>		Megan Hoff	<b>2. Station name:</b>		Weitor wharf	Form revision date: 02/17/15
<b>3. Monitoring date:</b>		10 <sup>th</sup> m / 08 / 2018	<b>4. Start time (include AM/PM):</b>		9:40	
<b>5. Water conditions:</b>		<input checked="" type="radio"/> Calm	<input type="radio"/> Slight movement	<input type="radio"/> Moderate flow or waves	<input type="radio"/> Rough or fast flowing	Overall aesthetic impression of site
<b>6. Water level:</b>		<input checked="" type="radio"/> High	<input type="radio"/> in between	<input checked="" type="radio"/> Normal	<input type="radio"/> Low	
<b>7. Overall, how aesthetically pleasing do you find the site?</b>						
Circle <u>one</u> of the following:		<input type="radio"/> Very pleasing	<input 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.		vegetation boardwalk		natural shoreline	Displeasing: invasive species	
<b>8a. Is the color or clarity of the water unattractive?</b>						
If yes, please describe:		<input type="radio"/> Yes		<input checked="" type="radio"/> No		
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>						
		<input type="radio"/> Yes		<input checked="" type="radio"/> No		
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>						
<b>A. Water Color:</b>		<input checked="" type="radio"/> Colorless	<input type="radio"/> Red	<input type="radio"/> Green	<input checked="" type="radio"/> Brown	<input type="radio"/> Other (please indicate) _____
<b>B. Water Clarity:</b>		<input type="radio"/> Completely clear	<input checked="" type="radio"/> Fairly clear	<input type="radio"/> Fairly cloudy	<input type="radio"/> Completely cloudy	
<b>C. Water Surface:</b> (Circle all that apply)		<input type="radio"/> Normal	<input type="radio"/> Oily sheen	<input type="radio"/> Foamy	<input type="radio"/> Floating aquatic plants	
		<input type="radio"/> Natural debris	<input type="radio"/> Neon green sheen	<input type="radio"/> Other (please indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>						
If yes, circle visible item(s):		<input type="radio"/> Yes		<input checked="" type="radio"/> No		
		<input type="checkbox"/> Building materials	<input type="checkbox"/> Medical items	<input type="checkbox"/> Household waste	<input type="checkbox"/> Sewage-related litter	
		<input type="checkbox"/> Food-related litter	<input type="checkbox"/> Fishing-related litter		<input type="checkbox"/> Other (please indicate) _____	
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>						
		<input type="radio"/> Yes		<input checked="" type="radio"/> No		
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>						
If yes, list what:		<input type="radio"/> Yes		<input checked="" type="radio"/> No		
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>						
		<input type="radio"/> Yes		<input checked="" type="radio"/> No		

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 checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

**13a. Along the shoreline, are there problem animals or problems caused by animals?**

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No

**13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known and amount:

<input checked="" type="radio"/> Yes	<input type="radio"/> No
Phragmites, need can any grass	

**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 checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

**16. Have you previously evaluated this station?**

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

great boardwalk, lots of natural areas, some good native species

trash

**17. END TIME:**

9:50 am

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

Bette

Check box if data sheet meets quality control requirements

Aesthetic impression score:

1

Assessment score:

1

Objectionable deposits on the shoreline

Additional feedback

QA/QC

# 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

EVA ✓

<b>1. Your name:</b>	R. IV Schulz	<b>2. Station name:</b>	Western Woods	Form revision date: 02/17/15
<b>3. Monitoring date:</b>	08/14/18	<b>4. Start time (include AM/PM):</b>	9:14 am	
<b>5. Water conditions:</b>	<input checked="" type="radio"/> Calm <input type="radio"/> Slight movement <input type="radio"/> Moderate flow or waves <input type="radio"/> Rough or fast flowing			
<b>6. Water level:</b>	<input type="radio"/> High <input checked="" type="radio"/> Normal <input type="radio"/> Low			
<b>7. Overall, how aesthetically pleasing do you find the site?</b>				
Circle <u>one</u> of the following:     Very pleasing     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. Duckweed, Algae				
<b>8a. Is the color or clarity of the water unattractive?</b>				
<input type="radio"/> Yes <input checked="" type="radio"/> No				
If yes, please describe:				
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>				
<input type="radio"/> Yes <input type="radio"/> No				
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>				
<b>A. Water Color:</b>	<input type="radio"/> Colorless <input type="radio"/> Red <input type="radio"/> Green <input checked="" type="radio"/> Brown <input type="radio"/> Other (please indicate) _____			
<b>B. Water Clarity:</b>	<input type="radio"/> Completely clear <input type="radio"/> Fairly clear <input checked="" type="radio"/> Fairly cloudy <input type="radio"/> Completely cloudy			
<b>C. Water Surface:</b>	<input type="radio"/> Normal <input type="radio"/> Oily sheen <input type="radio"/> Foamy <input checked="" type="radio"/> Floating aquatic plants			
(Circle all that apply)	<input checked="" type="radio"/> Natural debris <input type="radio"/> Neon green sheen <input type="radio"/> Other (please indicate) _____			
<b>10a. Is there floating or submerged garbage present in the water?</b>				
<input checked="" type="radio"/> Yes <input type="radio"/> No				
If yes, circle visible item(s):				
<input checked="" type="radio"/> Building materials <input type="radio"/> Medical items <input type="radio"/> Household waste <input type="radio"/> Sewage-related litter <input checked="" type="radio"/> Food-related litter <input type="radio"/> Fishing-related litter <input type="radio"/> Other (please indicate) _____				
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>				
<input type="radio"/> Yes <input checked="" type="radio"/> No				
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>				
<input type="radio"/> Yes <input checked="" type="radio"/> No				
If yes, list what:				
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>				
<input type="radio"/> Yes <input type="radio"/> No				

Overall aesthetic impression of site

Objectionable deposits in/characteristics of the water

**12a. Is there garbage along the shoreline?**

If yes, circle type(s):

Yes		<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	No
-----	----

**13a. Along the shoreline, are there problem animals or problems caused by animals?**

If yes, list type(s):

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?**

<del>Yes</del>	No
----------------	----

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known and amount:

<input checked="" type="radio"/> Yes	No
Duckweed/Algae	

**14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?**

<input checked="" type="radio"/> Yes	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?

Comments: Please include anything else you thought should be reported while completing this survey.

Middle of River Fair to Clear of Algae and Duckweed, hoping it is coming in.

**17. END TIME:**

9:55 am

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:	1		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

EMA ✓

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
DNR cannot use incomplete data sheets in station data analysis.

If you have questions or to return this survey, please contact Megan O'Shea, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5465, megan.oshea@wi.gov

1. Your name:	Tiera Schultz	2. Station name:	Weiler Wharf	Form revision date: 02/17/15	
3. Monitoring date:	08/04/18	4. Start time (include AM/PM):	9:44 AM		
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.	Wildlife - garbage, noise, smell (dead fish)				Overall aesthetic impression of site
8a. Is the color or clarity of the water unattractive?					
	<input type="radio"/> Yes		<input checked="" type="radio"/> No		
If yes, please describe:					
8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?					
	<input type="radio"/> Yes		<input 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 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 type="radio"/> Normal	<input type="radio"/> Oily sheen	<input type="radio"/> Foamy	<input checked="" type="radio"/> Floating aquatic plants	
	<input type="radio"/> Natural debris	<input checked="" type="radio"/> Neon green sheen	<input type="radio"/> Other (please indicate) _____		
10a. Is there floating or submerged garbage present in the water?					
	<input checked="" type="radio"/> Yes		<input type="radio"/> No		
If yes, circle visible item(s):	<input checked="" type="radio"/> Building materials	<input type="radio"/> Medical items	<input type="radio"/> Household waste	<input type="radio"/> Sewage-related litter	
	<input checked="" type="radio"/> Food-related litter	<input 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?					
	<input checked="" 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 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"/> <b>Yes</b>		<input type="radio"/> <b>No</b>	
Building materials	Medical items	Household waste	Sewage-related litter
<input checked="" type="radio"/> <b>Food-related litter</b>	<input checked="" type="radio"/> <b>Fishing-related litter</b>	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"/> <b>Yes</b>	<input type="radio"/> <b>No</b>
---------------------------------------------	---------------------------------

**13a. Along the shoreline, are there problem animals or problems caused by animals?**

If yes, list type(s):

<input type="radio"/> <b>Yes</b>	<input checked="" type="radio"/> <b>No</b>
----------------------------------	--------------------------------------------

**13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> <b>Yes</b>	<input checked="" type="radio"/> <b>No</b>
----------------------------------	--------------------------------------------

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known and amount:

<input checked="" type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>
---------------------------------------------	---------------------------------

**14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> <b>Yes</b>	<input checked="" type="radio"/> <b>No</b>
----------------------------------	--------------------------------------------

**15a. Are there any other shoreline substances that are not specifically mentioned on this form ?**

If yes, list type(s):

<input type="radio"/> <b>Yes</b>	<input checked="" type="radio"/> <b>No</b>
----------------------------------	--------------------------------------------

**15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> <b>Yes</b>	<input checked="" type="radio"/> <b>No</b>
----------------------------------	--------------------------------------------

**16. Have you previously evaluated this station?**

<input type="radio"/> <b>Yes</b>	<input checked="" type="radio"/> <b>No</b>
----------------------------------	--------------------------------------------

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.

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**17. END TIME:**

10:00 AM
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**For volunteer coordinator/DNR use only**

Date the data sheet was reviewed by contractor:	<i>B. H. K.</i>	Check box if data sheet meets quality control requirements	<input type="checkbox"/>
Aesthetic impression score:	1		
Assessment score:	2		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

ent

# 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

<b>1. Your name:</b>		Vicki McKeefry		<b>2. Station name:</b>		Wieler wharf		Form revision date: 02/17/15			
<b>3. Monitoring date:</b>		10/18/15		<b>4. Start time (include AM/PM):</b>		9:27 AM					
<b>5. Water conditions:</b>		<input checked="" type="radio"/> Calm		<input type="radio"/> Slight movement		<input type="radio"/> Moderate flow or waves			<input type="radio"/> Rough or fast flowing		
<b>6. Water level:</b>		<input checked="" type="radio"/> High		<input type="radio"/> Normal		<input type="radio"/> Low		Overall aesthetic impression of site			
<b>7. Overall, how aesthetically pleasing do you find the site?</b>											
Circle <u>one</u> of the following:		<input checked="" type="radio"/> Very pleasing		<input 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.		Beautiful trees but the only thing that ruined it was garbage									
<b>8a. Is the color or clarity of the water unattractive?</b>											
If yes, please describe:		<input checked="" type="radio"/> Yes		<input type="radio"/> No		can't see through at all.					
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>											
		<input checked="" type="radio"/> Yes		<input type="radio"/> No							
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>											
<b>A. Water Color:</b>		Colorless		Red		<input checked="" type="radio"/> Green		<input checked="" type="radio"/> Brown	Other (please indicate) _____		
<b>B. Water Clarity:</b>		Completely clear		Fairly clear		Fairly cloudy		<input checked="" type="radio"/> Completely cloudy			
<b>C. Water Surface:</b> (Circle all that apply)		Normal		Oily sheen		Foamy		<input checked="" type="radio"/> Floating aquatic plants			
		Natural debris		<input checked="" type="radio"/> Neon-green sheen		Other (please indicate) _____					
<b>10a. Is there floating or submerged garbage present in the water?</b>											
If yes, circle visible item(s):		<input checked="" type="radio"/> Yes		<input type="radio"/> No		Building materials			Medical items	<input checked="" type="radio"/> Household waste	Sewage-related litter
		<input checked="" type="radio"/> Food-related litter		Fishing-related litter		Other (please indicate) _____					
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>											
		<input checked="" type="radio"/> Yes		<input type="radio"/> No							
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>											
If yes, list what:		<input type="radio"/> Yes		<input checked="" type="radio"/> No							
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>											
		<input type="radio"/> Yes		<input 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
<input checked="" type="radio"/> Building materials	<input type="radio"/> Medical items
<input checked="" type="radio"/> Food-related litter	<input checked="" type="radio"/> Household waste
<input type="radio"/> Fishing-related litter	<input type="radio"/> Sewage-related litter
<input type="radio"/> Other (please indicate) <u>clothing</u>	

12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

13a. Along the shoreline, are there problem animals or problems caused by animals?

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

14a. Is there nuisance vegetation along the shoreline?

If yes, list type if known and amount:

<input checked="" type="radio"/> Yes	<input type="radio"/> No
<u>Buckthorn, Huishe</u>	

14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

15a. Are there any other shoreline substances that are not specifically mentioned on this form ?

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

16. Have you previously evaluated this station?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

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17. END TIME:

<u>9:44 AM</u>
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For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:	<u>BGK</u>	Check box if data sheet meets quality control requirements	<input type="checkbox"/>
Aesthetic impression score:	<u>1</u>		
Assessment score:	<u>3</u>		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

Wet ent. QA/QC

### Green Bay Volunteer Aesthetics Monitoring Data Sheet

Please answer all questions on the datasheet completely and to the best of your ability.  
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If you have questions or to return this survey, please contact Megan O'Shea, DNR, 2984 Shawano Ave., Green Bay, WI 54313, 920-662-5465, megan.oshea@wi.gov

Wet-02

1. Your name:	Katherine Zitt		2. Station name:	<del>Wet-02</del> Wharf	
3. Monitoring date:	10/06/18		4. Start time (include AM/PM):	9:40 AM	
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 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.					
Lovely site. However. boardwalk needs attention					
8a. Is the color or clarity of the water unattractive?					
Yes <input type="radio"/> No <input checked="" type="radio"/>					
If yes, please describe:					
No clarity					
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 <input 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 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 type="radio"/> Normal	<input type="radio"/> Oily sheen	<input type="radio"/> Foamy	<input checked="" 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?					
Yes <input checked="" type="radio"/> No <input 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 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?					
Yes <input checked="" type="radio"/> No <input 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 checked="" type="radio"/> No <input type="radio"/>					

Form revision date: 02/17/15

Overall aesthetic impression of site

Objectionable deposits in/characteristics of the water

???



**12a. Is there garbage along the shoreline?**

If yes, circle type(s):

Yes	No
Building materials Food-related litter	Medical items Household waste Sewage-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
Buckhorn	

**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.

Beautiful spot but needs some help. Nature has provided much beauty but poor maintenance and poor usage has made it less desirable.
-------------------------------------------------------------------------------------------------------------------------------------

**17. END TIME:**

9:46 AM
---------

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:	

Objectionable deposits on the shoreline

Additional/feedback

QA/QC

WAT ENT. 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

<b>1. Your name:</b>	JOSEPH PRESTLEY	<b>2. Station name:</b>	WEIDER WHARF	Form revision: date: 02/17/15
<b>3. Monitoring date:</b>	08/04/18	<b>4. Start time (include AM/PM):</b>	9:44 AM	
<b>5. Water conditions:</b>	<input checked="" type="radio"/> Calm      Slight movement      Moderate flow or waves      Rough or fast flowing			
<b>6. Water level:</b>	<input type="radio"/> High <input checked="" type="radio"/> Normal <input type="radio"/> Low			
<b>7. Overall, how aesthetically pleasing do you find the site?</b>				
Circle <u>one</u> of the following:      Very pleasing <input checked="" type="radio"/> Somewhat pleasing      Neither pleasing nor displeasing      Somewhat displeasing      Very displeasing				
Please describe. List any factors that make it pleasing or not pleasing. WILDLIFE AND TREES ARE NICE. THE NOISE LEVEL AND GARBAGE ARE PROBLEMATIC				
<b>8a. Is the color or clarity of the water unattractive?</b>				
<input checked="" type="radio"/> Yes <input type="radio"/> No				
If yes, please describe: WATER IS SOME-WHAT BROWN AND CLOUDY				
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>				
<input type="radio"/> Yes <input checked="" type="radio"/> No				
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>				
<b>A. Water Color:</b>	Colorless      Red      Green <input checked="" type="radio"/> Brown      Other (please indicate) _____			
<b>B. Water Clarity:</b>	Completely clear      Fairly clear <input checked="" type="radio"/> Fairly cloudy      Completely cloudy			
<b>C. Water Surface:</b> (Circle all that apply)	<input type="radio"/> Normal <input type="radio"/> Oily sheen <input type="radio"/> Foamy <input checked="" type="radio"/> Floating aquatic plants <input type="radio"/> Natural debris <input type="radio"/> Neon green sheen      Other (please indicate) _____			
<b>10a. Is there floating or submerged garbage present in the water?</b>				
<input checked="" type="radio"/> Yes <input type="radio"/> No				
If yes, circle visible item(s):				
<input checked="" type="radio"/> Building materials <input type="radio"/> Medical items <input type="radio"/> Household waste <input type="radio"/> Sewage-related litter <input checked="" type="radio"/> Food-related litter <input checked="" type="radio"/> Fishing-related litter <input type="radio"/> Other (please indicate) _____				
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>				
<input checked="" type="radio"/> Yes <input type="radio"/> No				
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>				
<input type="radio"/> Yes <input checked="" type="radio"/> No				
If yes, list what:				
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>				
<input type="radio"/> Yes <input type="radio"/> No				

Overall aesthetic impression of site

Objectionable deposits in/characteristics of the water

**12a. Is there garbage along the shoreline?**

If yes, circle type(s):

<input checked="" type="radio"/> Yes		<input type="radio"/> No	
Building materials	Medical Items	<input checked="" type="radio"/> Household waste	Sewage-related litter
<input checked="" type="radio"/> Food-related litter	Fishing-related litter	Other (please indicate) _____	

**12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**13a. Along the shoreline, are there problem animals or problems caused by animals?**

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known and amount:

<input checked="" type="radio"/> Yes	<input type="radio"/> No
TALL GRASSES	

**14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?**

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

**15a. Are there any other shoreline substances that are not specifically mentioned on this form ?**

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

**16. Have you previously evaluated this station?**

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

Comments: Please include anything else you thought should be reported while completing this survey.

Objectionable deposits on the shoreline

Additional feedback

**17. END TIME:**

9:56 AM

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

Check box if data sheet meets quality control requirements

Aesthetic impression score:

Assessment score:

QA/QC

NOT ENT. 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

<b>1. Your name:</b>		Jeane Drover		<b>2. Station name:</b>		Water Wharf		Form revision date: 02/17/15			
<b>3. Monitoring date:</b>		10/10/18		<b>4. Start time (include AM/PM):</b>		9:38 am					
<b>5. Water conditions:</b>		<input checked="" type="radio"/> Calm		Slight movement		Moderate flow or waves			Rough or fast flowing		
<b>6. Water level:</b>		<input checked="" type="radio"/> High		Normal		Low		Overall aesthetic impression of site			
<b>7. Overall, how aesthetically pleasing do you find the site?</b>											
Circle <u>one</u> of the following: Very pleasing <input checked="" type="radio"/> Somewhat pleasing <input 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. I like the boardwalk											
<b>8a. Is the color or clarity of the water unattractive?</b>											
If yes, please describe: Yes <input type="radio"/> No <input checked="" type="radio"/>											
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>											
Yes <input type="radio"/> No <input type="radio"/>											
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>											
<b>A. Water Color:</b>		Colorless		Red		Green		<input checked="" type="radio"/> Brown		Other (please indicate) _____	
<b>B. Water Clarity:</b>		Completely clear		Fairly clear		<input checked="" type="radio"/> Fairly cloudy		Completely cloudy			
<b>C. Water Surface:</b> (Circle all that apply)		Normal		Oily sheen		Foamy		<input checked="" type="radio"/> floating aquatic plants			
		<input checked="" type="radio"/> Natural debris		Neon green sheen		Other (please indicate) _____					
<b>10a. Is there floating or submerged garbage present in the water?</b>											
If yes, circle visible item(s): Yes <input checked="" type="radio"/> No <input checked="" type="radio"/>											
Building materials <input type="checkbox"/> Medical items <input type="checkbox"/> Household waste <input type="checkbox"/> Sewage-related litter <input type="checkbox"/>											
<input checked="" type="checkbox"/> Food-related litter <input type="checkbox"/> Fishing-related litter <input type="checkbox"/> Other (please indicate) _____											
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>											
Yes <input type="radio"/> No <input type="radio"/>											
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>											
If yes, list what: Yes <input type="radio"/> No <input checked="" type="radio"/>											
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>											
Yes <input type="radio"/> No <input type="radio"/>											

Objectable deposits in/characteristics of the water

???

**12a. Is there garbage along the shoreline?**

If yes, circle type(s):

<input checked="" type="radio"/> Yes	<input type="radio"/> No
Building materials	Medical items Household waste Sewage-related litter
<input checked="" type="radio"/> Food-related litter	Fishing-related litter Other (please indicate) <u>hat</u>

**12b. If yes to 12a, does the shoreline garbage prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**13a. Along the shoreline, are there problem animals or problems caused by animals?**

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**13b. If yes to 13a, do these animal-related problems prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

**14a. Is there nuisance vegetation along the shoreline?**

If yes, list type if known and amount:

<input checked="" type="radio"/> Yes	<input type="radio"/> No
<u>Lots of tall weeds</u>	

**14b. If yes to 14a, does this nuisance vegetation prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**15a. Are there any other shoreline substances that are not specifically mentioned on this form ?**

If yes, list type(s):

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**15b. Do these other shoreline substances prevent you from accessing, enjoying, or using the water?**

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------

**16. Have you previously evaluated this station?**

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?

None

Comments: Please include anything else you thought should be reported while completing this survey.

**17. END TIME:**

9:45 am

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:		Check box if data sheet meets quality control requirements <input type="checkbox"/>
Aesthetic impression score:		
Assessment score:		

Objectionable deposits on the shoreline

Additional feedback

QA/QC

Not ent. DAI/oe

# 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

<b>1. Your name:</b> <u>Georgiana Castellanos</u>		<b>2. Station name:</b> <u>Wentw Wharf #</u>		Form revision date: 02/17/15		
<b>3. Monitoring date:</b> <u>10/08/15</u>		<b>4. Start time (include AM/PM):</b> <u>9:40</u>				
<b>5. Water conditions:</b>		<input checked="" type="radio"/> Calm	<input type="radio"/> Slight movement	<input type="radio"/> Moderate flow or waves	<input type="radio"/> Rough or fast flowing	
<b>6. Water level:</b>		<input type="radio"/> High	<input checked="" type="radio"/> Normal	<input type="radio"/> Low		
<b>7. Overall, how aesthetically pleasing do you find the site?</b>						
Circle <u>one</u> of the following:		<input checked="" type="radio"/> Very pleasing	<input type="radio"/> Somewhat pleasing	<input type="radio"/> Neither pleasing nor displeasing	<input type="radio"/> Somewhat displeasing	<input type="radio"/> Very displeasing
Please describe. List any factors that make it pleasing or not pleasing.						
<b>8a. Is the color or clarity of the water unattractive?</b>						
If yes, please describe:		<input type="radio"/> Yes	<input checked="" type="radio"/> No			
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>						
		<input type="radio"/> Yes	<input type="radio"/> No			
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance.</b>						
For water surface, please circle all applicable attributes.						
<b>A. Water Color:</b>		<input type="radio"/> Colorless	<input type="radio"/> Red	<input type="radio"/> Green	<input checked="" type="radio"/> Brown	<input type="radio"/> Other (please indicate) _____
<b>B. Water Clarity:</b>		<input type="radio"/> Completely clear	<input type="radio"/> Fairly clear	<input checked="" type="radio"/> Fairly cloudy	<input type="radio"/> Completely cloudy	
<b>C. Water Surface:</b> (Circle all that apply)		<input type="radio"/> Normal	<input type="radio"/> Oily sheen	<input type="radio"/> Foamy	<input checked="" type="radio"/> Floating aquatic plants	
		<input type="radio"/> Natural debris	<input type="radio"/> Neon green sheen	<input type="radio"/> Other (please indicate) _____		
<b>10a. Is there floating or submerged garbage present in the water?</b>						
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) _____		
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>						
		<input type="radio"/> Yes	<input type="radio"/> No			
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>						
If yes, list what:		<input type="radio"/> Yes	<input checked="" type="radio"/> No			
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>						
		<input type="radio"/> Yes	<input 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):

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.

Objectionable deposits on the shoreline

Additional feedback

**17. END TIME:** 9:43

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:			

QA/QC





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.

Objectionable deposits on the shoreline

Additional feedback

17. END TIME:

9:47

For volunteer coordinator/DNR use only

Date the data sheet was reviewed by contractor:

Check box if data sheet meets quality control requirements

Aesthetic impression score:

Assessment score:

QA/QC

not on. 2/4/00

### 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

<b>1. Your name:</b>		Danielle Dredt		<b>2. Station name:</b>		Nector Warf		Form revision date: 02/17/15
<b>3. Monitoring date:</b>		10/06/18		<b>4. Start time (include AM/PM):</b>		9:30		
<b>5. Water conditions:</b>		<input checked="" type="radio"/> Calm	Slight movement	Moderate flow or waves	<input type="radio"/> Rough or fast flowing			
<b>6. Water level:</b>		High	<input checked="" type="radio"/> Normal	Low				
<b>7. Overall, how aesthetically pleasing do you find the site?</b>								
Circle <u>one</u> of the following:		Very <input checked="" type="radio"/> pleasing	Somewhat pleasing	Neither pleasing nor displeasing	Somewhat displeasing	Very displeasing		
Please describe. List any factors that make it pleasing or not pleasing.								
<b>8a. Is the color or clarity of the water unattractive?</b>								
If yes, please describe:		<input checked="" type="radio"/> Yes		<input checked="" type="radio"/> No				
		Brown and dirty						
<b>8b. If yes to 8a, does the unattractive water color or clarity prevent you from accessing, enjoying, or using the water?</b>								
		<input checked="" type="radio"/> Yes		<input type="radio"/> No				
<b>9. For water color and clarity, please circle the answer choice that best describes the present appearance. For water surface, please circle all applicable attributes.</b>								
<b>A. Water Color:</b>		Colorless	Red	Green	<input checked="" type="radio"/> Brown	Other (please indicate) _____		
<b>B. Water Clarity:</b>		Completely clear	Fairly clear	Fairly cloudy	<input checked="" type="radio"/> Completely cloudy			
<b>C. Water Surface:</b> (Circle all that apply)		Normal	Oily sheen	Foamy	<input checked="" type="radio"/> Floating aquatic plants			
		<input checked="" type="radio"/> Natural debris	Neon <input checked="" type="radio"/> green sheen	Other (please indicate) _____				
<b>10a. Is there floating or submerged garbage present in the water?</b>								
If yes, circle visible item(s):		<input checked="" type="radio"/> Yes		<input checked="" type="radio"/> No				
		Building materials	Medical items	Household waste	Sewage-related litter			
		Food-related litter	Fishing-related litter	Other (please indicate) _____				
<b>10b. If yes to 10a, does the garbage in the water prevent you from accessing, enjoying, or using the water?</b>								
		<input type="radio"/> Yes		<input checked="" type="radio"/> No				
<b>11a. Are any other substances present in the water that are not specifically mentioned on this form?</b>								
If yes, list what:		<input checked="" type="radio"/> Yes		<input type="radio"/> No				
		Vegetation						
<b>11b. If yes to 11a, do these other substances in the water prevent you from accessing, enjoying, or using the water?</b>								
		<input checked="" type="radio"/> Yes		<input type="radio"/> No				

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 checked="" type="checkbox"/> No
Building materials	Medical items Household waste Sewage-related litter
Food-related <input checked="" type="checkbox"/> 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

LOGS of BRAMBLES & TREES

**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:** 9:44

**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:	

Objectionable deposits on the shoreline

Additional feedback

QA/QC