Green Bay AOC Volunteer Aesthetics Monitoring		MONITORING DATA SHEET				
Station Name/Location:		_				
Demographic information:						
Sex: (please circle) M F		Age:	_			
What county do you live in?			How many years have	you lived in the county	/?	
Approximately how many times have you	visited this location in the	past 10 years? I	f this is your first visit en	ter 1		
Describe conditions at site during this			-			
1. Data Collector (Your Name):	particular visit Plea	se iiii out <u>aii</u> que	estions on the datasheet	completely and to the	best of your ability.	
2. Monitoring Date (MM/DD/YY):						
3. Start Time (include AM/PM):						
4. Describe water conditions:	Flat/Calm	Slight Movement	Moderate Flow/waves	Rough	/Fast Flowing	
A. Water Level:	Don't Know		High	Low	Normal	
5. Did you take any pictures? Please describe.	Yes			No		
please email pictures with location and date information to laurel.last@wisconsin.gov						
Overall aesthetic impression of the si	te					
6. Overall, how aesthetically pleasing do you find the site? Please describe. List any factors that make it pleasing or not pleasing.	Very Pleasing	Somewhat Pleasing	Neutral; neither pleasing nor displeasing	Somewhat Displeasing	Very Displeasing	
	Explain:					
Color, Clarity, Odor, or Unsightliness						
7. Are any <u>materials</u> detectable to you such	Yes		N	lo		
that they produce color, odor, or unsightliness to the extent that they make the area unpleasant or block your ability to access, enjoy, or use the water?	Please describe					
	Yes		N	lo		
8. Are the characteristics of the water (Color, Clarity, Odor) presenting an unsightliness to the extent that they make the area unpleasant or block your ability to access, enjoy or use the water?	Please describe					

9. Please describe the characteristics or to make the area unpleasant or block y					sent regardless of their ability	
A. Water Color:	Colorless	Red	Green	Brown	Other (please describe)	
B. Water Clarity:	Completely Clear	Fa	airly Clear	Fairly Cloudy	Completely Cloudy	
(optional) Transparency Tube 1					СМ	
Transparency Tube 2					СМ	
C. Odor of Water:	No Smell	Fishy	Sulfur/Ro	tting Eggs	Musty/Wet Soil	
Choose all that apply	Algae/Decayir	ying Plants Chlorine Other (Other (ple	ease describe)	
D. Water Surface:	Normal	Oily Sheen	Neon Green Sheen	Foamy	Floating Aquatic Plants	
Choose all that apply	Natural Debris	Natur	al Debris Jams	Other (please descri	be)	
Substances causing objectionable dep	osits on shore or on t	the bottom of r	iver			
10. Are any of the following visible to yor block your ability to access, enjoy, or	_	ne or on the bo	ottom of the river to	the extent that th	ey make the area unpleasant	
A. Garbage on the bottom - Y/N	Yes			No		
If yes, list visible item(s): If unidentifiable, please indicate.	Street Litter	Food-related Litter	Medical Items	Household Waste	Sewage-related Litter	
	Building Materials	Fishing	g-related Litter	Other (please descri	be)	
B. Shoreline garbage - Y/N	Yes			No		
If yes, circle type(s):	Street Litter	Food-related Litter	Medical Items	Household Waste	Sewage-related Litter	
	Building Materials	Fishing	g-related Litter	Other (please descri	be)	
C. Algae - Y/N	Yes			No		
If yes, estimate percent of algae on shoreline or on the bottom: (see attached directions for estimation)				•	%	
If yes, please circle type(s):	Blobs of Floating Attached to Roc			Green Soupy Matted Other (please describe)		
If yes, please circle color:	Light Green Brown	Blue Green Yellow	Red Ot	lher (please describe)	Dark Green	
D. Problem animals or problems caused by animals -Y/N	Yes			No		
If yes, list type(s) and reason for problem(s):						
E. Dead animals - Y/N	Yes			No		
If yes, list type and amount:						
F. Invasive species (e.g., Phragmites, zebra/quagga mussels, other) - Y/N	Yes			No		
If yes, list type(s):						
	Yes			No		
G. Other (shoreline or on the bottom) - Y/N	Please describe					

Substances causing objectionable dep	osits floating or suspe	nded in the wa	ter			
11. Are any of the following visible to y ability to access, enjoy, or use the water		led in the wate	r to the extent tha	at they make the a	rea unpleasan	t or block your
A. Garbage - Y/N	Yes			No		
If yes, estimate percent of garbage floating or suspended in the water: (see attached directions for estimation)					%	
If yes, please list circle type(s):	Street Litter	Food-related Litter	Medical Items	ems Household waste Sewage		related Litter
	Building Materials	Fishing-r	g-related Litter Other (please describe)		ribe)	
B. Algae - Y/N	Yes		No			
If yes, estimate percent of algae floating or suspended in the water: (see attached directions for estimation)					%	
If yes, please circle type(s):	Blobs of Floating		erial Green Soupy		Matted	
ii yes, piease circle type(s).	Attached to Rock	s/Stringy	Other (please descr)	
If yes, please circle color:	Light Green	Red	Blue Gree		Dark Green	
	Brown	Yellow	Other (please describe)			
C. Other (floating or suspended in the water) - Y/N	Please describe			No		
Survey END						
12. Have you previously evaluated this station? Y/N	Yes			No		
13. If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?						
14. While filling out this survey, please describe the most difficult task (if any).						
15. Comments: Please include anything else you thought should be reported while completing out this survey. (Please use back for additional comments)						
16. End Time:						
Date the data were entered in SWIMS: (include data entered by)						
QA/QC: (for DNR use only)						