



Zebra Mussel Veliger Monitoring Program Data Sheet Early Detection in Un-infested Lakes

Please label each bottle with the appropriate information including Organization, Lake Name, Date and Time of sample.

Please fill out a lab Chain of Custody form to accompany this data sheet.

General Information

Lake Name: _____ Lake ID (DOW): _____ County: _____

Sampling Details

Date: _____

Number of sites sampled: _____

Did you composite the sites (circle one)? Y N

Depth of Column Sampled: _____

Field Sampling Comments, Suggestions, Observations:

Weather Conditions – Please check the applicable boxes

Wind Speed	Wind Direction	Weather
<input type="checkbox"/> Mild 0-10mph <input type="checkbox"/> Moderate 11-20mph <input type="checkbox"/> High 21-30mph <input type="checkbox"/> Strong 30pmh+	<input type="checkbox"/> North <input type="checkbox"/> Northeast <input type="checkbox"/> East <input type="checkbox"/> Southeast <input type="checkbox"/> South <input type="checkbox"/> Southwest <input type="checkbox"/> West <input type="checkbox"/> Northwest	<div style="text-align: center;"> </div> <input type="checkbox"/> Sunny <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow
		Surface water Temp: _____ Air Temp: _____ Recent rain date: _____ Precipitation (inches): _____

FOR LABORATORY PROCESSING

Lab Code:	Name of the plankton analyst:
Volume of sample that was analyzed (mL):	Date analyzed:
Did the sample contain zebra mussel veligers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If the sample contains zebra mussel veligers, has the DNR been contacted? Who: _____ Date: _____	
Actions:	
Comments/Observations:	