

Lake Name: \_\_\_\_\_ Station: \_\_\_\_\_ Date: \_\_\_\_\_

Deliver samples to:

George Knoecklein, Northeast Aquatic Research  
74 Higgins Hwy.  
Mansfield Center, CT 06250

Send lab results and bills to: \_\_\_\_\_  
\_\_\_\_\_

Depth (meters)	Temperature (°C)	Dissolved Oxygen (mg/l)
0		
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		

Time: \_\_\_\_\_ Temperature: \_\_\_\_\_ °F Bottom Depth: \_\_\_\_\_ m Secchi (with scope): \_\_\_\_\_ m

Weather (overcast/sunny, calm/windy, etc.): \_\_\_\_\_

Water Sampling Depths (label each bottle with the date, lake name and depth): \_\_\_\_\_

Collection team: \_\_\_\_\_

Comments: \_\_\_\_\_