

SECCHI DIP-IN DATA SHEET

Please submit completed form on the BCLSS website: www.bclss.org or email to: marie@bclss.org

General Information

Volunteer **Last Name**: _____ **First Name**: _____
Telephone Number: _____ Email Address: _____
Waterbody name: _____
What year did **YOU** begin monitoring this waterbody? _____
Region of waterbody: _____
Postal Code of town nearest to the waterbody: _____
Name of nearest town: _____

Coordinates of waterbody (note: minutes and seconds cannot be greater than 60):

Longitude: degrees _____ minutes _____ seconds _____
Latitude: degrees _____ minutes _____ seconds _____

Waterbody type:

natural lake/pond reservoir (has a dam) stream/river estuary ocean other
(harbour, marine, gravel pit, quarry, etc.) please specify: _____
Size (lake/reservoir only): <5 acres 5-9.9 acres 10-99 acres 100-499 acres 500+ acres
Actual size (if known): _____ acres or _____ hectares

Site Information

Depth at sampling location (if known): _____ metres
Date of reading: _____
Time of observation: _____ am pm
Weather at time dip-in: sunny partly cloudy overcast rain other
Weather yesterday: sunny partly cloudy overcast rain other
Where did you take readings from? boat (canoe, pontoon boat, kayak, etc.) dock/pier
 bridge shore/wading in other: _____

SPECIFIC Site Name or Number: _____ **Secchi reading:** _____ metres

SPECIFIC Site Name or Number: _____ **Secchi reading:** _____ metres

Can the disc be seen on the bottom? Yes No
Is the Secchi disc all white black and white
Size of disc: 8 inch/20 cm 16 inch/40cm
Did you use a Viewscope? Yes No
→ If yes, is it: open tube closed tube with glass or plastic plate on bottom?
What side of the boat did you view the disc on? sunny shady
Did you wear sunglasses during the measurement? Yes No

If using an instrument other than a Secchi disc, please indicate here: (i.e., Lamotte Turbidity Column, Turbidity Tube, Turbidity Meter, etc.)

If you also measure **Water Temperature** (15 cm below the surface) or **pH**, please record:

Temp: _____ °C or °F
pH: _____ pH paper meter colour comparator other _____

Water Quality

Please indicate your perception of the following:

General water quality (check one)

- Beautiful, no problems
 Minor problems
 Slight use impairment
 Use totally impaired

Has the **water quality changed** in the past 5 years?

- Better
 Worse
 No change
 Don't know

Has the **transparency changed** in the past 5 years?

- Clearer
 More turbid
 No change
 Don't know

What factors (if any) **NEGATIVELY** affect the general water quality at your site?

Problem	I don't know	Beautiful, causes no problems	Causes minor problems	Causes slight use impairment	Causes substantial use impairment	Use totally impaired
Algal scums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aquatic weeds (seaweed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turbidity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boats/Boating (noise, congestion, safety)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor fishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal watercraft (jet skis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bacteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dense housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filling-in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trash and litter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"Pest" wildlife (raccoons, geese, ducks, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise (non-boating: neighbours, traffic, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimmer's itch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Too many rules and regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Secchi Dip-In Reminders

- Measure transparency on any day during the Dip-In period (July), preferably between 10 am and 2 pm.
- Please do not go out if it is raining, if there is abnormally high boat traffic, or if your safety would be at risk. **A clear, calm day is best.**
- Carefully fill out the form to the best of your ability.
- For sampling instructions, please refer to the **2021 Secchi Dip-In Information sheet** found on our website www.bclss.org/document-library under *Data Collection Forms*.
- Do you have any questions? Email us at marie@bclss.org.

If you have no computer access, please mail this form to:

BC Lake Stewardship Society
 1257 Erskine Street
 Coquitlam, BC V3B 6R3