

# SECCHI DIP-IN DATA SHEET

Please submit completed form on the BCLSS website: [bclss.org/programs#dip](http://bclss.org/programs#dip) or email to: [marie@bclss.org](mailto: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 of 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 (nearest 0.01 m):** \_\_\_\_\_ metres

**SPECIFIC Site Name or Number:** \_\_\_\_\_ **Secchi reading (nearest 0.01 m):** \_\_\_\_\_ metres

Can the disk be seen on the bottom?  Yes  No  
Is the Secchi disk  all white  black and white  
Size of disk:  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 disk on?  sunny  shady  
Did you wear sunglasses during the measurement?  Yes  No

If using an instrument other than a Secchi disk, 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 **2022 Secchi Dip-In Information sheet** found on our website [www.bclss.org/document-library](http://www.bclss.org/document-library) under *Data Collection Forms*.
- Do you have any questions? Email [marie@bclss.org](mailto: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**