Lak	te Name Date
(	CSLAP FIELD OBSERVATIONS FORM- LAKE PERCEPTION
<b>(A)</b>	PLEASE CIRCLE THE ONE NUMBER THAT BEST DESCRIBES THE PHYSICAL CONDITION OF THE LAKE WATER TODAY:
1.	Crystal clear water
2.	Not quite crystal clear- a little algae visible
3.	Definite algae greenness, yellowness, or browness apparent
4. 5.	High algae levels with limited clarity and/or mild odor apparent Severely high algae levels with one or more of the following: massive floating scums or streaks on lake or washed up on shore, strong foul odor, fish kills
<b>(B)</b>	PLEASE CIRCLE THE ONE NUMBER THAT BEST DESCRIBES THE AQUATIC PLANT POPULATIONS IN AREAS WHERE PEOPLE SWIM
	AND BOAT TODAY:
1.	No plants visible from the lake surface
2.	Some plants are visible underwater, but do not grow to the lake surface
3.	Some plants grow to the lake surface
4.	There is dense plant growth at the lake surface
5.	Dense plant growth completely covers the lake surface except in the deepest areas
<b>(C)</b>	PLEASE CIRCLE THE ONE NUMBER THAT BEST DESCRIBES YOUR OPINION OF THE SUITABILITY OF THE LAKE FOR RECREATIONAL
	ENJOYMENT TODAY:
1.	Beautiful, could not be nicer
2.	Very minor aesthetic problems- excellent for swimming, boating, and overall use
3.	Swimming and aesthetic enjoyment slightly impaired
4.	Desire to swim and enjoy the lake substantially reduced, although the lake can be used
5.	Swimming and aesthetic enjoyment of the lake impossible
<b>(D)</b>	PLEASE CIRCLE <u>ALL NUMBERS</u> THAT AFFECT YOUR OPINION OF
	RECREATIONAL USE OF THE LAKE TODAY:
0.	No problems observed
1.	Poor water clarity and/or water color, including turbid water
2.	Excessive weed growth (circle all that apply: emergent plants, floating plants, submergent
2	plants) Too much along and/or odor
3. 4.	Too much algae and/or odor The lake looks bad
<del>4</del> . 5.	Poor weather (windy, overcast, water too cold, etc.)
<i>6</i> .	Litter, surface debris, other beached or floating material, including foam and pollen
7.	Too many lake users (circle all that apply: boaters, swimmers, jet skiiers, other)

## TURN OVER FOR HEALTH AND SAFETY QUESTIONS

Other \_\_\_\_

8.

Lak	xe Name Date
CSLAP FIELD OBSERVATIONS FORM- HEALTH AND SAFETY	
<b>(F)</b>	DO YOU OBSERVE OR HAVE YOU BEEN MADE AWARE OF ANY OF THE FOLLOWING PROBLEMS <u>AT THIS TIME</u> (PLEASE CIRCLE ALI THAT APPLY)?
0.	None of the below
1.	Complaints about taste or odor in the drinking water (if the lake is used for drinking)
2.	Lake residents who use the lake for drinking or swimmers complaining of gastrointestinal (stomach) illness or animals showing signs of illness from drinking lake water
3.	Swimmers complaining of itching or redness, particularly in the lower extremities (swimmers itch), or hay fever-like symptoms
4.	Observations of algae blooms or other water discoloration (describe
5.	Dead fish (approximate number)
6.	Unusual wildife occurrence (leeches, bryozoans, etc) or behavior (fish gasping for air at surface, etc.) (Describe)
7.	Other
( <b>G</b> )	DO YOU OBSERVE OR HAVE YOU BEEN MADE AWARE OF ANY OF THE FOLLOWING PROBLEMS <u>SINCE YOUR LAST SAMPLING</u> <u>SESSION</u> (PLEASE CIRCLE ALL THAT APPLY)?
0.	None of the below
1.	Complaints about taste or odor in the drinking water (if the lake is used for drinking)
2.	Lake residents who use the lake for drinking or swimmers complaining of gastrointestinal (stomach) illness or animals showing signs of illness from drinking lake water
3.	Swimmers complaining of itching or redness, particularly in the lower extremities (swimmers itch) or hay fever-like symptoms
4.	Observations of algae blooms or other water discoloration (describe
5.	Dead fish (approximate number)
6.	Unusual wildife occurrence (leeches, bryozoans, etc) or behavior (fish gasping for air at surface, etc.) (Describe)
7.	Other
	location of these occurrences  Time of observation

TURN OVER FOR LAKE PERCEPTION QUESTIONS