Aquatic Invasive Species (AIS) Early Detection Monitoring Data Form — Form 3200-xxx (R 5/2015)

ENTERED 9/16/2015

Instructions: Bold fields must be completed.

Location Name	WBIC	County	Date(s)	AIS sign?	Secchi (ft or m)	Conductivity (ZM ≥ 99 umhos/cm)	Collector(s)	Start Time	End Time	Total Hours (hrs x # ppl)
NEWMAN LAKE	1826600	PRICE	9/15/15	NO	7'		AL WIRT TY KRZEWSKI	10:00 AM	11:30	1.5 HRS 2 PEOPLE

STEP 1: Circle species that you looked for and review the Identification Handout.

AQUATIC PLANTS/ALGAE	Hydrilla	Water hyacinth	Water chestnut	Purple loosestrife	**INVERTEBRATES**	Faucet snails	Other (please specify)
European frogbit	Curly leaf pondweed	Water lettuce	**RIPARIAN PLANTS**	Yellow flag iris	Zebra/quagga mussels	Chinese/Banded mystery snails	
Yellow floating heart	Fanwort	Eurasian water milfoil	Flowering rush	Japanese knotweed	Asian clam	Rusty/red swamp crayfish	
Brazilian waterweed	Parrot feather	Didymo	Phragmites	Japanese hop	New Zealand mudsnails	Spiny/fishhook waterflea	

STEP 2: Record locations of sampling sites (in decimal degrees). Indicate whether snorkeled or why not. List AIS found and density at each site or record none. Collect a sample of any new AIS found. Collect five new invasive plant specimens, 20 Dreissenids, and up to 3 of each invertebrate species. Include internal and external labels with WBIC, name of lake, county, sample date, sample type (snails, spiny water flea or zebra mussel) and collector. Legibility is appreciated. If needed, preserve with adequate ethanol.

Site*	Latitude	Longitude	Snorkel (Y/N)	If no, indicate why†	Species name, density (1-5)‡, and live (L) or dead (D)§	Sample (Y/N)	Photo (Y/N)	No AIS	Comments
BL 1	45.96013°N	090.15645°W	N	NO GEAR				X	
TS 1	45.96381°N	090.16272°W	N	"				X	
TS 2	45.96830°N	090.15708°W	N	"				X	
TS 3	45.96530°N	090.15216°W	N	"				X	
TS 4	45.96400°N	090.15555°W	N	"				X	
TS 5	45.96157°N	090.15577°W	N	"				X	

*boat landing (BL), target site (TS), meander survey (MS).

†Stained water, turbid water, blue-green bloom, chemical treatment, other (please describe).

‡Density ratings: 1-a few plants or invertebrates, 2-one or a few plant beds or colonies of invertebrates, 3-many small beds or scattered plants or colonies of invertebrates, 4-dense plant, snail, or mussel growth in a while bay or portion of the lake, or 5-dense plant, snail or mussel growth covering most shallow areas.

§Live (L) animals will contain flesh and live plants will generally be rooted. Dead (D) animals will not contain flesh and dead plants include sterile fragments.

State of Wisconsin
Department of Natural Resources
Wisconsin Lakes Partnership

Water Flea Tow Monitoring Report

Form 3200-128 (R 02/10)

The purpose of this form is to track the presence/absence of spiny or fishook water fleas collected using a plankton net during AIS monitoring.

Notice: Information on this voluntary form is collected under ss. 33.02 and 281.11, Wis. Stats. Personally identifiable information collected on this form will be incorporated into the DNR Surface Water Integrated Monitoring System (SWIMS) Database. It is not intended to be used for any other purposes, but may be made available to requesters under Wisconsin's Open Records laws, ss. 19.32 - 19.39, Wis. Stats.

Primary Data Collector

Name	Phone Number	Email
TY KRAFWSKE	(715) 449-9973	TY.KRAFWSKI@WE.COM

Monitoring Location

Waterbody Name	WBIC	County	Township Name
NEWMAN LAKE	1870200	PRICE	

Date and Time of Monitoring

Start Date	Start Time	End Date (= Start Date)	End Time
8/22/15	10:00	8/22/2015	11:50

Monitoring Results

Method used: ☐ horizontal tows (near surface) ☒ oblique tows (thermocline to surface) ☐ vertical tows (bottom to surface)

Diameter of plankton net opening 30cm (50cm) other_____ (circle one)

Site 1: Latitude (optional): 45.96678°N Longitude (optional): 090.15664°W ☒ Preservative Added

Secchi depth (m) 7' (optional) Depth sampled (if vertical or oblique tow) 30' ft/m circle one

Site 2: Latitude (optional): Longitude (optional): ☒ Preservative Added

Secchi depth (m) 7' (optional) Depth sampled (if vertical or oblique tow) _____ ft/m circle one

Site 3: Latitude (optional): Longitude (optional): ☒ Preservative Added

Secchi depth (m) 7' (optional) Depth sampled (if vertical or oblique tow) _____ ft/m circle one

☒ Have you consolidated all of your samples into one composite bottle?

☐ Have you sent your samples to the DNR Plymouth Service Center?

During this monitoring trip, did you find what you suspect are Spiny or Fishhook Waterfleas in this waterbody? ☐ Yes ☐ No

Voucher Sample

If you found Spiny or Fishhook Water fleas, did you collect a voucher specimen and bring it to your local DNR office? If so, which office?

☐ Rhinelander ☐ Spooner ☐ Green Bay ☐ Oshkosh ☐ Did not take sample to a DNR office

☐ Fitchburg ☐ Waukesha ☐ Eau Claire ☐ Superior ☐ Other Office: _____

If you find Spiny or Fishhook Water Fleas

Please bring a copy of this form, along with a voucher specimen and if possible, a map showing where you found the suspect waterfleas to your regional Citizen Lake Monitoring Coordinator at the DNR. All initial discoveries should be placed in rubbing alcohol until verification by an expert is obtained.

If you don't Find Spiny or Fishhook Water Fleas

If you submit your data online, that is all you need to do. Otherwise, please mail a copy to your regional DNR Citizen Lake Monitoring coordinator. http://dnr.wi.gov/lakes/contacts

For DNR staff to fill out

Volume of sample that was analyzed (ml)	Date analyzed
Name of plankton sample analyst:	
Name of person or museum who identified the voucher specimen	

Was the specimen confirmed as....?

Spiny Waterflea? ☐ Yes ☐ No	Fishhook Waterflea? ☐ Yes ☐ No

Have you entered the results of the voucher in SWIMS? ☐ Yes ☐ No

DNR staff: Please enter voucher information for new AIS findings into SWIMS under the Incident Report Project for your county (Choose Incident Report Form in SWIMS). Enter date of sampling for "Start Date", Person who identified specimen as "Data Collector", and Monitoring location as "Station".

State of Wisconsin
Department of Natural Resources
Wisconsin Lakes Partnership

Mussel Veliger Tow Monitoring Report

Form 3200-135 (R 02/10)

The purpose of this form is to track the presence/absence of zebra or quagga mussel larvae (veligers) collected using a plankton net during AIS surveillance monitoring.

Notice: Information on this voluntary form is collected under ss. 33.02 and 281.11, Wis. Stats. Personally identifiable information collected on this form will be incorporated into the DNR Surface Water Integrated Monitoring System (SWIMS) Database. Personally identifiable information collected on this form will be incorporated into the DNR aquatic invasive species database. It is not intended to be used for any other purposes, but may be made available to requesters under Wisconsin's Open Records laws, ss. 19.32 - 19.39, Wis. Stats.

Primary Data Collector

Name	Phone Number	Email
TY KRAKEWSKI	715 919-4473	TY.KRAKEWSKI@WI.GOV

Monitoring Location

Waterbody Name	WBIC	County	Township Name
NEWMAN LAKE	1870200	PRICE CO	

Date and Time of Monitoring

Start Date	Start Time	End Date (= Start Date)	End Time
8/28/15	10:00	8/28/2015	1930

Monitoring Results

Guidelines for how many tows to collect: If Secchi depth is >4 m (13 feet) take two 2m deep tows; if Secchi depth is between 2-4 m (6.5-13 feet) take one 2m deep tow; if Secchi depth is <2 m (<6.5 feet) take one 1m tow.

Diameter of zooplankton net opening 30cm (50cm) other_____ (circle one)

Site 1: Latitude (optional): 45.9606°N Longitude (optional): 090.1560°W ☒ Preservative Added

Secchi depth (m) 7' Number of net tows 1 Depth of tows (m) 2

Site 2: Latitude (optional): Longitude (optional): ☐ Preservative Added

Secchi depth (m)_____ Number of net tows_____ Depth of tows (m)_____

Site 3: Latitude (optional): Longitude (optional): ☐ Preservative Added

Secchi depth (m)_____ Number of net tows_____ Depth of tows (m)_____

☒ Have you consolidated all of your samples into one composite bottle?

☐ Have you sent your samples to the DNR Plymouth Service Center?

COMMENTS/OBSERVATIONS:

For DNR staff to fill out

Volume of sample that was analyzed (ml)	Date analyzed

Name of plankton sample analyst:

Name of person or museum who identified the voucher specimen:

Did the samples contain zebra mussel veligers? ☐ Yes ☐ No

Have you entered the results of the samples in SWIMS? ☐ Yes ☐ No

DNR staff: Please enter voucher information for new AIS findings into SWIMS under the Incident Report Project for your county (Choose Incident Report Form in SWIMS). Enter date of sampling for "Start Date", Person who identified specimen as "Data Collector", and Monitoring location as "Station".