

The purpose of this form is to track the presence/absence of spiny or fishhook 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<br><b>TY KRASEWICK</b>   | Phone Number<br><b>(715) 964-4473</b>                                 | Email<br><b>TY.KRASEWICK@WI.GOV</b>         |   |
| Monitoring Location   |   |   |   |
| Waterbody Name<br><b>SPRUCE LAKE</b>  | WBIC<br><b>2163800</b>  | County<br><b>TAYLOR</b>                     | Township Name   |
| Date and Time of Monitoring   |   |   |   |
| Start Date<br><b>8/21/2015</b>  | Start Time<br><b>10:30</b>  | End Date (= Start Date)<br><b>8/21/2015</b> | End Time<br><b>11:00</b>  |
| Monitoring Results  |   |   |   |
| Method used: <input type="checkbox"/> horizontal tows (near surface) <input checked="" type="checkbox"/> oblique tows (thermocline to surface) <input type="checkbox"/> vertical tows (bottom to surface) |   |   |   |
| Diameter of plankton net opening 30cm <input checked="" type="checkbox"/> 50cm other _____ (circle one)   |   |   |   |
| Site 1: Latitude (optional): <b>45.13144° N</b>   | Longitude (optional): <b>090.65634° W</b>                             |   | <input checked="" type="checkbox"/> Preservative Added  |
| Secchi depth (m) <b>1</b> (optional)  | Depth sampled (if vertical or oblique tow) <b>30'</b> ft/m circle one |   |   |
| Site 2: Latitude (optional):  | Longitude (optional):   |   | <input checked="" type="checkbox"/> Preservative Added  |
| Secchi depth (m) <b>1</b> (optional)  | Depth sampled (if vertical or oblique tow) _____ ft/m circle one      |   |   |
| Site 3: Latitude (optional):  | Longitude (optional):   |   | <input checked="" type="checkbox"/> Preservative Added  |
| Secchi depth (m) <b>1</b> (optional)  | Depth sampled (if vertical or oblique tow) _____ ft/m circle one      |   |   |
| <input checked="" type="checkbox"/> Have you consolidated all of your samples into one composite bottle?  |   |   |   |
| <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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?  |   |   |   |
| <input type="checkbox"/> Rhinelander  | <input type="checkbox"/> Spooner                                      | <input type="checkbox"/> Green Bay          | <input type="checkbox"/> Oshkosh <input type="checkbox"/> Did not take sample to a DNR office |
| <input type="checkbox"/> Fitchburg  | <input type="checkbox"/> Waukesha                                     | <input type="checkbox"/> Eau Claire         | <input type="checkbox"/> Superior <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No  | Fishhook Waterflea? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you entered the results of the voucher in SWIMS? <input type="checkbox"/> Yes <input type="checkbox"/> 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". |  |

ENTERED  
9/18/2015

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<br>TY KRASEWSKI   | Phone Number<br>715 946-4173      | Email<br>TY.KRASEWSKI@WISCONSIN.GOV  |  |
| Monitoring Location  |                                   |                                      |  |
| Waterbody Name<br>SPRUCE LAKE  | WBIC<br>263800                    | County<br>TAYLOR                     | Township Name  |
| Date and Time of Monitoring  |                                   |                                      |  |
| Start Date<br>8/21/2015  | Start Time<br>11:00               | End Date (= Start Date)<br>8/21/2015 | End Time<br>11:15                                      |
| Monitoring Results   |                                   |                                      |  |
| <b>Guidelines for how many tows to collect:</b> 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): 45.15147°N  | Longitude (optional): 090.05654°W |                                      | <input checked="" type="checkbox"/> Preservative Added |
| Secchi depth (m) 1   | Number of net tows 1              | Depth of tows (m) 4m                 |  |
| Site 2: Latitude (optional):   | Longitude (optional):             |                                      | <input type="checkbox"/> Preservative Added            |
| Secchi depth (m) _____   | Number of net tows _____          | Depth of tows (m) _____              |  |
| Site 3: Latitude (optional):   | Longitude (optional):             |                                      | <input type="checkbox"/> Preservative Added            |
| Secchi depth (m) _____   | Number of net tows _____          | Depth of tows (m) _____              |  |
| <input type="checkbox"/> Have you consolidated all of your samples into one composite bottle?  |                                   |                                      |  |
| <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                   |                                      |  |
| Have you entered the results of the samples in SWIMS? <input type="checkbox"/> Yes <input type="checkbox"/> 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". |                                   |                                      |  |

\* MANDLER PORTION OF SURVEY CONDUCTED BY CHRIS  
MANDLER