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SEP 12 2016

Wisconsin DNR

Water Level Monitoring Data Sheet

WT/3 - WY/3 - OGL/3
County

Lake Information

Lake Name Leam Lake (in Ashland County) Station ID _____
Local Coordinator and Organization (if known) _____

Monitoring Site Description

Staff gage near beach

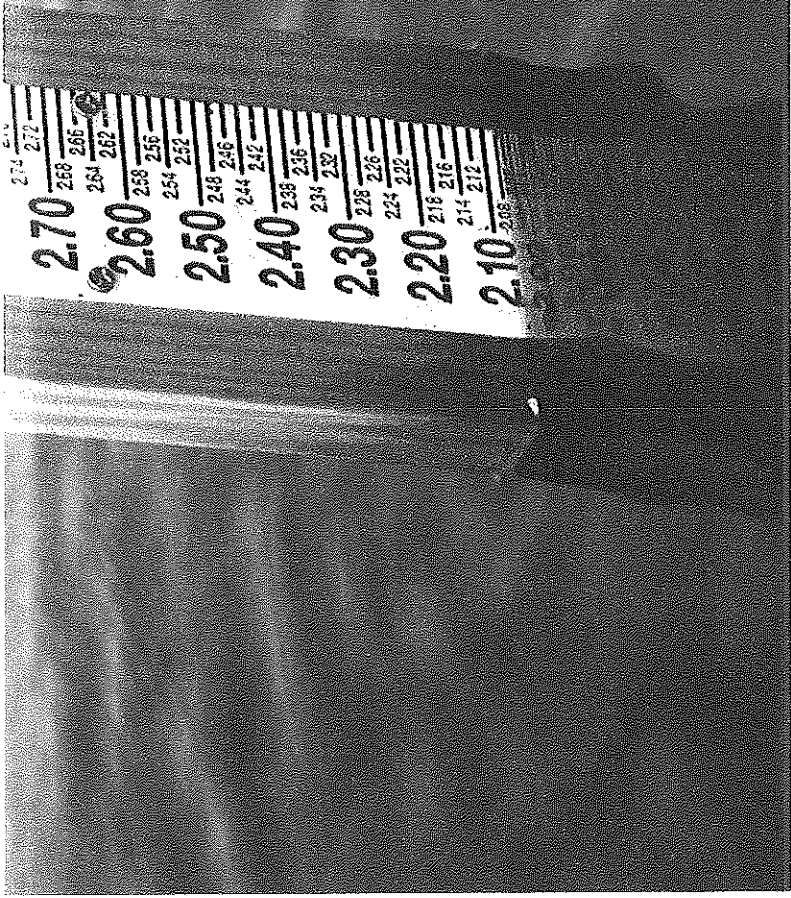
Data Collectors

Primary Data Collector Jerry Borch Phone No. (715) 274-4100 Organization _____
Additional Data Collector(s) _____ Temp 4:19-15'
then 4:45, 4:54 - 3:11 on 8/19/2017

Water Level Measurements

Date	Time	Bubble Levels centered?	Water Level Reading	Level up > 4 in from last week?	Photograph?	Data in SWIMS?	Comments	Resurvey Gage?
6/11/16	9: AM/PM	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2.26 ft	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
6/17/16	9: AM/PM	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2.12 ft	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
6/25/16	9: AM/PM	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2.20 ft	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
/ /	: AM/PM	Yes <input type="checkbox"/> No <input type="checkbox"/>	ft	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
* 7/9/16	9: AM/PM	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2.08 ft	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
7/16/16	9: AM/PM	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2.84 ft	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
7/23/16	9: AM/PM	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2.89 ft	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
7/30/16	9: AM/PM	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2.58 ft	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
/ /	: AM/PM	Yes <input type="checkbox"/> No <input type="checkbox"/>	ft	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
8/6/16	9: AM/PM	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2.52 ft	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
8/13/16	9: AM/PM	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2.50 ft	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
8/21/16	9: AM/PM	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2.50 ft	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
8/27/16	9: AM/PM	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2.40 ft	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
/ /	: AM/PM	Yes <input type="checkbox"/> No <input type="checkbox"/>	ft	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
9/3/16	9: AM/PM	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2.30 ft	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(last obs. for 2016)



8am

2.08

July 9

MISSA THIS ONE.