

Water Level Monitoring Data Sheet

Lake Information

Lake Name Big Twin Lake Station ID _____ County Dodge
 Local Coordinator and Organization (if known) Doug TOMANY
 Monitoring Site Description TOMANY'S DOCK

Data Collectors

Primary Data Collector Doug TOMANY Email _____ Phone No. (25) 484-2851 Organization Big Twin Lake Association
 Additional Data Collector(s) _____

Water Level Measurements

Date	Time	Water Level Reading	Has the Gauge Moved?	Photographs?	Data in SWIMS?	Comments
9/16/17	5:00 AM/PM	1.32 ft	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
9/17/17	1:30 AM/PM	1.25 ft	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
9/24/17	3:30 AM/PM	1.32 ft	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
10/1/17	9:30 AM/PM	1.23 ft	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
10/8/17	9:50 AM/PM	1.30 ft	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	= 1.35" Rain Yesterday
10/17/17	2:30 AM/PM	1.24 ft	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	= Was gone.
10/23/17	1:30 AM/PM	1.24 ft	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
___/___/___	__:__ AM/PM	_____ 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"/>	
___/___/___	__:__ AM/PM	_____ 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"/>	
___/___/___	__:__ AM/PM	_____ 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"/>	
___/___/___	__:__ AM/PM	_____ 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"/>	
___/___/___	__:__ AM/PM	_____ 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"/>	
___/___/___	__:__ AM/PM	_____ 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"/>	

Wisconsin DNR
Water Level Monitoring Data Sheet

Lake Information

Lake Name Big Twin Station ID _____ County Langlade
 Local Coordinator and Organization (if known) Doug TOMANY
 Monitoring Site Description TOMANY'S DOCK

Data Collectors

Primary Data Collector Doug TOMANY Email _____ Phone No. (715) 474 2851 Organization Big Twin Lake Ass.
 Additional Data Collector(s) _____

Water Level Measurements

Date	Time	Water Level Reading	Has the Gauge Moved?	Photographs?	Data in SWIMS?	Comments
6/4/17	12:40 AM/PM	1.50 ft	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6/11/17	11:45 AM/PM	1.40 ft	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6/18/17	1:20 AM/PM	1.56 ft	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>1" Rain on 17th</u>
6/25/17	11:30 AM/PM	1.57 ft	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7/2/17	9:45 AM/PM	1.58 ft	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7/9/17	9:45 AM/PM	1.47 ft	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7/16/17	11:40 AM/PM	1.46 ft	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7/23/17	2:45 AM/PM	1.44 ft	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7/30/17	12:00 AM/PM	1.36 ft	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
8/6/17	12:45 AM/PM	1.33 ft	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
8/13/17	1:00 AM/PM	1.32 ft	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
8/20/17	3:35 AM/PM	1.38 ft	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
8/27/17	2:50 AM/PM	1.43 ft	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
9/3/17	9:25 AM/PM	1.42 ft	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	