Volunteer Aesthetics Monitoring – Datasheet Instructions
Question by question instruction to Green Bay AOC Aesthetics Monitoring (Follow along with datasheet)

****Please evaluate water and immediate shoreline. Refrain from including anything on land in your assessment. ****Please fill out all questions on the datasheet completely and to the best of your ability.**

Contact Laurel Last with any questions – laurel.last@wisconsin.gov

Header

Station Name/Location- Enter station name here. If you do not know, please describe your location.
Demographic information – Please answer to the best of your knowledge.

Describe conditions at site during this particular visit

1. **Data Collector** (your name) - The name of the team member filling out the datasheet.
   Because of the subjectivity of most of the questions, only one person may fill out the datasheet. If there are multiple people present during field event, please fill out separate datasheets.

2. **Monitoring Date**- The date of the field event. Enter as MM/DD/YY.

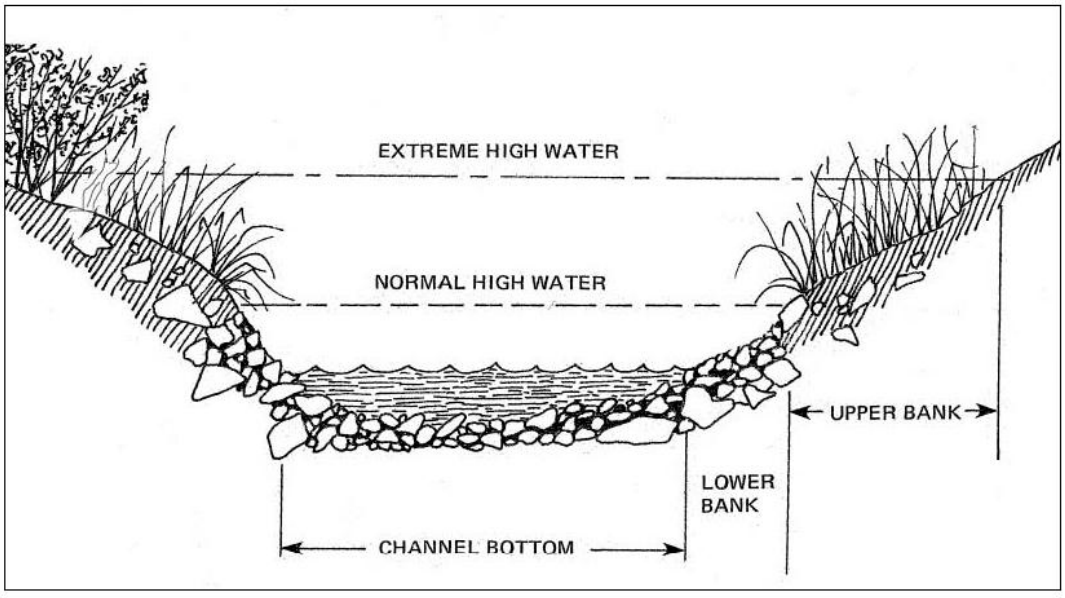
3. **Start Time**- The time you arrived at the station. Include AM/PM.

4. **Describe water conditions**- Please choose from the following: Flat/Calm, Slight Movement, Moderate Flow/Waves, Rough/Fast Flowing

   A. **Water Level**- Please record the water level of the area. Choose from the following: Don't Know, High, Low, Normal.

How to describe water level: This is something that you will feel more comfortable with assessing the more you visit your stream site. Some things to look for when you first visit your site to help you make the assessment are:

- Look to see if terrestrial vegetation along banks is submerged. The terrestrial vegetation will end at the normal high water mark.
- Look for water stains on rocks or bridge abutments. Water will stain rocks if it flows over or by them for an extended period of time. If you see stains above the level of water in the stream during your visit, the level is likely low.



This diagram shows a cross section of a typical streambank, demarcating the upper and lower banks.

5. **Did You Take Any Pictures? Y/N Please Describe**- Number your pictures in order and describe what you are photographing. Example: Photo 1 on 7/15/11, From east shoreline looking upstream. Photo 2 on 7/15/11, garbage on the beach is aesthetically displeasing. Take pictures to show why you think the station is pleasing or displeasing.

Overall aesthetic impression of the site

6. **Overall, Do You Find the Station Aesthetically Pleasing? Please Describe Why**- Please choose from the following: Very Pleasing, Somewhat Pleasing, Don't Know, Somewhat Displeasing, Very Displeasing. Please follow up your response with an explanation.

Color, odor, or unsightliness

7. **Are any <u>materials</u> producing color, odor or unsightliness present to the extent that they make the area unpleasant or block your ability to access, enjoy, or use the water? Answer YES or NO. If YES please describe.** – Look around your station and describe in the provided space if there is anything that fits the description above.

8. **Are the characteristics <u>of the water</u> (color, clarity, odor) presenting an unsightliness to the extent that they make the area unpleasant or block your ability to access, enjoy, or use the water? Answer YES or NO. If YES please describe.** – Look around your station and describe in the provided space if there is anything that fits the description above.

9. **Please describe the characteristics of the water during this particular visit. <u>Characteristics may be present or absent regardless of their ability to make the area unpleasant or block your ability to access, enjoy, or use the water</u>.** Please answer for the following categories:

    A. **Water Color** - Describe the color of the water from where you are standing. Please choose from the following: Clear, Red, Green, Brown, or Other (Please Describe). Please leave this section blank if you are colorblind.

    B. **Water Clarity** - Please describe the clarity of the water while looking from the shore. Please choose the best answer: Completely Clear, Fairly Clear, Fairly Cloudy, and Completely Cloudy.

    **In addition to the water clarity question it is optional to take a Transparency Tube reading.

Transparency Tube - <u>How to measure transparency:</u> Collect the sample away from the bay or stream bank in the main flow (well-mixed) area. Be careful not to disturb the bottom when you collect the water sample. If you get sediment from bottom disturbances, dump out the sample, and move upstream away from the disturbed area and try again. To collect a sample while standing on the shore, use a bucket or sample bottle attached to a pole so that you can reach off-shore. Scoop from below the surface in the upstream direction. Be careful not to stir up the sediment upstream of your sample. Pour the sample into the transparency tube through the nylon stocking provided.

Reading the Transparency Tube

For the observer, consistency is the key. If you initially wear your eyeglasses when you take the reading, then always wear your eyeglasses to take this measurement. Never wear sunglasses when you take this reading.

1. Remove large objects from the water sample. Filter through nylon stocking provided.
2. If the sample has settled, use a stirring stick to stir the sample, or pour the sample into a clean bucket and back into the transparency tube to suspend all materials.

3. Stand out of direct sunlight. If you cannot get to a shady place, use your body to cast a shadow on the tube (Figure 1).
4. If you are wearing sunglasses, remove them. Then look for the target (black and white) disc on the bottom of tube. If disc is visible, record the length of the tube (e.g., 120 cm) on the data sheet.
5. If target disc is not visible, have your partner let water out a little at a time using the valve at the bottom until disc is just visible (Figure 2). Have them stop letting water out immediately when you can just see the contrast between black and white on the disc.
6. Read the level of water in the tube in cm using the measuring tape on the side of the tube.
7. Record the measurement on your data sheet in cm.
8. Dump contents of tube on ground.
9. Collect a new sample then repeat steps 1 through 8.
10. Record the second measurement in cm on your data sheet.

Figure 1: Transparency tube shaded by observer.

Figure 2: Releasing water until the disk is just visible.

Question 9 continued:

C. **Odor of Water -** Please describe the smell, if any, coming from the water. Be sure not to describe odors from other areas, such as, a nearby garbage can or the city. Choose from the following options: No Smell, Fishy, Sulfur/Rotting Eggs, Algae/Decaying Plants, Musty/Wet Soil, Chlorine, or Other Smell (Please Describe). You may choose more than one odor of the water.

D. **Water surface -** Describe the condition of the surface of the water body. Please choose from the following: Normal, Oily Sheen, Neon Green Sheen, Foamy, Floating Aquatic Plants, Natural Debris (Example: sticks, leaves), Natural Debris Jams (Example: enough natural debris and potentially garbage that causes jamming), Other (please describe).

Substances causing objectionable deposits on shore or on the bottom of the Waterbody

10. **Are any of the following present on the shoreline or bottom of the waterbody <u>to the extent that they make the area unpleasant or block your ability to access, enjoy, or use the water</u>?**
******If the substance IS present, and is NOT to the extent that it makes the area unpleasant or blocks your ability to access, enjoy, or use the water; answer No and do not describe.

    A. **Garbage on the bottom** – Answer YES or NO
    If Yes, circle type(s) – If you are able to see what the submerged item is, please identify. Use the chart below and circle the type of garbage present. You can select more than one. If you are unable to identify item, do your best to describe.

    B. **Shoreline Garbage** – Answer YES or NO
    If Yes, circle type(s) -- Use the chart below and circle the type of garbage present. You can select more than one. If you circle 'Other', please describe.

Type	Street litter	Food-related litter	Medical items	Sewage-related	Building materials	Fishing related	Household waste	Other
Example	Cigarette filters	Food packing, beverage containers	Syringes	Condoms, tampons	Pieces of wood, siding	Fishing line, nets, lures	Household trash, plastic bags	Any garbage not represented

    C. **Algae** – Answer YES or NO
    If Yes, estimate percent of algae- <u>Only list algae if it causes the area to be unpleasant or block your ability to access, enjoy, or use the water.</u> Please estimate the percent of algae using the attached figure. Please use an exact number rather than a range.

    If Yes, circle type(s) – Please describe the type of algae present. Choose from the following: Blobs of Floating Material, Green Soupy, Attached to Rocks/Stringy, Matted, Other (please describe). You may record more than one type of algae.

    If Yes, circle color – Please record the color of algae present. Choose from the following: Light Green, Blue Green, Dark Green, Brown, Red, Yellow, Other (please describe). You may record more than one color of algae. Please leave this section blank if you are colorblind.

    D. **Problem Animals or problems caused by animals**– Answer YES or NO
    If Yes, list type(s) and reason for problem. <u>Only list animals or problems if they cause the area to be unpleasant or block your ability to access, enjoy, or use the water.</u> Problems caused by animals may still be present even if the animal is not at the time of the survey.

    E. **Dead Animals** – Answer YES or NO
    If Yes, list type(s) and amount – <u>Only list dead animals if they cause the area to be unpleasant or block your ability to access, enjoy, or use the water.</u> Please record amount using a whole number. Avoid using ranges (12 instead of 10-15).

F. **Invasive Species (e.g., Phragmites, zebra/quagga mussels, other)** – Answer YES or NO
If Yes, list type(s) and amount – Only list invasive species if they cause the area to be unpleasant or block your ability to access, enjoy, or use the water. If you are able to identify invasive species located at the station, please record the species and amount.

G. **Other (shoreline or on the bottom)** – Answer YES or NO. Is there anything else that does not fit in the categories above that is present along the shoreline or bottom of the waterbody to the extent that they make the area unpleasant or block your ability to enjoy the water? If so, please describe in the space provided.

Substances causing objectionable deposits floating or suspended in the water

11. **Are any of the following visible to you floating or suspended in the water to the extent that they make the area unpleasant or block your ability to access, enjoy, or use the water –** Please answer all of the following categories:
    A. **Garbage** – Answer YES or NO
    If Yes, estimate percent of garbage floating or suspended in the water - Only list garbage if it causes the area to be unpleasant or block your ability to access, enjoy, or use the water. Use the attached figure to help you estimate percentages. Please use an exact number rather than a range.

    If Yes, please circle type(s) – Use the chart in question 10-A and B and circle the type of garbage present. You can select more than one. If you circle 'Other', please describe.

    B. **Algae** – Answer YES or NO
    If Yes, estimate percent of algae floating or suspended in the water - Only list algae if it causes the area to be unpleasant or block your ability to access, enjoy, or use the water. Please estimate the percent of algae present using the attached figure. Please use an exact number rather than a range.

    If Yes, circle type(s) – Please describe the type of algae present, if any. Choose from the following: Blobs of Floating Material, Green Soupy, Attached to Rocks/Stringy, Matted, Other (please describe). You may record more than one type of algae if present.

    If Yes, circle color – Please record the color of algae present, if any. Choose from the following: Light Green, Blue Green, Dark Green, Brown, Red, Yellow, Other (please describe). You may record more than one color of algae if present. Please leave this section blank if you are colorblind.

    C. **Other (suspended or floating in the water)** – Answer YES or NO. Is there anything else that does not fit in the categories above that is present in the water to the extent that they make the area unpleasant or block your ability to access the water? If so, please describe in the space provided.

Survey End

12. **Have You Previously Evaluated This Station? -** Answer YES or NO

13. **If you have previously evaluated this station, what changes if any have you noticed in the aesthetic quality of the water or along the shoreline since your last visit?** - Describe any changes in the space provided on the datasheet.

14. **While filling out this survey, please describe the most difficult task (if any**) – Did you find a particular question difficult to answer or task difficult to complete? Please record that here.

15. **Comments** – Record any additional comments in the space provided. Consider things that you thought should be reported but where not asked. (Weather conditions, unique animal sightings, etc.)

16. **End Time –** Please record the time the field was completed. **Thank You!**