Form 9-275G
(Sep. 2000)

U.S. DEPARTMENT OF THE INTERIOR
U.S. Geological Survey
WATER RESOURCES DIVISION
DISCHARGE MEASUREMENT AND GAGE INSPECTION NOTES

Meas. No. ______
Comp. by SLD
Checked by ______

Sta. No. ______
Sta. Name Onyx @ Lake Vanda
Date Nov 22, 2003 Party SLD/CHW/ARB
Width ______ Area ______ Vel. ______ G. H. ______ Disch. ______
Method ______ No. secs. ______ G. H. change ______ in ______ hrs.
Method coef. ______ Horiz. angle coef. ______ Susp. ______ Tags checked ______
Meter Type ______ Meter No. ______ Meter ______ ft. above bottom of wt.
Rating used ______ Spin test before meas. ______ ; after ______
Meas. plots ______ % diff. from rating no. ______ Indicated shift ______

GAGE READINGS

Time					Inside	Outside
1040		No	Flow			
	Start					
		*6				
		01:	.938			
		02:	-535			
		03:	2139			
	Finish	04!	-99999			
		05:	14.0			
Weighted MGH						
GH correction		9210	unresponsive !!			
Correct MGH		Reset = seems to work				

Samples collected: water quality, sediment, biological, other ______

Measurements documented on separate sheets: water quality, aux./base gage, other None

Rain gage serviced/calibrated ______

Weather: Sunny/windy
Air Temp. ______ °C at ______
Water Temp. ______ °C at ______
Check bar/chain found ______
Changed to ______ at ______
Correct ______

Wading, cable, ice, boat, upstr., downstr., side bridge, ______ ft., mi. upstr., downstr. of gage.
Measurement rated excellent (2%), good (5%), fair (8%), poor (> 8%); based on following conditions: Flow: ______
Cross section: ______

Gage operating: Yes Record Removed Yes
Battery voltage: 13.5 Intake/Orifice cleaned/purged: Yes - clr
Bubble-gage pressure, psi: Tank 1700, Line 14 ; Bubble-rate 60 /min.
Extreme-GH indicators: max ______ , min ______ .
CSG checked: ______ HWM height on stick ______ Ref. elev. ______ HWM elev. ______
HWM inside/outside: ______
Control: No ice

Remarks: Cleaned, ice + clr - Ran levels
Swapped N_2 Date = 56-7326 Time = 1953

GH of zero flow = GH ______ - depth at control ______ = ______ ft., rated ______

Sheet No. ______ of ______ sheets