Discharge Measurement Data Form **Page of**

Office 1 MQT 2 LUD 3 CAN

Lake 1/S 2/M 3/H 4/E 5/O 6/NYO

Stream: _____No._____

Tributary/Branch: _____

Zone/Branch Code _____

Station _____

Mileage _____

Month ___ ___

Day ___ ___

Year ___ ___

Total Discharge: cfs _____ m^3s _____

Staff Reading: _____ @ __ __:__ __

Staff Location: _____

Meter#: _____ Meter Type: _____

Staff Type: (N)ew (O)ld (P)ermanent

Gauging Rated: (E)xcellent (G)ood (F)air (P)oor

Crew Members:

_____

_____

Location: _____

Comments: _____

Angle Coefficent	Dist from Init Point	Depth	Width	Area	Revs	Time (secs)	Velocity		Disch	Tally
							at point	vertical mean		

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