

# A Appendix 1: Tide Station Report and Next Generation Water Level Measurement System Site Report

NOAA FORM 77-12 (5-80)		U.S. DEPARTMENT OF COMMERCE NATIONAL OCEANIC AND ATMOSPHERIC ADMIN.		STATION NAME		STATION NUMBER	
<b>TIDE STATION REPORT</b> <i>INSTRUCTIONS: This form is to be fully completed and submitted on station installation and at annual inspection/maintenance. (All information will be verified correct and measurements retaken.) At other station visits and on removal, only changes need be recorded in the appropriate blocks.</i>				LATITUDE		LONGITUDE	
				TIME MER.		TYPE OF STATION <input type="checkbox"/> PRIMARY <input type="checkbox"/> TERTIARY <input type="checkbox"/> SECONDARY	
WHARF	NAME			PROJECT <input type="checkbox"/> CONTROL <input type="checkbox"/> BOUNDARY <input type="checkbox"/> HYDROGRAPHIC <input type="checkbox"/> CIRCULATORY <input type="checkbox"/> OTHER		TEMPERATURE & DENSITY MEASUREMENTS AT THIS STATION	
	OWNER'S NAME AND LOCAL CONTACT			BY: <input type="checkbox"/> ESTABLISHED <input type="checkbox"/> INSPECTED <input type="checkbox"/> REMOVED		DATE	
	BUSINESS ADDRESS/TELEPHONE NUMBER			APPROVED BY		DATE	
TIDE OBSERVER	NAME			TELEPHONE NUMBER (Include Area Code.)		BUSINESS ( )	
	HOME ADDRESS			HOME ( )		DATE HIRED (If new) PAY/MO. ( )	
TIDE HOUSE & PLAT-FORM	SIZE AND BRIEF DESCRIPTION OF INSTALLATION INCLUDING PLATFORM, ACCESS INFO (Combination, contact, hours...)						
TIDE STAFF/ETG	<input type="checkbox"/> PORTABLE <input type="checkbox"/> ELECTRIC <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> OTHER		<input type="checkbox"/> HINGED <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> STAFF/ETG CHANGED <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> DATE OF INSTALLATION
	<input type="checkbox"/> FIXED <input type="checkbox"/> VITRIFIED		LIMITS OF GRADUATIONS		TOTAL MEASURED LENGTH BETWEEN THE LIMITS OF GRADUATIONS FT.		GRADUATION CORRESPONDING TO RODSTOP/ETG WEIGHT FT.
	PRECISE LOCATION, METHOD OF SECURING STAFF, TYPE AND CONDITION OF ROD STOP, AND ADDITIONAL REMARKS						
	<input type="checkbox"/> Continued on reverse.						
GAGES	TYPE AND MANUFACTURER		SERIAL NUMBER		<input type="checkbox"/> GAGE CHANGED <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE OF INSTALLATION
	POWER SOURCE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> BATTERY <input type="checkbox"/> SOLAR <input type="checkbox"/> OTHER		FLOAT/ORIFICE DIAMETER INS.		RANGE/SCALE		<input type="checkbox"/> NEGATOR SPRING <input type="checkbox"/> COUNTERWEIGHT
BACK-UP	TYPE AND MANUFACTURER		SERIAL NUMBER		<input type="checkbox"/> GAGE CHANGED <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE OF INSTALLATION
	POWER SOURCE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> BATTERY <input type="checkbox"/> SOLAR <input type="checkbox"/> OTHER		FLOAT/ORIFICE DIAMETER INS.		RANGE/SCALE		<input type="checkbox"/> NEGATOR SPRING <input type="checkbox"/> COUNTERWEIGHT
<input type="checkbox"/> ADDITIONAL GAGES) (Give details on reverse.)							
REMARKS							
<input type="checkbox"/> Continued on reverse.							
FLOAT WELL	MATERIAL			INTAKE <input type="checkbox"/> FIXED/MOLDED <input type="checkbox"/> REMOVABLE		<input type="checkbox"/> WELL CHANGED <input type="checkbox"/> YES <input type="checkbox"/> NO	
	LENGTH (Overall) FT.		LENGTH (Top to intake) FT.		INSIDE DIAMETER INS.		DATE OF INSTALLATION
	INSPECTION, CONSTRUCTION, INSTALLATION DESCRIPTION AND REMARKS			<input type="checkbox"/> INTAKE CLEANED <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> OUTSIDE CLEANED <input type="checkbox"/> YES <input type="checkbox"/> NO	
						ORIFICE POSITION	
					NO. OF SECURING CLAMPS		
<input type="checkbox"/> Continued on reverse.							

SUPERSEDES PREVIOUS EDITION. EXISTING STOCK MAY BE DESTROYED UPON RECEIPT OF REVISION.

Figure A.1: NOAA Form 77-12 Tide Station Report

ETG WELL	MATERIAL			INTAKE <input type="checkbox"/> FIXED/MOLDED <input type="checkbox"/> REMOVABLE	WELL CHANGED <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF INSTALLATION
	LENGTH (Overall) FT.	LENGTH (Top to Intake) FT.	INSIDE DIAMETER INS.	INTAKE MAT'L.	INTAKE SIZE (Hole diameter) INS.	ORIFICE POSITION
	INSPECTION, CONSTRUCTION, INSTALLATION DESCRIPTION AND REMARKS			INTAKE CLEANED <input type="checkbox"/> YES <input type="checkbox"/> NO	OUTSIDE CLEANED <input type="checkbox"/> YES <input type="checkbox"/> NO	NO. OF SECURING CLAMPS
TELE-METRY EQUIPMENT	BRISTOL METAMETER TYPE	SERIAL NUMBER	DEDICATED TELEPHONE	GAGE TO METAMETER DIFFERENCE		
	LOCATION OF RECEIVER			PERSON TO CONTACT (MIC/NWS) TELEPHONE		
	DARDC/WLTS TERMINAL UNIT NO.	DARDC/WLTS POWER SUPPLY NO.	WLTS MODULE <input type="checkbox"/> A <input type="checkbox"/> B	MODULE NUMBER	DARDC/WLTS TELEPHONE	
MEASUREMENTS	TIDE STAFF/ETG		FLOATWELL (FW)/ETG WELL		BUBBLER	
	STAFF/ETG OBSERVATION FOR MEASUREMENT FT.      TIME      DATE		STAFF/ETG OBSERVATION FOR MEASUREMENT FT.      TIME      DATE		STAFF/ETG OBSERVATION FOR MEASUREMENT FT.      TIME      DATE	
	DATE OF LEVELS TO TIDE STAFF		NO. OF MARKS CONNECTED	PBM CONNECTED <input type="checkbox"/> YES <input type="checkbox"/> NO	NO. OF MARKS ESTABLISHED	NO. OF MARKS RECOVERED
REMARKS (Recommendations for new marks, etc.)						
ADDITIONAL INFORMATION, SKETCH, AND/OR RECOMMENDATIONS (For continuation, please indicate item. Use additional sheet, if necessary.)						

\*U.S. GPO: 1988-554-006/81003

Figure A.2: Tide Station Report(cont.)

B200 DATA RECORD- ER	B200 S/N	DATE B200 INSTALLED	PROGRAM VERSION	POWER SOURCE <input type="checkbox"/> DC <input type="checkbox"/> SOLAR	DEBRICANT CHANGED? <input type="checkbox"/> YES <input type="checkbox"/> NO	CPU S/N	INTERCONNECT S/N
	DESCRIPTION, REMARKS (Mounting, weather, etc)						ADP FLUID
<input type="checkbox"/> Continued below							
BACKUP WATER LEVEL SENSOR	SENSOR MANUFACTURER <input type="checkbox"/> DRUCK <input type="checkbox"/> IMO <input type="checkbox"/> PAROSCENTRIC <input type="checkbox"/> OTHER _____	SENSOR S/N	DATE SENSOR INSTALLED	SENSOR CONFIGURATION <input type="checkbox"/> WATER <input type="checkbox"/> BUMBLER		PARALLEL PLATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	DESCRIPTION, REMARKS (Sensor location, installation details, etc)						
<input type="checkbox"/> Continued below							
OTHER SENSORS	AIR TEMPERATURE <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE INSTALLED	BAROMETER S/N	DATE INSTALLED	CONDUCTIVITY S/N	DATE INSTALLED	
	WATER TEMPERATURE <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE INSTALLED	WIND SENSOR S/N	DATE INSTALLED	NET TOWER TYPE STEEL <input type="checkbox"/> FIBERGLASS <input type="checkbox"/>	DATE INSTALLED	
	DESCRIPTION, REMARKS (Sensor/tower location, installation details, etc)						
<input type="checkbox"/> Continued below							
LATEST LEVELS	DATE OF LEVELS	NUMBER OF BENCH MARKS CONNECTED	NUMBER OF BENCH MARKS ESTABLISHED	NUMBER OF BENCH MARKS RECOVERED	PBM CONNECTED? <input type="checkbox"/> YES <input type="checkbox"/> NO, EXPLAIN	DOWNSPOT LEVELING FUTURE REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	REMARKS					AQUATIC COEFFICIENT 2A PBM above site (Return from HQ) AQUATIC COEFFICIENT 2B (Leaving point above PBM from level) AQUATIC COEFFICIENT 2 (2A + 2B = 2)	
<input type="checkbox"/> Continued below							
REMARKS (Construction, recommendations, etc)							

Figure A.3: Tide Station Report(cont.)

N/OMA121 FORM 91-01		NOAA/NATIONAL OCEAN SERVICE		SITE NAME		SITE ID NUMBER		
<b>NEXT GENERATION WATER LEVEL MEASUREMENT SYSTEM (NGWLMS) SITE REPORT</b>				LATITUDE (N/S)		LONGITUDE (E/W)		
				TIME MER. (E/W)				
<small>INSTRUCTIONS: This form is to be fully completed (all information shall be verified correct and measurements reliable) and submitted on site installation and inspection. At other site visits (repair/maintenance) and on removal, only changes need be recorded. This form shall be accompanied by the NGWLMS Well/Sounding Tube Worksheet or equivalent sketch.</small>				<b>FACILITY</b>				
<input type="checkbox"/> ESTABLISHED <input type="checkbox"/> INSPECTED <input type="checkbox"/> REPAIRED <input type="checkbox"/> REMOVED				OWNER'S NAME (And Local Representative)				
BY: _____ DATE _____				ADDRESS/TELEPHONE # _____				
APPROVED BY: _____ DATE _____								
RECEIVED (NOB HQ) BY: _____ DATE _____								
LOCAL CONTACT	NAME		HOME TELEPHONE #		BUSINESS TELEPHONE #			
	HOME ADDRESS		DATE HIRED	NEW?	YES	NO	PAY/MONTH	
SHELTER & PLATFORM	DESCRIPTION, REMARKS (Site, construction, access, utilities, etc)							
	<input type="checkbox"/> Continued on reverse							
9000 RTU	RTU S/N	DATE RTU INSTALLED	RTU TELEPHONE #		RTU POWER SOURCE		OPERATING SYS VER.	
					<input type="checkbox"/> AC <input type="checkbox"/> SOLAR		SOL. PROGRAM VER.	
	RTU BOARDS CHANGED?	PNR SUPPLY BD S/N	SAT/RADIO BD S/N	COMM CTRL BD S/N	GENERAL I/O BD S/N	MEMORY EXP BD S/N	CPU BD S/N	
	<input type="checkbox"/> YES <input type="checkbox"/> NO							
RTU DEBRISANT CHANGED?	MODEM BD S/N	AQUATRAX BD S/N	IMAGING BD S/N	TRANSITION BD S/N	TEMPERATION BD S/N	AC PWR BTDR BD S/N		
<input type="checkbox"/> YES <input type="checkbox"/> NO								
DESCRIPTION, REMARKS (Location, mounting, etc)								
<input type="checkbox"/> Continued on reverse								
PRIMARY WATER LEVEL SENSOR	AQUATRAX S/N	MATCHED TUBE S/N	SENSOR OFFSET	AGL CHANGED?	DATE AGL INSTALLED	TEMPERATURE SENSORS SEPARATION		
				<input type="checkbox"/> YES <input type="checkbox"/> NO				
DESCRIPTION, REMARKS								
				CPVC SOUNDING TUBE LENGTH	BRASS TUBE LENGTH	# BALLS		
				<small>(Lower count is brass tube end)</small>				
<input type="checkbox"/> Continued on reverse								
PROTECTIVE WELL	MATERIAL (diameter, schedule, color, etc)		PIPE LENGTH (range to range)	DATE WELL INSTALLED	INTAKE: DOUBLE CONE	INTAKE/WELL		
					SHROUD	SIDE	Checked by (date)	
	BRACKETS (CYCOP, DSR, CHEMICAL, etc)				TOP	YES	COPPER	YES
					HAT?	NO	INSERT?	NO
DESCRIPTION, REMARKS (Well location, vent hose number/size/extension, mounting, brackets, components, etc)								
<input type="checkbox"/> Continued on reverse								
GOES TRANSMISSION & SOLAR PANEL	ANTENNA S/N	DATE ANTENNA INSTALLED	CABLE LENGTH	LOW LOSS CABLE USED?	GMT OFFSET	AZ. MUTH	LOCAL DEV.	
				<input type="checkbox"/> YES <input type="checkbox"/> NO			ELEVATION	
	PLATFORM # NUMBER	CHANNEL	PARASITIC TUNE	SOLAR PANEL MANUFACTURER & S/N		RATING	ANGLE	
	DESCRIPTION, REMARKS (Antenna mounting, etc)							
<input type="checkbox"/> Continued on reverse								

Figure A.4: N/OMA121 Form 91-01 Next Generation Water Level

B200 DATA RECORD- ER	B200 S/N	DATE B200 INSTALLED	PROGRAM VERSION	POWER SOURCE <input type="checkbox"/> DC <input type="checkbox"/> SOLAR	DEBIOCANT CHANGED? <input type="checkbox"/> YES <input type="checkbox"/> NO	CPU S/N	INTERCONNECT S/N
	DESCRIPTION, REMARKS (Mounting, location, etc)					ADP CASH	SENSOR BEIGE
<input type="checkbox"/> Continued below							
BACKUP WATER LEVEL SENSOR	SENSOR MANUFACTURER <input type="checkbox"/> DRUCK <input type="checkbox"/> IMO		SENSOR S/N		DATE SENSOR INSTALLED	SENSOR CONFIGURATION	
	<input type="checkbox"/> PAROSCINTIFIC <input type="checkbox"/> OTHER					<input type="checkbox"/> WATER <input type="checkbox"/> BUBBLER	
DESCRIPTION, REMARKS (Sensor location, installation details, etc)							
<input type="checkbox"/> Continued below							
OTHER SENSORS	AIR TEMPERATURE	DATE INSTALLED	BAROMETER S/N	DATE INSTALLED	CONDUCTIVITY S/N	DATE INSTALLED	
	<input type="checkbox"/> YES <input type="checkbox"/> NO						
	WATER TEMPERATURE	DATE INSTALLED	WIND SENSOR S/N	DATE INSTALLED	MET TOWER TYPE	DATE INSTALLED	
	<input type="checkbox"/> YES <input type="checkbox"/> NO				STEEL <input type="checkbox"/> FIBERGLASS <input type="checkbox"/>		
DESCRIPTION, REMARKS (Sensor/tower location, installation details, etc)							
<input type="checkbox"/> Continued below							
LATEST LEVELS	DATE OF LEVELS	NUMBER OF BENCH MARKS CONNECTED	NUMBER OF BENCH MARKS ESTABLISHED	NUMBER OF BENCH MARKS RECOVERED	PBM CONNECTED? <input type="checkbox"/> YES <input type="checkbox"/> NO, EXPLAIN	DOWNSHOT LEVELING FOXTURE REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	REMARKS				AQUATRAX COEFFICIENT 2A PBM above site datum from HQ AQUATRAX COEFFICIENT 2B summing point above PBM from level AQUATRAX COEFFICIENT 2 (2A + 2B = 2)		
REMARKS (Continuations, recommendations, etc)							

Figure A.5: Next Generation Water Level (cont.)