

# Appendix 1

NOAA Form 77-12 Tide Station Report

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N/OMA121 Form 91-01 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.		REC'D BY NOS HQ	
WHARF		NAME		PROJECT		<input type="checkbox"/> TERTIARY <input type="checkbox"/> BOUNDARY <input type="checkbox"/> HYDROGRAPHIC	
		OWNER'S NAME AND LOCAL CONTACT		<input type="checkbox"/> CONTROL <input type="checkbox"/> CIRCULATORY <input type="checkbox"/> OTHER		<input type="checkbox"/> TEMPERATURE & DENSITY MEASUREMENTS AT THIS STATION	
		BUSINESS ADDRESS/TELEPHONE NUMBER		<input type="checkbox"/> ESTABLISHED <input type="checkbox"/> INSPECTED <input type="checkbox"/> REMOVED		BY: _____ DATE _____	
		APPROVED BY		DATE			
TIDE OBSERVER		NAME		TELEPHONE NUMBER		HOME BUSINESS	
		HOME ADDRESS		(Include Area Code.)		( ) ( )	
<input type="checkbox"/> YES <input type="checkbox"/> NO		DATE HIRED (If new)		PAY/MO.			
TIDE HOUSE & PLAT-FORM							
SIZE AND BRIEF DESCRIPTION OF INSTALLATION INCLUDING PLATFORM, ACCESS INFO (Combination, contact, hours...)							
<input type="checkbox"/> Continued on reverse.							
TIDE STAFF/ETG		<input type="checkbox"/> PORTABLE <input type="checkbox"/> ELECTRIC <input type="checkbox"/> FIXED		<input type="checkbox"/> FIBERGLASS <input type="checkbox"/> VITRIFIED <input type="checkbox"/> OTHER		HINGED <input type="checkbox"/> YES <input type="checkbox"/> NO	
		LIMITS OF GRADUATIONS		TOTAL MEASURED LENGTH BETWEEN THE LIMITS OF GRADUATIONS		GRADUATION CORRESPONDING TO RODSTOP/ETG WEIGHT	
				FT.		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		GAGE CHANGED	
		<input type="checkbox"/> YES <input type="checkbox"/> NO		DATE OF INSTALLATION			
PRIMARY		POWER SOURCE		FLOAT/ORIFICE DIAMETER		RANGE/SCALE	
		<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> BATTERY <input type="checkbox"/> SOLAR <input type="checkbox"/> OTHER		INS.		<input type="checkbox"/> NEGATOR SPRING <input type="checkbox"/> COUNTERWEIGHT	
BACK-UP		TYPE AND MANUFACTURER		SERIAL NUMBER		GAGE CHANGED	
		<input type="checkbox"/> YES <input type="checkbox"/> NO		DATE OF INSTALLATION			
		POWER SOURCE		FLOAT/ORIFICE DIAMETER		RANGE/SCALE	
		<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> BATTERY <input type="checkbox"/> SOLAR <input type="checkbox"/> OTHER		INS.		<input type="checkbox"/> NEGATOR SPRING <input type="checkbox"/> COUNTERWEIGHT	
<input type="checkbox"/> ADDITIONAL GAGE(S) (Give details on reverse.) REMARKS							
<input type="checkbox"/> Continued on reverse.							
FLOAT WELL		MATERIAL		INTAKE		WELL CHANGED	
		<input type="checkbox"/> FIXED/MOLDED <input type="checkbox"/> REMOVABLE		<input type="checkbox"/> YES <input type="checkbox"/> NO		DATE OF INSTALLATION	
		LENGTH (Overall)		LENGTH (Top to intake)		INTAKE MAT'L.	
		FT.		FT.		INS.	
		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	
<input type="checkbox"/> Continued on reverse.							

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

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	
	ETG READING MARK FT.		TOP FW FT.		TOP ETG WELL FT.	
	WHARF OR FLOOR FT.		WHARF OR FLOOR FT.		WHARF OR FLOOR FT.	
	WATER SURFACE FT.		WATER SURFACE FT.		WATER SURFACE FT.	
ZERO OF STAFF FT.		FW FT.		ETG INTAKE FT.	ORIFICE FT.	
HARBOR BOTTOM		HARBOR BOTTOM		HARBOR BOTTOM		
STAFF/ETG OBSERVATION FOR MEASUREMENT		STAFF/ETG OBSERVATION FOR MEASUREMENT		STAFF/ETG OBSERVATION FOR MEASUREMENT		
FT.      TIME      DATE		FT.      TIME      DATE		FT.      TIME      DATE		
LATEST LEVELS	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.)						

N/OMA121 FORM 01-01		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)		
INSTRUCTIONS: This form is to be fully completed (all information must be verified correct and measurements retained) and submitted on site installation and inspection. At other site visits (repair/modifications) and on removal, only changes need be accounted. This form shall be accompanied by the NGWLMS Well/Sounding Tube Worksheet or equivalent sketch.				FACILITY				
<input type="checkbox"/> ESTABLISHED <input type="checkbox"/> INSPECTED <input type="checkbox"/> REPAIRED <input type="checkbox"/> REMOVED BY: _____ DATE _____				OWNER'S NAME (And Local Representative)				
APPROVED BY: _____ DATE _____				ADDRESS/TELEPHONE #				
RECEIVED (NOB HQ) BY: _____ DATE _____								
LOCAL CONTACT	NAME		HOME TELEPHONE #		BUSINESS TELEPHONE #			
	HOME ADDRESS		DATE HIRED		NEW? <input type="checkbox"/> YES <input type="checkbox"/> NO		PAY/MONTH	
SHELTER & PLATFORM	DESCRIPTION, REMARKS (Ribs, construction, access, utilities, etc)							
ROCK RTU	RTU S/N		DATE RTU INSTALLED		RTU TELEPHONE #		<input type="checkbox"/> Continued on reverse	
	RTU POWER SOURCE <input type="checkbox"/> AC <input type="checkbox"/> SOLAR		OPERATING SYS VER		SOL PROGRAM VER			
	RTU BOARD CHANGED? <input type="checkbox"/> YES <input type="checkbox"/> NO		PWR SUPPLY BD S/N	SAT/RADIO BD S/N	COMM CNTRL BD S/N	GENERAL I/O BD S/N	MEMORY EXP BD S/N	CPD BD S/N
	RTU DEBIASING CHANGED? <input type="checkbox"/> YES <input type="checkbox"/> NO		MODEM BD S/N	AQUATRAX BD S/N	BACKPLANE BD S/N	TRANSITION BD S/N	TERMINATION BD S/N	AC PWR STOR BD S/N
	DESCRIPTION, REMARKS (Location, mounting, etc)							
PRIMARY WATER LEVEL SENSOR	AQUATRAX S/N		MATCHED TUBE S/N		SENSOR OFFSET		<input type="checkbox"/> Continued on reverse	
	AQ. CHANGED? <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE AQ. INSTALLED		TEMPERATURE SENSORS SEPARATION			
	DESCRIPTION, REMARKS		CPVC SOUNDING TUBE LENGTH (Level point to brass tube end)		BRASS TUBE LENGTH		# BAILS	
PROTECTIVE WELL	MATERIAL (diameter, schedule, color, etc)		PIPE LENGTH (range to flange)		DATE WELL INSTALLED		<input type="checkbox"/> Continued on reverse	
	BRACKETS (cylinder, legs, material, etc)		INTAKE: DOUBLE CONE <input type="checkbox"/>		INTAKE/WELL (Cleaned by divers) <input type="checkbox"/> YES <input type="checkbox"/> NO			
			TOP <input type="checkbox"/> YES HAT? <input type="checkbox"/> NO		COPPER <input type="checkbox"/> YES INSERT? <input type="checkbox"/> NO		PARALLEL <input type="checkbox"/> YES FLATES? <input type="checkbox"/> NO	
	DESCRIPTION, REMARKS (Well location, vent holes number/size/elevation, mounting, brackets, components, etc)		MARINE FOULING POTENTIAL: LIGHT <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> SEASONAL <input type="checkbox"/>					
GOES TRANSMISSION & SOLAR PANEL	ANTENNA S/N		DATE ANTENNA INSTALLED		CABLE LENGTH		<input type="checkbox"/> Continued on reverse	
	LOW LOSS CABLE USED? <input type="checkbox"/> YES <input type="checkbox"/> NO		GMT OFFSET		AZ. MUTH		LOCAL DEV.	
	ELEVATION		PLATFORM ID NUMBER		CHANNEL		TRANSMIT TIME	
	DESCRIPTION, REMARKS (Antenna mounting, etc)		SOLAR PANEL MANUFACTURER I. S/N		RATING		ANGLE	
							<input type="checkbox"/> Continued on reverse	

B200 DATA RECOR- DER	B200 S/N	DATE B200 INSTALLED	PROGRAM VERSION	POWER SOURCE <input type="checkbox"/> DC <input type="checkbox"/> SOLAR	DEIONICANT CHANGED? <input type="checkbox"/> YES <input type="checkbox"/> NO	CPU S/N	INTERCONNECT S/N
	DESCRIPTION, REMARKS (Mounting, location, etc)					AUX GAIN	SENSOR SLOPE
BACKUP WATER LEVEL SENSOR	SENSOR MANUFACTURER <input type="checkbox"/> DRUCK <input type="checkbox"/> IMO <input type="checkbox"/> PAROSCIENTIFIC <input type="checkbox"/> OTHER _____	SENSOR S/N	DATE SENSOR INSTALLED	SENSOR CONFIGURATION <input type="checkbox"/> WATER <input type="checkbox"/> BUBBLER		PARALLEL PLATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	DESCRIPTION, REMARKS (Sensor location, installation details, etc)						
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	MET TOWER TYPE: STEEL <input type="checkbox"/> FIBERGLASS <input type="checkbox"/>	DATE INSTALLED	
	DESCRIPTION, REMARKS (Sensor/tower location, installation details, etc)						
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 PICTURE REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	REMARKS					AQUATRAX COEFFICIENT 2A (PBM above site datum from HIC) AQUATRAX COEFFICIENT 2B (Leveling point above PBM from levels) + AQUATRAX COEFFICIENT 2 (2A + 2B = 2) -	
REMARKS (Continuations, recommendations, etc)							