W. B. FORM 612-14

U. S. DEPARTMENT OF COMMERCE, WEATHER BUREAU

(REVISED 1958)

RECORD OF CLIMATOLOGICAL OBSERVATIONS

Station Isabella 1 W

County Lake

State Minnesota

Time of observation (local time) if once daily 1300; If at different times, temperature _____, precipitation _____

Month March, 1966

Standard time in use _____

Date	TEMPERATURE °F: 24 hrs. ending at observation Max.	Min.	At obsn.	PRECIPITATION: Draw a straight line (—) through hours precipitation was observed, and a waved line (~~) through hours precip probably occurred unobserved. A.M. NOON P.M. 1 2 3 4 5 6 7 8 9 10 11 1 2 3 4 5 6 7 8 9 10 11	24-hr. amounts: Rain, Melted snow, etc. (ins. & hundths)	Snow, Sleet, Hail (ins. & tenths)	At obsn. Snow, Sleet, Hail, Ice on grd (inches)	WEATHER (CALENDAR DAY): Mark 'X' for all types occurring each day: Fog	Sleet	Glaze	Thunder	Hail	Damaging Wind	Time of Obsn. if different from the above	Important weather conditions not included in 'Weather' block; remarks, etc.
1	+42	+24	+35				23							
2	+46	+10	+32				25							
3	+33	+23	+25		T	T	23							
4	+30	+25	+28		3.54	26.0	46							
5	+28	+5	+20		0.31	5.0	51							
6	+29	-2	+12				51							
7	+33	-6	+31				51							
8	39	8	28		.07	2.0	53							
9	45	6	44		—	—	47							
10	41	22	35		T	T	39							
11	33	24	32		0.13	~~Sleet~~ T	38		X					
12	44	28	43		T	T	38							
13	48	21	47				36							
14	47	28	34				36							
15	37	23	35				36							
16	39	27	38				33							
17	56	31	53			~~Sleet~~	33							
18	54	32	34		0.17	~~Sleet~~ RAIN & SNOW	33							
19	35	18	22		.33	1.0	32							
20	38	8	35				29							
21	48	26	46				29							
22	47	23	38				29							
23	40	9	11		0.07	0.5	30							
24	+18	-5	+15				30							
25	30	-2	28		T	T	30							
26	32	-5	26				30							
27	30	-3	28				30							
28	42	6	40				30							
29	42	23	42				30							
30	43	16	35				30							
31	40	20	28		0.50	~~Sleet~~ RAIN	30			X				
Sum					5.12	34.5		Fog	Sleet	Glaze	Thunder	Hail	Damaging Wind		
Avg															
Extreme															

Observer _____

Post Office Isabella, Minnesota

Check ☐ when additional sheet is used for remarks

List forms or supplies needed _____

Station ISABELLA Month MARCH, 1966

16—59784-6

PLEASE! Be sure the station name is on this form. An unidentified record is easily lost.

21-4068-3

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