

Station Inyokern

RECORD OF CLIMATOLOGICAL OBSERVATIONS

County Kern

Time of observation (local time) if once daily 6:00 P.M. Month July 19 59

State California

if at different times, temperature _____, precipitation _____ Standard time in use P. D. S. T.

Date	TEMPERATURE		PRECIPITATION		WEATHER (CALENDAR DAY)							Important weather conditions not included in 'Weather' block; remarks, etc.		
	24 hrs ending at observation	At obsn.	Draw a straight line (—) through hours precipitation was observed, and a wavy line (~~~~) through hours precip. probably occurred unobserved.		24-hr. amounts		Mark 'x' for all types occurring each day							
	Max.	Min.	A.M. Noon P.M.		Rain, Melted snow, etc. (ins. & hundths)	Snow, Sleet, Hail (ins. & tenths)	Fog	Sleet	Glaze	Thunder	Hail	Damaging Wind	Time of obsn. if different from the above	
1	98	65	90											B/c - Windy
2	100	62	97											S/C - Windy
3	104	70	95											Clear - windy
4	103	69	95	0.9										Clear - windy
5	104	68	96	0.7										Few scattered clouds
6	104	69	95											
7	102	68	96	0.7										
8	104	68	99	0.8										SCATTERED CLOUDS
9	113	64	104											FEW SCATTERED CLOUDS
10	111	68	108											FEW SCATTERED CLOUDS
11	112	75	107											OVERCAST LOW CLOUDS
12	111	76	105											HAZY - FEW SCATTERED CLOUDS
13	106	69	101											medium winds - scattered clouds
14	107	68	100											clear
15	106	66	101											clear
16	108	69	106											clear
17	111	74	106											clear
18	112	74	106											Clear + medium wind.
19	113	79	107											clear light wind.
20	111	77	103											clear
21	108	76	104											clear
22	105	74	100											cloudy + overcast
23	107	79	104											CLEAR - LIGHT WIND
24	108	75	105											
25	109	75	107											
26	111	77	105											
27	110	76	103											
28	108	70	103											WINDY + CLEAR
29	106	66	102											CLEAR
30	104	71	97											CLEAR
31	102	75	94											CLOUDY - WINDY
Sum														overcast. Rain in Hills
Avrg														
Extremes														

Observer C. W. Jump
 Office Inyokern

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 List forms or supplies needed _____
 Check when additional sheet is used for remarks

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