W. B. FORM 612-14 (FORMERLY 1008) U. S. DEPARTMENT OF COMMERCE, WEATHER BUREAU REVISED 1950

Station Goldfield U.S. Dam Datum

RECORD OF CLIMATOLOGICAL OBSERVATIONS

Time of observation (local time) if once daily 5 P

Month July 1960

County Nye

State Nevada NV.

If at different times, temperature _____, precipitation _____

Standard time in use PP

26-7319-3

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. 12 1 2 3 4 5 6 7 8 9 10 11 NOON 1 2 3 4 5 6 7 8 9 10 11 P.M.	24-hr. amounts Rain, Melted snow, etc. (ins. & hundredths)	Snow, Sleet, Hail (ins. & tenths)	At obsn. Snow, Sleet, Hail, Ice on ground (ins.)	WEATHER (CALENDAR DAY) Mark 'X' for all types occurring each day: Fog	Sleet	Glaze	Thunder	Hail	Damaging Wind	Time of Obsn. if different from 24hr obsn	Important weather conditions not included in 'Weather' block, remarks, etc.
1	100	50	96		0		0										
2	97	71	81		0												
3	99	61	96		0												
4	99	60	94		0												
5	98	60	95		0												
6	99	63	97		0										X		
7	100	60	96		0												
8	102	65	95		0												
9	95	67	91		0												
10	93	50	90		0												
11	94	55	90		0												
12	94	55	90		0												
13	100	47	98		0												
14	102	50	101		0												
15	106	50	100		0												
16	106	48	100		0												
17	109	62	107		0												
18	110	52	102		0												
19	109	70	101		0												
20	107	60	103		0												
21	101	71	98		0												
22	98	71	90		0												
23	103	60	100		0												
24	103	61	99		0												
25	103	60	100		0												
26	104	63	99		0										X		
27	104	69	98		0												
28	102	70	(160)	100	0										X		
29	100	74	96		0												
30	99	62	94	0	0										X		
31	97	70	95		0		0										
1st																	
2nd																	
3rd																	

Observer W. G. Robertson

Post office Goldfield

Sum 0 0 X

Cloud ☐ when additional sheet is used for remarks

List forms or supplies needed _____

Station _____ Month _____, 19__