W. B. FORM F-10 (REVISED 6-70)

U.S. DEPARTMENT OF COMMERCE—ENVIRONMENTAL SCIENCE SERVICES ADMINISTRATION—WEATHER BUREAU

Station Deep Springs College

County Inyo

State Calif.

RECORD OF CLIMATOLOGICAL OBSERVATIONS

Time of observation (local time) if once daily 5:00pm; If at different times, temperature _____, precipitation _____

Month ###### July, 19 ## 72

Standard time in use Pacific

punched 9290B

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.)	24-hr. amounts: Rain, Melted snow, etc. (ins. & hund'ths)	Snow, Ice Pellets, Hail (ins. & tenths)	At obsn: Snow, Ice Pellets, Hail, Ice on gnd (inches)	WEATHER (CALENDAR DAY) Mark 'X' for all types occurring each day: Fog	Ice Pellets	Glaze	Thunder	Hail	Damaging Wind	Time of Obsn. if different from the above	Important weather conditions not included in 'Weather' block; remarks, etc.
1	100	64	96												
2	99	67	93.5												part. cloudy; heat lightning 9:00 pm
3	98	67	93												
4	94	64	91												
5	95	62	92												
6	95	60	92												
7	93	62	#91												
8	92	64	85												
9	93	59	88												
10	92	66	87												thndr. shwrs. to N.W.
11	93	60	91												
12	98	60	95												
13	101	61	99												
14	102	65	99												
15	103	67	99								X				thndr. to East
16	98	66	82		trace						X				thndr., tr. of rain pm, East wind
17	99	65	97												
18	98	65	92		.03						X				thndr. overhead, rain tr., East wind am
19	98	65	93												
20	~~83~~ 93	66	81												
21	82	58	80												
22	86	56	84												
23	91	54	88												
24	92	57	90												
25	91	52	88												
26	92	52	89												
27	92	51	90												
28	#96	56	95												
29	96	62	89												overcast am
30	95	68	83												
31	94	62	88				0								
Sum					03	0	X								
Avg															
Extreme															

Observer PHILIP HEIKKINEN

Post Office DYER, NEV.

Check ☐ when additional sheet is used for remarks

List forms or supplies needed _____

Station DEEP SPRINGS Month JULY 19 72

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

04-2331-7