

UNITED STATES DEPARTMENT OF COMMERCE National Oceanic and Atmospheric Administration

ENVIRONMENTAL DATA AND INFORMATION SERVICE Washington, D.C. 20235 Liaison Office P. O. Box 271 La Jolla, California 92038

November 4, 1980

EDIS:NCR

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FROM:

Nelson C. Ross, Jr.

SUBJECT: Data Transmission

Forwarded are the following in compliance with the NSF funded "Anomoly Dynamics Project (ADS)."

ADS Field Survey #1 - (Data Report)

ADS Field Survey #2 - (Data Report)

c. ADS Field Survey #3 - (Data Report)

Magnetic Tape - 9 track, 800 bpi, EBCDIC, Odd parity d.

DDF e.

At you earliest convenience please perform computer edit checks.

Please acknowledge receipt of tape and provide the submitter with the assigned NODC Reference Number for future referals or inquiry.

cc: w/o enclosures

Dr. Warren White, SIO Dr. Robert Bernstein, SIO Dr. Curtis Collins, NSF 0A/D75

Ace# 8100434 Ace# 8100434 31-8590 ACC 318591 ACC 318591



DATA DOCUMENTATION FORM

NOAA FORM 24-13 (4-77) U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION
NATIONAL OCEANOGRAPHIC DATA CENTER
RECORDS SECTION
WASHINGTON, DC 20238

FORM APPROVED O.M.B. No. 41-R2651 EXPIRES 1-81

(While you are not required to use this form, it is the most desirable mechanism for providing the required ancillary information enabling the NODC and users to obtain the greatest benefit from your data.)

This form should accompany all data submissions to NODC. Section A, Originator Identification, must be completed when the data are submitted. It is highly desirable for NODC to also receive the remaining pertinent information at that time. This may be most easily accomplished by attaching reports, publications, or manuscripts which are readily available describing data collection, analysis, and format specifics. Readable, handwritten submissions are acceptable in all cases. All data shipments should be sent to the above address.

A. ORIGINATOR IDENTIFICATION									
THIS SECTION MUST BE COMPLETED BY DONOR	FOR ALL D	ATA TRANSMIT	TALS						
1. NAME AND ADDRESS OF INSTITUTION, LABOR SCRIPPS INSTITUTION OF UCSD LA JULY CA 92093	ATORY, OF	RACTIVITY WIT	H WHICH SUBM	PA	RE ASSOCIATED				
2. EXPEDITION, PROJECT, OR PROGRAM DURING DATA WERE COLLECTED Anomaly Dynamics Study ()	_		BER(S) USED E IS SHIPMENT ADS / ADS 2 ADS 3	BY ORIGINATOR	TO IDENTIFY				
4. PLATFORM NAME(S) 5. PLATFORM TYPE RIV KANA KEOKI (32 KK) SHIP, BUO	E(S) Y, ETC.)	6. PLATFORM A NATIONALIT	ND OPERATOR Y(IES)		TES NO DAY VE				
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8. ARE DATA PROPRIETARY?		E DARKEN ALI							
IF YES, WHEN CAN THEY BE RELEASED FOR GENERAL USE? YEARMONTH			GENERAL AR	REA					
9. ARE DATA DECLARED NATIONAL PROGRAM (DNP)? (I.E., SHOULD THEY BE INCLUDED IN WORLD DATA CENTERS HOLDINGS FOR INTERNATIONAL EXCHANGE?) NO YES PART (SPECIFY BELOW) 10. PERSON TO WHOM INQUIRIES CONCERNING DATA SHOULD BE ADDRESSED WITH TELE-PHONE NUMBER (AND ADDRESS IF OTHER THAN IN ITEM-1) NO WITH WILLIAMS (7/4) 452-464/	278 22 242 242 206 1770 1770 1770 1770 1770 1770 1770 17	237 246 232 232 246 257 266 257 257 258 258 258 258 258 258 258 258 258 258	120° 100° 80° 80° 227 227 227 227 227 227 227 227 227 22	273 283 2217 253 187 216 188 180 107 188 107 188 1037 1072 1037 1037 1072 1037 1037 1072 1037 1037 1072 1037 10	40° 80° 100° 224				
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B. SCIENTIFIC CONTENT

Include enough information concerning manner of observation, instrumentation, analysis, and data reduction routines to make them understandable to future users. Furnish the minimum documentation considered relevant to each data type. Documentation will be retained as a permanent part of the data and will be available to future users. Equivalent information already available may be substituted for this section of the form (i.e., publications, reports, and manuscripts describing observational and analytical methods). If you do not provide equivalent information by attachment, please complete the scientific content section in a manner similar to the one shown in the following example.

EXAMPLE (HYPOTHETICAL INFORMATION)

NAME OF DATA FIELD	REPORTING UNITS OR CODE	METHODS OF OBSERVATION AND INSTRUMENTS USED (SPECIFY TYPE AND MODEL)	ANALYTICAL METHODS (INCLUDING MODIFICATIONS) AND LABORATORY PROCEDURES	DATA PROCESSING TECHNIQUES WITH FILTERING AND AVERAGING
Salinity	Tor	Nansen bottles	Inductive Salinometer (Hytech model S 510)	N/A (Not applicable)
		STD Bissett-Berman Model 9006	N/A	Values averaged over 5-meter intervals
Water color	Forel scale	Visual comparison with Forel bottles	N/A	N/A
Sediment size	d units and percent by weight	Ewing corer	Standard sieves. Carbonate fraction removed by acid treatment	Same as "Sedimentary Rock Manual," Folk 165

(SPACE IS PROVIDED ON THE FOLLOWING TWO PAGES FOR THIS INFORMATION)

B. SCIENTIFIC CONTENT

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B. SCIENTIFIC CONTENT

D. SCIENTIFIC CONTENT										
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C. DATA FORMAT

This information is requested only for data transmitted on punched cards or magnetic tape. Have one of your data processing specialists furnish answers either on the form or by attaching equivalent readily available documentation. Identify the nature and meaning of all entries and explain any codes used.

- 1. List the record types contained in your file transmittal (e.g., tape label record, master, detail, standard depth, etc.).
 - 2. Describe briefly how your file is organized.
 - 3-13. Self-explanatory.
 - 14. Enter the field name as appropriate (e.g., header information, temperature, depth, salinity.
 - 15. Enter starting position of the field.
- 16. Enter field length in number columns and unit of measurement (e.g., bit, byte, character, word) in unit column.
- 17. Enter attributes as expressed in the programming language specified in item 3 (e.g., "F 4.1," "BINARY FIXED (5.1)").
- 18. Describe field. If sort field, enter "SORT 1" for first, "SORT 2" for second, etc. If field is repeated, state number of times it is repeated.

C. DATA FORMAT

COMPLETE THIS SECTION FOR PUNCHED CARDS OR TAPE, MAGNETIC TAPE, OR DISC SUBMISSIONS.

1. LIST RECORD TYPES (GIVE METHOD OF IDER			L OF YOUR FI	LE	
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2. GIVE BRIEF DESCRIPT	TION OF FIL	E ORGANIZATION			
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3. ATTRIBUTES AS EXPR	RESSED IN	PL-1	ALGOL	COBOL LANGUAGE	
4. RESPONSIBLE COMPU		LIST:	۲.		
ADDRESS					
COMPLETE THIS SE	ECTION IF D	ATA ARE ON MAGNE	TIC TAPE		
5. RECORDING MODE	BCD	BINARY	9. LENGTH (OF INTER- GAP (IF KNOWN) 3	/4 INCH
	ASCII	EBCDIC			
			10. END OF F	□ o	CTAL 17
6. NUMBER OF TRACKS (CHANNELS)	SEVEN				
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7. PARITY					
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	556 BPI	_	12. PHYSICAL	BLOCK LENGTH IN	BYTES
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			.s. centra	. 91123 IN BITS	

9-track -- EBCDIC -- 800 BPI Each station -- one file -First record each file (length = 110 chars.) 61 = ADS1 - 54 STATIONS (FILES) I10 CRUISE ID 62 = ADS2 - 79.63 = ADS3 - 78

ADS II - FILES 1 TO 54

ADS III - FILES 55 TO 133

ADS III - FILES 134 TO 211

110 STATION NUMBER

ILO CAST NUMBER

110 UP/DOWN (1=UP, 2=DOWN)

110 CONDUCTIVITY (1=YES, 0=NO)

110 NO. STATIONS ON TAPE

3110 DAY, MONTH, YEAR

F10.3 LATITUDE (+N, -S)

F10.3 LONGITUDE (+E, -W)

(9I10, 2F10.3)

Second and subsequent records

6 logical records/physical record

KIIVITOOUNOS

LEN=614 chars. with A, 576 chars. without A

13 F8.3 or 12 F8.3 NO CONDUCTIVITY

WORD 1 PRESSURE

- 2 DEPTH
- 3 CONDUCTIVITY
 - 4 TEMPERATURE
 - 5 POTENTIAL TEMPERATURE
 - 6 SALINITY
 - 7 SIGMA THETA
 - 8 IN SITU DENSITY
 - 9 SPECIFIC VOLUME ANOMALY
 - 10 DYNAMIC HEIGHT
 - 11 TRANSPORT
 - 12 SOUND VELOCITY
 - 13 STABILITY

* CONDUCTIVITY ONLY IF HEADER INDICATES. IF NOT PRESENT SHIFT ALL WORDS 4-13 TO 3-12

End of each station file EOF mark

End of data — additional EOF mark

RECORD NAME ____ 15. POSITION 16. LENGTH FROM-1 MEASURED 14. FIELD NAME 17. ATTRIBUTES | 18. USE AND MEANING IN NUMBER UNITS (e.g., bits, bytes)

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D. INSTRUMENT CALIBRATION

This calibration information will be utilized by NOAA's National Oceanographic Instrumentation Center in their efforts to develop calibration standards for voluntary acceptance by the oceanographic community. Identify the instruments used by your organization to obtain the scientific content of the DDF (i.e., STD, temperature and pressure sensors, salinometers, oxygen meters, velocimeters, etc.) and furnish the calibration data requested by completing and/or checking ("\sum'") the appropriate spaces. Add the interval time (i.e., 3 months, 6 months, 9 months, etc.) if the fixed interval calibration cycle is checked.

INSTRUMENT TYPE DATE OF LAST (MFR., MODEL NO.) CALIBRATION	DATE OF LAST	INSTRUMENT WAS	CALIBRATED BY	CHECK ONE: INSTRUMENT IS CALIBRATED				INSTRU- MENT IS	
	CALIBRATION	YOUR ORGANIZATION	OTHER ORGANIZATION (GIVE NAME)	AT FIXED	BEFORE OR After Use	BEFORE AND After Use	ONLY AFTER REPAIR	NEW ONLY	NOT CALI- BRATED
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