

Harmful Algal Bloom (HAB) Monitoring Program

Contact Information

Name: _____

Number: (_____) _____ Email: _____

Bloom Information

Have you observed a bloom at this location before? YES/NO

Date bloom was observed: _____ Time: _____ Did you collect a sample? YES/NO

Location: River/ Tributary Street Address: _____

GPS Coordinates (Please use Decimal Degree format. Ex: 42.652721, -73.748582): _____

Appearance

use DEC pictures for reference at: <http://www.dec.ny.gov/chemical/81962.html>

- | | |
|--|--|
| <input type="checkbox"/> Bubbling scum on surface of the water | <input type="checkbox"/> Hairy, silky strands on rocks, plants, or water |
| <input type="checkbox"/> Green dots/clumps on or in the water | <input type="checkbox"/> Green streaks on the water surface |
| <input type="checkbox"/> Pea soup appearance within the water | <input type="checkbox"/> Spilled-paint appearance (green, blue-green, white) |

Other (please specify): _____

Color golden/brown green blue-green red other:

Approximate size of bloom (description of landmarks are helpful): _____

Does the bloom span the entire width of the river? YES/ NO

If known, approximate duration of the bloom: _____

Are there affected animals in the vicinity of the bloom? YES/ NO

Describe: _____

PLEASE TAKE PHOTOS: (1) close up to show character of algae, (2) from a distance to show extent, and (3) from multiple angles to show upstream/downstream/cross-stream extent

Please send written reports and photos as soon as possible to:

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