

Algae Sampling Data Supplemental Information

Date: _____ Time of Day: _____

Lake Name: _____ County: _____

Ecology Tracking Number: _____

Sample Location: (e.g. swim beach, north shore) _____

Latitude: _____ Longitude: _____

CONTACT INFO:

Name of Sampler: _____ Affiliation: _____

Phone Number: _____ Email Address: _____

WEATHER

check one

- Sunny
- Partly Cloudy
- Overcast
- Dark Clouds
- Raining

WIND

check one

- No Wind (Glassy Water)
- Slight Wind (Small Ripples)
- Breezy (Small Wavelets)
- Stormy (Waves/Whitecaps)

TEMPERATURE

Air: _____ °C
(to the nearest 0.5 °C)

LAKE USE

of boats on lake: _____

of swimmers at the lake: _____

of people wading/other: _____

of people fishing: _____

of dogs in/around lake: _____

POSTING DECISION:

- NONE
- CAUTION
- WARNING
- DANGER

SCUM PRESENT:

- NO
- YES

COLOR: _____

PICTURE TAKEN?

- No
- Yes

Please send photos to:
Lizbeth Seebacher lsee461@ecy.wa.gov

NOTES:

REQUESTED ANALYSES

Requested Analyses

- Microcystins
- Saxitoxin
- Cylindrospermopsin
- Anatoxin-a
- Qualitative Phyto ID

Received Date/time:	Relinquished Date/time:
Received by: <i>(Signature)</i>	Relinquished by: <i>(Signature)</i>
Printed Name:	Printed Name

