

CYANOBACTERIA BLOOM RESPONSE FIELD DATA SHEET

(7-6-06 V2)

WATERBODY NAME:	DATE (M/D/YY):	TIME: (AM) (PM)	Case ID#:
-----------------	----------------	-----------------	-----------

COUNTY:	LOCATION:	NEAREST TOWN/CITY:
---------	-----------	--------------------

Visit Type:	Samples collected:	Samples submitted to:	Photos Taken: <input type="checkbox"/> yes <input type="checkbox"/> no
Initial <input type="checkbox"/>	<input type="checkbox"/> yes <input type="checkbox"/> no		
Recon <input type="checkbox"/>	Sample collection method:		
Sampling <input type="checkbox"/>	Single Grab: <input type="checkbox"/>	Grab Composite: <input type="checkbox"/>	Depth integrated composite: <input type="checkbox"/>
Follow-up <input type="checkbox"/>			

Sample & Analysis types:	Aqueous: <input type="checkbox"/>	Surface Scum: <input type="checkbox"/>	Benthic mat: <input type="checkbox"/>	Tissue: <input type="checkbox"/>
Algal ID & enumeration: <input type="checkbox"/>	Nutrients: <input type="checkbox"/>	Chl-a: <input type="checkbox"/>	AGP: <input type="checkbox"/>	Turbidity: <input type="checkbox"/>
				Toxin: <input type="checkbox"/>

Estimated size of bloom:	Impounded: <input type="checkbox"/> yes <input type="checkbox"/> no	Stream/River/Canal	m wide	<small>Specify</small>
Lake/Estuary Typical depth	Inflows: <input type="checkbox"/> yes <input type="checkbox"/> no	Typical Transsect	m deep	m deep
<input type="text" value=""/> m deep	Outflows: <input type="checkbox"/> yes <input type="checkbox"/> no	Water velocity	m/s	m/s
			Left bank	Middle
				Right bank

Canopy Cover: Open : Lightly Shaded (11-45%): Moderately Shaded (46-80%): Heavily Shaded:

Description of Bloom/	Latitude	Degrees	Minutes	Seconds	Longitude	Degrees	Minutes	Seconds	
Present Weather conditions									
								Last rain event	
								Rainfall amount	

Print a map from GIS tool or Internet mapping service (e.g., Mapquest, Google Map)

Sketch bloom area on the attached map. Indicate wind direction.

WATER QUALITY	Depth (m):	Temp. (°C) :	pH (SU) :	D.O. (mg/l) :	Cond. (µmho/cm) or Salinity (ppt):			Secchi (m):
Top	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mid-depth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bottom	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

System Type: Stream: (1st - 2nd order 3rd - 4th order) 5th - 6th order 7th order or greater) Lake: Wetland: Estuary: Other:

Water Odors (check box) : Normal: Sewage: Petroleum: Chemical: Other:

Water Surface (check box): Clear: Scum: Globbs: Slick:

Water Clarity (check box): Clear: Slightly Turbid: Opaque:

Bloom Color (check box): Green: Red: Brown: Other:

Notes	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: none;"><i>Abundance:</i></td> <td style="border: none;">Absent</td> <td style="border: none;">Rare</td> <td style="border: none;">Common</td> <td style="border: none;">Abundant</td> </tr> <tr> <td style="border: none;">Periphyton</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Fish</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Aquatic Macrophytes</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Iron/sulfur Bacteria</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	<i>Abundance:</i>	Absent	Rare	Common	Abundant	Periphyton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aquatic Macrophytes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Iron/sulfur Bacteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Abundance:</i>	Absent	Rare	Common	Abundant																						
Periphyton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
Fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
Aquatic Macrophytes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
Iron/sulfur Bacteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						

VISIT TEAM:	AGENCY:	
-------------	---------	--