



Algae Sampling Data Supplemental Information

Date: _____

Lake Name: _____

Tracking number: _____

Sample Location: _____

Name of Sampler: _____

Affiliation: _____

Contact Information _____

Phone number: _____

Email address: _____

Time of Day: _____

Weather: _____

Nature of Algae Bloom:

- Surface scum
- Mixed through the water column
- Band in water column
- On substrate
- Unknown

Duration of Algae Bloom: _____

Comments: _____

If you need this publication in an alternate format, please call the Water Quality Program at 360-407-6401. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.