Reset Form

ALGAL BLOOM NOTIFICATION

State Form 55581 (3-14)
INDIANA STATE DEPARTMENT OF HEALTH
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

State use only
HABISS #_____
Date _____

Notifying Party

☐ Public ☐ State Agency
☐ Healthcare Provider ☐ County Agency
☐ Other *(specify)*: _____
Contact Name_____
Telephone Number_____

Environmental Conditions

Visible algae present
☐ Yes ☐ No ☐ Unknown
If yes, what color_____
Unusual odors
☐ Yes ☐ No ☐ Unknown
Any sick or dead animals_____
☐ Yes ☐ No ☐ Unknown
If yes species & count_____
Additional information_____
_____
_____
_____

Location Information

Date bloom observed ____/____/_____
mm dd yyyy

Time bloom observed ____:____ am/pm
hh mm

☐ Private Water body
☐ Public Water body
☐ Unknown
Name of water body_____
Location: _____
_____

Is this body of water a drinking water source?
☐ Yes ☐ No ☐ Unknown

Is near a public recreational area?
☐ Yes ☐ No ☐ Unknown

Attached map with bloom location noted (e.g. Google Map image)?
☐ Yes ☐ No ☐ Unknown

Digital photos attached?
☐ Yes ☐ No ☐ Unknown

Bloom Description and Sampling Information

Please describe the location of the bloom in the water body (e.g. center of lake, at boat dock, at the beach)
_____
_____

Please check any colors you see
☐ Green ☐ Blue ☐ Red ☐ Rust ☐ Brown ☐ Milky White ☐ Purple ☐ Black

Were samples taken? ☐ Yes ☐ No ☐ Unknown
If yes, when were they taken and where were they sent?_____
_____

Is there any other information you would like to add? _____
_____
_____
_____
_____

Please **FAX** completed forms to: Indiana State Department of Health: (317) 233-7047 or **E-MAIL** to eph@isdh.in.gov.