



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
 - Healthcare Provider
 - Other (*specify*): _____
 - State Agency
 - County Agency
- 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.