

New York State Great Lakes Shoreline Cladophora Observation Form

Please complete this form and e-mail along with accompanying photos to GLCladophora@dec.ny.gov.



First Name

Last Name

Phone Number

Email

Organization *(if applicable)*

Date of Observation

Time of Observation *(please use HH:MM format)*

Waterbody

County

Municipality

Location *(e.g. ABC State Park, XYZ Beach, property address, local landmark, private residence, etc.)*

Latitude

Longitude

*Please use decimal degree format, e.g.: **Latitude:** 42.652721 **Longitude:** -73.748582*

Approximate Length of Shoreline Area Surveyed *(in feet, parallel to shore)*

Approximate Width of Shoreline Area Surveyed *(in feet, perpendicular to shore)*

Describe Cladophora Conditions:

In water (wadeable area):

Amount

Condition

Substrate

Water Clarity

On wet beach (at waterline):

Amount

Condition

On Dry Beach (away from waterline):

Amount

Condition

About how far above the waterline does the Cladophora extend (*in feet*)?

Based solely on the amount of algae present on the shoreline, would you recreate in this area?

Based solely on the amount of algae present in the water, would you swim in it?

Weather Conditions at the Time of Observation:

Cloud Cover

Precipitation

Wind

Other Conditions:

Odors

Plastics

Refuse

Zebra/Quagga Mussel shells

Describe significant weather activity within the previous week:

High Winds

High Waves

Seiche

Significant Rain

Other Comments:

Please take representative photos showing extent of algae, as these will be an important part of the longer-term documentation of conditions.

Facing water, take a photo along shoreline to the left:

Facing the water, take a photo along the shoreline to the right:

Please take a close-up photo of the Cladophora:

Other photo (*optional*). Please also describe what is shown in photo below: