

Suspicious Algae Bloom Report Form

Please complete this form and e-mail to HABsInfo@dec.ny.gov.
If possible, please attach digital photos of the suspected bloom.
(Fields in red are required)



First Name	Last Name	Phone Number	E-mail	Date bloom was observed
<input type="text"/>				

Name of waterbody	Closest address or landmark to bloom	County	City/Town
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Describe where on the lake you see the bloom. <input type="text"/>	Which sections of the lake have a bloom? (Select all that apply)	Have you seen a bloom on this lake before? <input type="text"/>	Is the location open to the public? <input type="text"/>
	<input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> North East <input type="checkbox"/> South East <input type="checkbox"/> South <input type="checkbox"/> West <input type="checkbox"/> North West <input type="checkbox"/> South West		

Is the lake used for drinking water?	Is the lake used for swimming?	Are people actively swimming in the bloom?	How large is the extent of the bloom?
<input type="checkbox"/> Public Water Supply <input type="checkbox"/> Individual Water Intakes <input type="checkbox"/> Unknown	<input type="checkbox"/> Swimming Beach <input type="checkbox"/> Private Swimming <input type="checkbox"/> Unknown	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<input type="radio"/> Small localized (few properties) <input type="radio"/> Large Localized (many properties) <input type="radio"/> Widespread/Lakewide

Is the bloom on the surface of the water?	Does the water look like any of the descriptions to the right? (Select all that apply)	
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Please use the DEC's photo gallery to help visualize the descriptions	<input type="checkbox"/> Bubbling scum on surface of the water <input type="checkbox"/> Hairy, silky strands on rocks, plants, or water <input type="checkbox"/> Green dots/clumps on or in the water <input type="checkbox"/> Green streaks on the water surface <input type="checkbox"/> Pea soup appearance within the water <input type="checkbox"/> Spilled paint appearance on the surface of the water (green, blue-green, white) <input type="checkbox"/> Other (please specify) <input type="text"/>

GPS coordinates of bloom location
(Please use Decimal Degree format.
Ex: 42.652721, -73.748582)

Latitude	<input type="text"/>	Is anyone experiencing health effects after exposure to the bloom? (If yes, contact your doctor and the state or county DOH immediately.)	Additional comments about the bloom or its appearance <input type="text"/>
Longitude	<input type="text"/>		

Please send completed form
and photos via email to:
HABsInfo@dec.ny.gov

For information about algae blooms, go to [DEC Harmful Algae Bloom site](#); for information about health concerns, go to [NYSDOH blue-green algae site](#) DEC will share this information with the NYSDOH. DEC may contact you if more information is needed. Information may be posted on the [DEC Harmful Algae Bloom Notifications page](#).

IMPORTANT: You must have the latest version of Adobe Reader on your computer to fully utilize this form. You can download software at: [Free Adobe Reader Download](#). (Note: By clicking on Free Adobe Reader Download link, you will leave the DEC Website. DEC does not endorse and is not responsible for the content of the linked website)