



INVASIVE AQUATIC PLANT SCREENING SURVEY DOCUMENTATION FORM (6/7/06)



Please complete a separate documentation form for each distinct survey: each waterbody (or assigned sector) surveyed, or each different survey level conducted on a single waterbody. Submit a copy of each completed form by Nov. 15, 2006 to MCIAP 24 Maple Hill Rd. Auburn ME 04210.

Section 1: General Information	Survey Map Attached (circle one)	Y	N
---------------------------------------	----------------------------------	---	---

Waterbody _____ Town _____ County _____ State _____

MIDAS # _____ Sector/sLocation _____ Date/s _____

Surveyor # 1 _____ IPP Cert # _____ Surveyor #2 _____ IPP Cert # _____

Surveyor # 3 _____ IPP Cert # _____ Surveyor #4 _____ IPP Cert # _____

Contact email or phone # _____ Regional Affiliation _____ Total Survey Hrs (# hrs X # surveyors) _____

Surveyor Type (check one) IPP Volunteer ___ Agency ___ Research/Ed Inst. ___ Professional ___ Other (explain) _____

Screening Method/s (check all that apply)	
Random Points (spot check) [RP]	_____
Transects [T]	_____
Complete Coverage [C]	_____

Screening Target/s (check all that apply)	
Complete	_____ (all 11 invaders on Section 2 table)
Partial	_____ Use codes from Sec. 2 to list specific targets _____

Survey Level (check one only)	
Limited	_____
Infestation Surveillance	_____
Level 1	_____
Level 2	_____
Level 3	_____

Additional Survey Goals (check all that apply)	
Inventory of dominant native plants by sector	_____
Inventory of dom. native plants by waterbody	_____
Complete inventory of native plants including rare/endangered species	_____

Light Conditions (check all that apply)	
Bright (distinct shadows) [B]	_____
Cloudy Bright [CB]	_____
Overcast [O]	_____

Surface Conditions (check all that apply)	
Flat (glass-like) [F]	_____
Ripples [R]	_____
Wavelets (no white caps) [W]	_____
Scattered whitecaps [S]	_____

Maximum Depth of Plant Observation (circle units)	
_____ Meters / Feet	

Relative Water Level (check one only)	
High [H]	_____
Average [A]	_____
Low [L]	_____

Scope Type (check all that apply)	
Bucket Scope	_____
6" diameter view scope	_____
4" diameter view scope	_____
Facemask or equivalent	_____

Section 2: Invasive Aquatic Plant Screening Survey	Suspected IAP observed: Y ___ N ___ (Continue this section only if YES)
---	---

Suspicious Plant Submitted for ID: Y ___ N ___ To: MCIAP ___ DEP ___ Other (explain) _____ Date: _____

IAP NAME	Code	Sector/ Location	GPS Waypoint	Buoy Code	IAP NAME	Code	Sector/ Location	GPS Waypoint	Buoy Code
Brazilian Elodea	BE				Hydrilla	H			
Curly-Leaf Pondweed	CP				Parrot Feather	PF			
Eurasian Water-milfoil	EM				Variable Leaf Water-milfoil (VMh for hybrid)	VM			
European Frogbit	EF				Water Chestnut	WC			
European Naiad	EN				Yellow Floating Heart	YH			
Fanwort	F								

