

Maine Volunteer Lake Monitoring Program
Suspicious Invasive Aquatic Plant Documentation Form (05/11)



Please fill out ALL information that applies and include this form with any plant specimen sent to CIAP for identification. An attached map showing the location where the plant or plant fragment was collected may be useful. Mark rooted plants with weighted buoy and obtain specimen. **DO NOT ATTEMPT TO REMOVE ENTIRE PLANT.** Fill out one form for each specimen collected, unless specimens were collected in the same location.

Please contact VLMP prior to shipping or delivering. Thank you!

VLMP • 24 Maple Hill Road, Auburn, ME 04210 • (207)783-7733 • vlmp@mainevlmp.org

Plant collected by: _____

Plant submitted by: _____

Affiliation: _____

(IF DIFFERENT)
Affiliation: _____

Mailing address: _____

Mailing address: _____

Town: _____ St: _____ Zip: _____

Town: _____ St: _____ Zip: _____

Phone: _____ IPP: /IPPCert# _____ - _____

Phone: _____

E-mail address: _____

E-mail address: _____

Sample Information

Date Collected: ____/____/____ Waterbody: _____ MIDAS: _____

Town: _____ County: _____

Have you contacted: VLMP DEP *If not please call VLMP at 783-7733.*

Mail or Deliver Samples to:
 VLMP, 24 Maple Hill Road
 Auburn, ME 04210

Date of contact ____/____/____ Name of contact: _____

Sample/Photo was: Mailed Delivered Emailed Date sent: ____/____/____

Check if specimen from a Courtesy Boat Inspection

Check if specimen from a live plant in the waterbody

Boat Entering Boat Leaving

Was the plant collected as part of a survey? Yes No

Was the plant rooted? Yes No

CBI Sample ID # _____

Location where the plant specimen was collected:

Name/location of boat launch:

Did you mark the location? Yes No

Describe: _____

Map showing specimen location attached: Yes No

Staff Use Only

Date specimen arrived: ____/____/____ Received by: _____

Sample identified by: _____ Affiliation: _____

Sample identification: _____ Date of ID: ____/____/____

Degree confidence (circle one): P H M L

Invasive Aquatic Plant? (circle one): Y N S P

Submitter contacted? _____ Date: ____/____/____

Further action(s) warranted: Yes No Action(s) Comp.

Comments: _____

DATA ENTRY

Record # _____

Entered By _____

Entry Date ____/____/____