

Eastern Iowa Aquarium Association – Horticultural Award Program

REPORT FORM (REV 4/7/15)

PARTICIPANT'S NAME _____ HAP NO. _____

PLANT NAME - Scientific _____ (code if no ID)

- Common _____

REF. SOURCE USED FOR ID. _____ PAGE _____

Type of reproduction (circle one): Vegetative – Flowering - Sexual

Aquarium or pond size: _____ Temperature: _____

Water: Gh, Kh, pH, conductivity, if known, or source: _____

Lighting: _____ Duration: _____

Water change % and frequency: _____

Fish, invertebrates and other plants present: _____

Filtration, aeration, water movement: _____

Substrate used and depth: _____

Fertilizers and water conditioners used: _____

Was carbon dioxide used? _____ Describe System in notes below

Were snails present? _____ Type _____

Was an alga present on the plants? _____ Color(s)? _____

Did you treat your fish with medications while plants were in the aquarium/pond? _____

What medications? _____

Additional notes/remarks _____

PARTICANT'S SIGNATURE _____ DATE _____

Do not write below this line

LOCAL HAP CHAIRPERSON'S SIGNATURE _____

DATE SUBMITTED: _____ DATE RECORDED: _____

CLASS: _____ ARTICLE Y/N _____ FIRST TIME _____ POINTS AWARDED _____

VERTIFICATION PHOTO / WITNESS BY: _____ DATE: _____

HAP NOTES: _____