

# Lake Stewards of Maine

## Suspicious Invasive Aquatic Plant Documentation Form (05/19)

Please fill out ALL information that applies and include this form with any plant specimen sent to LSM 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 LSM prior to shipping or delivering. Thank you!**

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

**Section 1**

Plant collected by: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Town: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ IPP: /IPPCert# \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Section 2**

Plant submitted by: \_\_\_\_\_  
*(IF DIFFERENT)*

Affiliation: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Town: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ IPP: /IPPCert# \_\_\_\_\_

E-mail address: \_\_\_\_\_

### Sample Information

**Section 3**

Date Collected: \_\_\_\_/\_\_\_\_/\_\_\_\_ Waterbody: \_\_\_\_\_ MIDAS: \_\_\_\_\_

Town: \_\_\_\_\_ County: \_\_\_\_\_

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

Date of contact \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of contact: \_\_\_\_\_

Sample/Photo was:  Mailed  Delivered  Emailed Date sent: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Check if specimen from a Courtesy Boat Inspection

**Section 4**

Boat Entering  Boat Leaving

CBI Sample ID # \_\_\_\_\_

Name/location of boat launch:  
\_\_\_\_\_  
\_\_\_\_\_

Check if specimen from a live plant in the waterbody

**Section 5**

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

Was the plant rooted?  Yes  No

Location where the plant specimen was collected:  
\_\_\_\_\_  
\_\_\_\_\_

Did you mark the location?  Yes  No

Describe: \_\_\_\_\_

Map showing specimen location attached:  Yes  No

### Staff Use Only

**Section 6**

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 \_\_\_\_/\_\_\_\_/\_\_\_\_