

# GREATER PITTSBURGH AQUARIUM SOCIETY INC.

## AQUATIC HORTICULTURAL AWARD PROGRAM REPORTING FORM

Aquarist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

AHAP Class (Circle one)

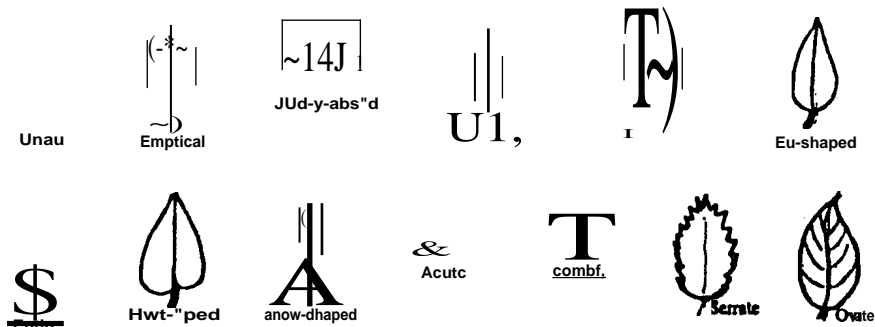
Class    Class    Class    Class    Class    Class    Class    Class    Class  
A        B        C        D        E        F        G        H        I

Plant Name

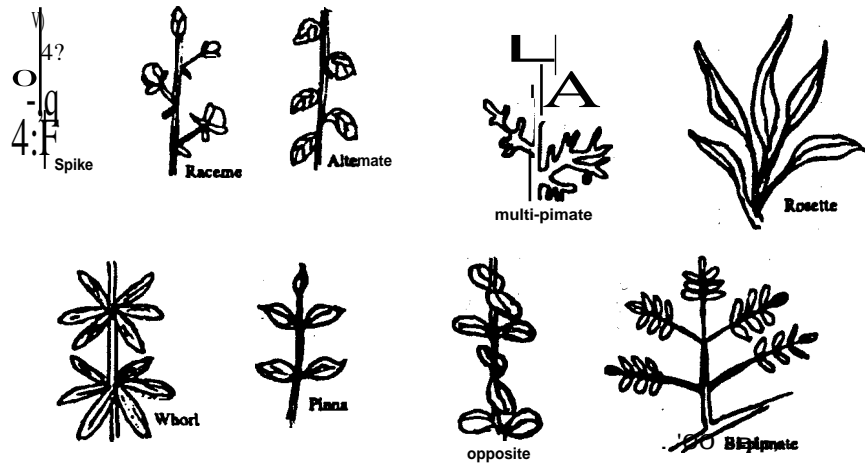
Scientific: \_\_\_\_\_ Common: \_\_\_\_\_

Reference Source: \_\_\_\_\_ -Page Number \_\_\_\_\_

Leaf Shape (circle appropriate Wustration):



Leaf Arrangement (circle appropriate illustration):



Type or types of reproduction: (circle one or more)

1. Adventitious shoots or cuttings
2. Rhizomes or runners
3. Flowering
4. Vegatively doubling
5. Sexual, seeds
6. Root division
7. Other \_\_\_\_\_

If plant has flowered, describe: \_\_\_\_\_

Tank size: \_\_\_\_\_ Temperature: \_\_\_\_\_ Water PH: \_\_\_\_\_ DH Soft or Hard

Number of water changes per month: \_\_\_\_\_ Percentage of water changed: \_\_\_\_\_

Type of filtration: \_\_\_\_\_

Bottom medium: (circle one)

Sand            Gravel            Peat            Soil            Other: \_\_\_\_\_

Sand or Gravel Size: \_\_\_\_\_ Color: \_\_\_\_\_

Fine            Medium            Coarse            Natural            Other: \_\_\_\_\_

Depth of the gravel: \_\_\_\_\_

Plant foods - Fish wastes \_\_\_\_\_ Tablets \_\_\_\_\_ Type \_\_\_\_\_

Liquid \_\_\_\_\_ Type \_\_\_\_\_

How often fed: \_\_\_\_\_ /month

light:

Natural: Direct or Indirect

Flourescent: Grolux or warm white or cool wWte or other: \_\_\_\_\_

Incandescent: \_\_\_\_\_ Color: \_\_\_\_\_

Wattage: \_\_\_\_\_ Number of bulbs on tank: \_\_\_\_\_

Hours per day: \_\_\_\_\_

Other plants present: \_\_\_\_\_ Classes: \_\_\_\_\_

Fish present: \_\_\_\_\_ Types: \_\_\_\_\_

Snails present: \_\_\_\_\_ Species: \_\_\_\_\_

Algae present: \_\_\_\_\_ Type(s), if known: \_\_\_\_\_

Medications added: \_\_\_\_\_

Water conditioners added: \_\_\_\_\_ Types: \_\_\_\_\_

Salts added: \_\_\_\_\_ Amount per gallon: \_\_\_\_\_

Please describe any other special conditions provided or observed: \_\_\_\_\_

\_\_\_\_\_

Information on propagation

Approximate size of plant: \_\_\_\_\_ Number of leaves or stems: \_\_\_\_\_

Approximate age \_\_\_\_\_