

Greater Pittsburgh Aquarium Society

Aquatic Horticultural Award Program Reporting Form

Member's Name: _____

Phone: _____ e-mail: _____

AHAP Class: _____ Date Submitted: _____

Species Name: _____

Common Name: _____

Reference Source(s) include page number for books:

Type of Reproduction (circle one or more):

- | | |
|------------------------------------|----------------------------|
| 1. Adventitious shoots or cuttings | 5. Sexual, seeds or spores |
| 2. Rhizomes or runners | 6. Root division |
| 3. Flowering | 7. Other _____ |
| 4. Vegetative doubling | |

If plant has flowered, describe the flower: _____

Tank size: _____ Temperature: _____ pH: _____ DH _____

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: (circle one)

Fine Medium Coarse N/A

Depth of medium: _____

Plant foods used: How often _____ Fish wastes _____

Tablets _____ Type: _____ Liquid _____ Type: _____

Lighting: (circle all that apply)

Natural: Direct Indirect

Incandescent: (list number of bulbs) _____ Wattage: _____ Hours/day: _____

Fluorescent: (list type) _____ Wattage: _____ Hours/day: _____

Other classes of plants present: _____

Types of algae present: _____

Classes of fish present: _____

Species of snails present: _____

Medications added: _____

Water conditioners added: _____

Salts added: _____ Amount per gallon or specific gravity: _____

Other special conditions provided: _____

Care of seeds or plantlets

Same tank: _____ If no, describe: _____

Any problems: _____

How did you overcome them: _____

Attempts made that did not work: _____

Additional comments: _____

Propagator signature: _____ Date: _____

Witnessed by: _____ Date: _____

Date requirement completed #1 _____ #2 _____ #3 _____ #4 _____

Chair's signature: _____ Date: _____

Certificate awarded: _____