Local Government

**Wetland Algal Bloom Treatment**

Please complete this form so that your project can be added to the New WAter Ways

[Wetland Algal Bloom Treatment](https://www.newwaterways.org.au/map/) interactive map.

**Local Government:** Click here to enter text.

**Contact Officer:** Click here to enter text.

**Email:** Click here to enter text.

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| **Title of project** | Click here to enter text. |
| **Address (project location for the interactive map)** | Click here to enter text. |
| **Type of wetland** | Natural  Constructed  Comments: Click here to enter text. |
| **Description of the wetland management issue**  *e.g. seasonal wetland with low water levels over summer; high nutrient load in groundwater, etc.* | Click here to enter text. |
| **Treatment trialled** | Name of treatment: Click here to enter text.  Quantity used: Click here to enter text.  Method of application: Click here to enter text.  Is there any known scientific research supporting its effectiveness?  Yes No  Attachment 1 - supporting documents – please attach this to the email. |
| **Approximate cost of treatment** | Click here to enter text. |
| **Date(s) of treatment**  *ongoing or a one-off trial* | Click here to enter text. |
| **Outcome of treatment** | Visual observations: Click here to enter text.  Have water parameters specific to the treatment claims been measured before and after application?  Yes  No  Comments: Click here to enter text. |
| **Photo - Before**  *visual record of water quality before treatment* |  |
| **Photo - After**  *visual record of water quality after treatment* |  |

Please return completed forms to WALGA’s Biodiversity and Sustainability Project Officer,   
Melanie Davies – [Mdavies@walga.asn.au](mailto:Mdavies@walga.asn.au)