

LABORATORY DATA SHEET

New York State
Department of
Environmental Conservation



Individuals		River/stream	
Taxa		Station number	
Subsample: entire 1/2 1/4 100		Date	
Sorted by:		Sample type	
subsample total		subsample total	
PLATYHELMINTHES		COLEOPTERA	
TURBELLARIA (Family PLANARIIDAE)	1	1. Elmidae (riffle beetles)	4(5)
OLIGOCHAETA WORMS		2.	
1. Tubificidae	2 (9)	3.	
2.		4.	
3.		5.	
4.		TRICHOPTERA	
5.		1. Hydropsychidae	5(2)
6.		2.	
7.		3.	
8.		4.	
9.		5.	
10.		6.	
HIRUDINEA		7.	
		8.	
MOLLUSCA		9.	
1. Physidae	1	10.	
2.		OTHER DIPTERA	
3.		1. Tipulidae (Crane Flies)	10(3)
4.		2. Rhagionidae (Snipe Flies)	3(3)
5.		3. Simuliidae (black Flies)	2(3)
CRUSTACEA (order DICARPO)		4.	
CAMBARIDAE	1	5.	
ACARIFORMES		CHIRONOMIDAE (midges) larvae	8
		pupae	
MEGALOPTERA		total	
		1.	
EPHEMEROPTERA		2.	
1. Baetidae	3	3.	
2. Ephemerellidae	2	4.	
3. Ephemeridae	2	5.	
4. Leptophlebiidae	10	6.	
5. Heptageniidae	4	7.	
6.		8.	
7.		9.	
8.		10.	
9.		11.	
10.		12.	
11.		13.	
12.		14.	
PLECOPTERA		15.	
Taeniopterygidae	3	16.	
Perlidae	2	17.	
OTHER INSECTA		18.	
		19.	
		20.	

STREAM ASSESSMENT LABORATORY DATA SUMMARY SHEET

Stream name KROMA KILL CREEK County SARATOGA
 Reach included 500' DOWNSTREAM OF ENTRANCE ROAD BRIDGE Date sampled 6 OCTOBER 1988
 Lab personnel involved R. BODE, P. LYNCH

Station number	1			
Station location	SEC ABOVE			
Species richness	17 (FAIR)			
Hilsenhoff Biotic Index	X			
Dominant species				
1	HEPTAGENIIDAE (41)			
2	TIPULIDAE (10) CRANE FLIES			
3	CHIRONOMIDAE (Midges) (8)			
4	HYDROPSYCHIDAE (5)			
5	ELMIDAE (4) Riffle Beetles			
Feeding habits/tolerances				
1				
2				
3				
4				
5				

% contribution of major groups - number of taxa in parentheses

Chironomidae (midges)	(4)
Trichoptera (caddisflies)	(1)
Ephemeroptera (mayflies)	(5)
Plecoptera (stoneflies)	(2)
Coleoptera (beetles)	(1)
Oligochaeta (worms)	(1)
Other	(5)
TOTAL	

EPT Index 8. (Good)

OVERALL WATER QUALITY ASSESSMENT

Non-impacted	
Slightly impacted	X
Moderately impacted	
Severely impacted	
Possible causal problem(s)	

Completed by _____ Date _____
 Affiliation _____