



Greater Portland Aquarium Society

HAP Submission Form

Mailing address:
GPAS,
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Portland, OR 97228-6752
gpasdx@gmail.com
www.GPAS.club

Member Name: _____ Member Number: _____ Date: ____/____/____

Species Name: _____
Genus Species Subspecies Location/Origin

Family*: _____ Common Name: _____

Water/Tank Conditions

Tank Size: _____ Dimensions: ____ x ____ x ____ pH: _____ Temp: _____ Hardness: _____

Substrate: _____

Decorations: _____

Fertilizers: _____

CO² (include amount in parts per million): _____

Aeration: _____ Type of Filtration: _____

Lighting Type: _____ Watts: _____ Duration of Lighting: _____

Okay to Publish on Website: _____