



Storm Drain Data Card

Town

Name of Organization

Street

Contact Person

Number of Storm Drains Stenciled

Mailing Address

Names of Participants

Date(s) Storm Drains Stenciled

Daytime Phone

Observations

Please mark the number of items found within five feet of each side of the storm drains you stencil by making check marks in the area below:

Pollutants

Grass Clippings _____

Leaves _____

Motor Oil _____

Leaves _____

Motor Oil _____

Paint _____

Pet Wastes _____

Plastic or Foam Cups _____

Plastic Pieces _____

Six-Pack Holders _____

Straws _____

Other _____

Street Litter/ Plastics, including:

Beverage Bottles _____

Beverage Cans _____

Caps/Lids _____

Cigarette Butts _____

Clothing/Scraps _____

Fast Food Wrappers _____

Foam Plastics Pieces _____

Paper Bags _____

Plastic Bags/Wrappers _____

Land Use

Please indicate the number of storm drains marked in the following areas:

Residential Area _____

Shopping Center/Parking Lot _____

Golf Course _____

Business District _____

Service Station _____

Farmland _____

Other (Please Indicate)

Storm Drain Location

Please indicate the location of the storm drains you stencil below and on the street map.

EXAMPLE:

Street: Main Street Number of Storm Drains Stenciled 8 .

Between First Street & Second Street .
Street Name Street Name

Street: _____ Number of Storm Drains Stenciled _____.

Between _____ & _____.
Street Name Street Name

Street: _____ Number of Storm Drains Stenciled _____.

Between _____ & _____.
Street Name Street Name

Street: _____ Number of Storm Drains Stenciled _____.

Between _____ & _____.
Street Name Street Name

Street: _____ Number of Storm Drains Stenciled _____.

Between _____ & _____.
Street Name Street Name

Street: _____ Number of Storm Drains Stenciled _____.

Between _____ & _____.
Street Name Street Name

Street: _____ Number of Storm Drains Stenciled _____.

Between _____ & _____.
Street Name Street Name