

know where
it goes

take simple
steps to reduce
STORMWATER POLLUTION



Storm Drain Data Card

Town _____

Street _____

Number of Storm Drains Stenciled _____

Names of Participants _____

Date(s) Storm Drains Stenciled _____

Name of Organization _____

Contact Person _____

Mailing Address _____

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 _____

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) _____

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 _____
- Plastic or Foam Cups _____
- Plastic Pieces _____
- Six-Pack Holders _____
- Straws _____
- Other _____



