



Storm Drain Marking Program Participation Sheet



Name of Organization: _____



Contact Person: _____



Street Address: _____

Daytime Phone: _____ Cellular Phone: _____



Date of Marking: _____



Number of Participants: _____ Number of Teams: _____



Number of Storm Drains Marked: _____



Potential Non-Point Sources

Please keep track of items found within six feet of each side of the storm drains you marked by making tick marks in the areas below:



Grass Clippings: _____

Leaves: _____



Motor Oil: _____

Paint: _____



Pet Wastes: _____



Street Litter/Plastics: _____

Beverage Cans: _____



Beverage Bottles: _____

Cigarette Butts: _____



Clothing Scraps: _____

Fast Food Containers: _____



Foam Plastic Containers: _____

Newspaper/Magazines: _____



Paper Bags: _____

Plastic Bags/Wrappers: _____



Plastic or Foam Cups: _____

Plastic Pieces: _____



Six Pack Holders: _____

Straws: _____



Other: _____



Please return this completed form to:
Arianne Shipley 1200 E. Broad St Mansfield, TX 76063