

## Field Data Sheet

Your Name: \_\_\_\_\_

Drain Location: \_\_\_\_\_

Date of Inspection/clean-out: \_\_\_\_\_

- Bi-monthly clean-out                      OR                       Special cleanout before rain

### Storm Drain Condition:

- Good (sturdy and well maintained)  
 Fair (some erosion around drain, infrastructure shows some signs of wear)  
 Poor (highly eroded around drain, metal broken or cracked, infrastructure is damaged)

### Storm Drain Blockage (debris/yard waste)

- Minimal (0-19% covered with debris or yard waste)  
 Partial (20-39% covered with debris or yard waste)  
 Significant (40-79% covered with debris or yard waste)  
 Blocked (80-100% covered with debris or yard waste)

### Items removed from on or around the storm drain grate (do not attempt to remove items from inside the storm drain)

- |  |  |
|--|--|
| <input type="checkbox"/> Grass clippings, leaves or other yard waste | <input type="checkbox"/> Plastic bags    |
| <input type="checkbox"/> Sediment or dirt                            | <input type="checkbox"/> Cigarette butts |
| <input type="checkbox"/> Plastic bottles                             | <input type="checkbox"/> Sharps          |
| <input type="checkbox"/> Aluminum cans                               | <input type="checkbox"/> Broken glass    |
| <input type="checkbox"/> Glass bottles                               | <input type="checkbox"/> Other: _____    |
| <input type="checkbox"/> Food wrappers                               |  |

### Evidence of dumping (any fluids such as paint, oil, fuel or unusual odors in or around the drain)

- Yes  
If "Yes", what was seen/smelled? \_\_\_\_\_
- No

### What is the best estimation for the volume of waste you picked up (using the distributed 13-gallon trash bags for reference)?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> less than half of one bag | <input type="checkbox"/> three quarters of one bag | <input type="checkbox"/> one and a half trash bags |
| <input type="checkbox"/> half of one trash bag     | <input type="checkbox"/> one full trash bag        | <input type="checkbox"/> 2 full trash bags or more |

Please return this completed form to the Melissa (Missy) Frankil at 2 Riverside Dr #501, Camden, NJ 08103 or scan and email to [mfrankil@camdencpinc.com](mailto:mfrankil@camdencpinc.com). Please include any before and/or after photos of the clean-up as well. A totally paperless version of this form can be found at [www.camdencollaborative.com](http://www.camdencollaborative.com)