



City of Charleston Stormwater Department

Urban Runoff Outdoor Classroom / Trash Inventory

Section 1: Inspection Area

Watershed:	Today's Date:	Time: am pm
Investigators:	Temperature:	
Form completed by:	Rainfall (in.) today:	
Land use in Drainage Area (Check all that apply):		
<input type="checkbox"/> Industrial	<input type="checkbox"/> Open Space	
<input type="checkbox"/> Commercial	<input type="checkbox"/> Institutional	
<input type="checkbox"/> Suburban Residential	<input type="checkbox"/> Government	
<input type="checkbox"/> Residential / Commercial	<input type="checkbox"/> Other: _____	
Notes:		

Instructions: Visually identify five items of trash on or around the river bank. Detail these items below.

Section 2: Trash Description

ITEM	MATERIAL	PATINA/CONDITION	SOURCE	SUBMERGED	
	<input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Metal <input type="checkbox"/> Rubber <input type="checkbox"/> Electronic <input type="checkbox"/> Unknown	<input type="checkbox"/> Clean/New <input type="checkbox"/> Dirty <input type="checkbox"/> Other: _____	<input type="checkbox"/> Intact <input type="checkbox"/> Broken <input type="checkbox"/> Discolored <input type="checkbox"/> Other: _____	<input type="checkbox"/> Accidental <input type="checkbox"/> Intentional <input type="checkbox"/> Individual <input type="checkbox"/> Business	In Water: <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully
	<input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Metal <input type="checkbox"/> Rubber <input type="checkbox"/> Electronic <input type="checkbox"/> Unknown	<input type="checkbox"/> Clean/New <input type="checkbox"/> Dirty <input type="checkbox"/> Other: _____	<input type="checkbox"/> Intact <input type="checkbox"/> Broken <input type="checkbox"/> Discolored <input type="checkbox"/> Other: _____	<input type="checkbox"/> Accidental <input type="checkbox"/> Intentional <input type="checkbox"/> Individual <input type="checkbox"/> Business	In Water: <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully
	<input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Metal <input type="checkbox"/> Rubber <input type="checkbox"/> Electronic <input type="checkbox"/> Unknown	<input type="checkbox"/> Clean/New <input type="checkbox"/> Dirty <input type="checkbox"/> Other: _____	<input type="checkbox"/> Intact <input type="checkbox"/> Broken <input type="checkbox"/> Discolored <input type="checkbox"/> Other: _____	<input type="checkbox"/> Accidental <input type="checkbox"/> Intentional <input type="checkbox"/> Individual <input type="checkbox"/> Business	In Water: <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully
	<input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Metal <input type="checkbox"/> Rubber <input type="checkbox"/> Electronic <input type="checkbox"/> Unknown	<input type="checkbox"/> Clean/New <input type="checkbox"/> Dirty <input type="checkbox"/> Other: _____	<input type="checkbox"/> Intact <input type="checkbox"/> Broken <input type="checkbox"/> Discolored <input type="checkbox"/> Other: _____	<input type="checkbox"/> Accidental <input type="checkbox"/> Intentional <input type="checkbox"/> Individual <input type="checkbox"/> Business	In Water: <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully
	<input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Metal <input type="checkbox"/> Rubber <input type="checkbox"/> Electronic <input type="checkbox"/> Unknown	<input type="checkbox"/> Clean/New <input type="checkbox"/> Dirty <input type="checkbox"/> Other: _____	<input type="checkbox"/> Intact <input type="checkbox"/> Broken <input type="checkbox"/> Discolored <input type="checkbox"/> Other: _____	<input type="checkbox"/> Accidental <input type="checkbox"/> Intentional <input type="checkbox"/> Individual <input type="checkbox"/> Business	In Water: <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully
TOTALS:	MATERIAL _____ Plastic _____ Paper _____ Rubber _____ Electronic _____ Unknown _____ Glass _____ Metal	PATINA/CONDITION _____ Clean / New _____ Dirty _____ Other	SOURCE _____ Accidental _____ Intentional _____ Individual _____ Business	SUBMERGED _____ No _____ Partially _____ Fully	