



Town of Apex North Carolina

STORM DRAIN MARKING FIELD DATA SHEET

Name of Volunteer Group: _____

Contact Person: _____

Phone Number: _____ Email Address: _____

Date Marking Kit Checked Out: _____

Date of Activity: _____ Numbers of Storm Drains Marked: _____

Number of Participants: Adult(s): _____ Children _____

Names of Streets marked (block number to block number for streets partially marked):

Number of Hours Spent Marking Storm Drains: _____

Date Kit Returned to Town: _____

****Please return this Field Data Sheet with your Storm Drain Marking Kit to the Town of Apex Public Works & Utilities Department within 10 days of completing your drain marking activity.****

Public Works and Utilities Department
Environmental Programs Division
PO Box 250
Apex, NC 27502
(919) 249-3427