

WATERSHED:		SUBWATERSHED:		UNIQUE SITE ID:	
DATE: ____/____/____		SEASON:		CAMERA ID:	ASSESSED BY:
A. NEIGHBORHOOD CHARACTERIZATION					
Neighborhood/Subdivision Name: _____				Neighborhood Area (acres) _____	
If unknown, address (or streets) surveyed: _____					
Homeowners Association? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown If yes, name and contact information: _____					
Residential (circle average single family lot size): _____					
<input type="checkbox"/> Single Family Attached (Duplexes, Row Homes) <1/8 1/8 1/4 1/3 1/2 acre					
<input type="checkbox"/> Multifamily (Apts, Townhomes, Condos) <4 stories 4-10 stories >10 stories <input type="checkbox"/> Single Family Detached <1/4					
% greenspace on lot If greater than 15%, use full NSA form					
What is the distance between the sidewalk and street? _____ ft.				_____	%Existing street trees
Is pet waste present in this area? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				Are alleys present? <input type="checkbox"/> Y <input type="checkbox"/> N	
Streets <input type="checkbox"/> Organic matter, leaves, lawn clippings <input type="checkbox"/> Trash, litter, or debris – High Med Low					
<input type="checkbox"/> Overhead tree canopy					
Open Space or Parkland ? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, pet waste present? <input type="checkbox"/> Y <input type="checkbox"/> N dumping? <input type="checkbox"/> Y <input type="checkbox"/> N					
Buffer present: <input type="checkbox"/> Y <input type="checkbox"/> N If yes, is encroachment evident? <input type="checkbox"/> Y <input type="checkbox"/> N is Buffer planted? <input type="checkbox"/> Y <input type="checkbox"/> N					
F. INITIAL NEIGHBORHOOD ASSESSMENT AND RECOMMENDATIONS					
Based on field observations, this neighborhood has significant indicators for the following: (check all that apply)					
<input type="checkbox"/> Nutrients <input type="checkbox"/> Oil and Grease <input type="checkbox"/> Trash/Litter <input type="checkbox"/> Bacteria <input type="checkbox"/> Sediment <input type="checkbox"/> Other _____					
Recommended Actions			Describe Recommended Actions:		
Specific Action					
<input type="checkbox"/> Street Trees? Estimate number for planting _____					
<input type="checkbox"/> per 100 ft of road <input type="checkbox"/> total					
<input type="checkbox"/> Trash education and management?					
<input type="checkbox"/> Downspout retrofit: raingarden, rainbarrel, or redirect downspout (circle appropriate action)?					
<input type="checkbox"/> Better management of common space: street trees, open space trees/landscaping/turf mgn. (circle appropriate action)?					
<input type="checkbox"/> Storm drain stenciling?					
<input type="checkbox"/> Multi-family parking lot retrofit?					
<input type="checkbox"/> Alley retrofit potential?					
<input type="checkbox"/> Other action(s) _____					
**Take Photo of Typical Street Cross Section					
Notes:					