



Virginia Adopt-a-Stream Stream Cleanup Data Form

Date: _____ Stream Adopted: _____

Adopting organization: _____

Name of contact person: _____

Phone Number: _____

City/County: _____

Map location from county road map (if available): _____

Location of stream section cleaned (*if possible please provide names of road crossings and/or attach a map*):

Number of miles cleaned: _____

Number of participants, Adults: _____ Children: _____

Number of trash bags collected: _____

Type of trash collected: _____

Most unusual item found: _____

Cleanup time (in hours): _____

Comments: _____

