

## CITY OF NORTH PORT CANAL WATCH OBSERVATION FORM

Name(s):			
Date:	(mm/dd/yyyy)	Time:	□ am □ pm
Waterway name and/or nea	rest address:		
Weather, Wind Temperature	e Conditions:		
□Sunny □Cloudy □Rain	y □Windy □Calm □<	60°C □61-80°	C □<81-90°C □>90°C
Please check next to any of t			
☐ Algae, extent			
☐ Sludge, debris, garbage, o			
☐ Sheen on water (eg. oil sh			
Foul odor, describe smell			
☐ Unusual color or turbidity	/, describe		
☐ Unusual discharge, descr	ibe		
☐ Photos attached, number	rs		
Please make any additional r	,	v someone dum	ping anything, or noticed
unusual activity, or trace sou	irce of pollutant)		

Email completed form to David Jayroe <a href="mailto:djayroe@cityofnorthport.com">djayroe@cityofnorthport.com</a>, Cellphone: 941-248-9477 If you see anyone dumping anything in the water, please report it to the City of North Port at 941-240-8050!

North Port Canal Watch Group Healthy Waters for a Healthy City