



Environmental Survey Tally Sheet

Section Manager: _____

Month Surveyed: _____

Completed by: _____

Place a (+) or (-) Next To The Environmental Impact

Item #	Section	Source of Impact (Aspect)	Air	Habitat	Storm Water	Soil/Land	Groundwater	Hazardous Waste	Solid Waste	Resource Consumption	Water Consumption	Power Consumption	Noise	Odor	Other (See Back)
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															



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Place a (+) or (-) Next To The Environmental Impact

Process Map Item #	Section	Source of Impact (Aspect)	Place a (+) or (-) Next To The Environmental Impact												
			Air	Habitat	Storm Water	Soil/Land	Groundwater	Hazardous Waste	Solid Waste	Resource Consumption	Water Consumption	Power Consumption	Noise	Odor	Other (See Back)
11															
12															
13															
14															
15															
16															
17															
18															
19															

