Runoff Walk	
Name:	Date:

## **Observations**

	How many do you see?	Did you see water? Record your observations
Trees		
Gardens/flower beds		
Storm drains		
Rain barrels		
Streams		
Puddles		

Did you see water? Here are questions to help record your observations:

## • If you saw water:

Where was it? What surface was it on? Was it moving or still? Was it in the sun or shade? What else did you notice?

## • If you didn't see water:

Why do you think you couldn't see any water? Where could you look for water that might not be visible?