WNY Stormwater Coalition

Stormwater Outfall Map
Update Request

1. Was this outfall mapped previously as part of the WNY Stormwater Coalition mapping effort?
   Yes____ No____

If yes,

What is the outfall identification number?_____

Are you requesting that this outfall be removed from the mapping system in its entirety?
Yes____ No____

Are you requesting that the designated ownership of this outfall be changed?
Yes____ No____

If yes,

Who is the new owner and why? _____

_____

2. Are you requesting to revise the data for a specific outfall in your system that was previously mapped?
   Yes____ No____

If yes,

Please print out the existing data sheet for this outfall from the Erie County GIS Outfall mapping system on the internet and attach it to this request form.

Either mark up the completed form you printed for this outfall or use the attached blank form to document the changes you would like made to the mapping database.

If no,

Has a field visit of this outfall been conducted to collect the initial outfall data and to conduct an initial visual inspection?
Yes ____ No____

3. Has this new outfall been geographically located using some type of GPS device?
   Yes____ No____

If yes,

What are the coordinates: _____ _____
(NYS Plane West NAD 83 feet preferred)

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4. Would you like to set up an appointment to have a representative from the Department of Environment and Planning join you in the field to geographically locate this outfall and collect the initial data for this outfall?
   Yes____ No____

5. Would you like to set up an appointment to borrow a portable GPS unit from the Department of Environment and Planning to do your own mapping and field assessment of this outfall?
   Yes____ No____

6. Does this outfall discharge to a waterbody of the U. S.?
   Yes____ No ____

If yes,

Name of Waterbody: _____

Contact Information:

Name: _____

Municipality: _____

Phone: _____

E-Mail: _____

RETURN THIS REQUEST FORM TO:

Tom Hersey, Coordinator – Pollution Prevention Programs
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Buffalo, New York 14202
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