



PA STREAM BUFFER TRACKING FORM

Project Contact Person: _____	
Organization: _____	
Email: _____	Phone #: _____
PROJECT IDENTIFICATIONS	
Project Start Date: _____	
Project Name: _____	
Project Address: _____	
County: _____	
Stream Name: _____	
104 Watershed Code: _____	Center of Site Latitude: _____ Longitude: _____
Water Body: <input type="checkbox"/> Stream <input type="checkbox"/> Wetland <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Pond <input type="checkbox"/> Dam	
TMDL/Impairment Status of Waterbody: _____	
Water Use Designation: http://www.pacode.com/secure/data/025/chapter93/chap93toc.html	
BUFFER POTENTIAL TO BECOME A MATURE FOREST	
Reason for Buffer: _____	Buffer Permanently Protected: <input type="checkbox"/> Yes <input type="checkbox"/> No
Riparian Forest Buffer Protection Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No	Protection Status: _____
Condition of Stream Bank: <input type="checkbox"/> Laid Back <input type="checkbox"/> Undercut <input type="checkbox"/> Bare <input type="checkbox"/> Forested <input type="checkbox"/> Needs Work <input type="checkbox"/> Other	
Health of Buffer: <input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent	
State After Project Completion: <input type="checkbox"/> New <input type="checkbox"/> Enhancement <input type="checkbox"/> Existing	
% Canopy Cover (Total Ground Area Shaded by Woody Vegetation): _____	
% of Ground Cover in Buffer – Total Area Covered by Non-Woody Vegetation: _____	
BUFFER CHARACTERISTICS	
Adjacent Land Use: <input type="checkbox"/> Herbaceous/Shrubs <input type="checkbox"/> Farm <input type="checkbox"/> Development <input type="checkbox"/> Forest	
Buffer Type: <input type="checkbox"/> Forest <input type="checkbox"/> Tree/Shrubs <input type="checkbox"/> Grasses <input type="checkbox"/> Fencing Only <input type="checkbox"/> Fencing and Trees	
Buffer Length 1 st Side (Facing Downstream): _____	Buffer Width 1 st Side: _____
Buffer Length 2 nd Side (Facing Downstream): _____	Buffer Width 2 nd Side: _____
Funding Source: _____	

Please return to:

Pa. DEP, Bureau of Conservation and Restoration
 PO Box 8555
 Harrisburg, PA 17105-8555
 Attn: Stream ReLeaf Program
 Phone: 717.772.5637
 Fax: 717.787.9549

