



York County Adopt-A-Stream Kit Checkout Sheet

First name: _____

Last Name: _____

Date of Birth: ____/____/____

Driver License Number: _____

Cell Phone Number: __ (____) _____

I, _____
(Print Name) am checking out the York County Adopt-A-Stream freshwater testing kit. I understand that this kit and all items in the kit are my responsibility. I understand that all equipment, supplies, chemicals, and items in the kit are the property of York County government. I will return the freshwater testing kit once the testing is completed, no later than (3) days from checkout.

Date of checkout: ____/____/____

Date of return: ____/____/____

Signature of Adopt-A-Stream volunteer: _____

Print name of York County Employee: _____

Signature of York County employee: _____

*Questions regarding kit should be directed to T.J. Peeler, York County Environmental Compliance Coordinator at (803) 909-7115 or by email at William.peeler@yorkcountygov.com.