

OUTFALL RECONNAISSANCE INVENTORY / COLLECTION FIELD SHEET

OK
15th

Section 1: Background Data

| | | | |
|---|--|---|--|
| Subwatershed: <u>L</u> | | Outfall ID: <u>L.2</u> | |
| Date & Time: <u>1:34</u> <u>4/25/07</u> | | Form completed by: <u>MAK</u> | |
| Temperature (°F): <u>60°</u> | | Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u> | |
| Camera: <u>2.20</u> | | Photo #s: <u>(L-002)</u> | |

| DIAMETER (IN) | MATERIAL | FLOW | DESCRIPTION | LAND USE IN AREA | |
|-------------------------|--|------------------------------------|--|--|---|
| Diameter: <u>18</u> in. | <input checked="" type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Corr. Plastic <input type="checkbox"/> Other: _____ | Depth: ____ in. Width: ____ in. | <input type="checkbox"/> Trickle <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Substantial <input type="checkbox"/> No Flow | <input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input checked="" type="checkbox"/> Suburban Residential <input type="checkbox"/> Commercial | <input type="checkbox"/> Open Space <input type="checkbox"/> Institutional Other: _____ |

Notes (e.g., Access to outfall, distance and bearing if necessary, unable to locate, etc):

• Headwall
• From CB

5TR 9/4/08 3:27 pm 0" rain 48 hrs

| INDICATOR | CHECK if Present | DESCRIPTION | RELATIVE SEVERITY INDEX (1-3) | | |
|--------------------------------------|--------------------------|--|---|---|---|
| Odor | <input type="checkbox"/> | <input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other: | <input type="checkbox"/> 1 – Faint | <input type="checkbox"/> 2 – Easily detected | <input type="checkbox"/> 3 – Noticeable from a distance |
| Color | <input type="checkbox"/> | <input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other: | <input type="checkbox"/> 1 – Faint colors in sample bottle | <input type="checkbox"/> 2 – Clearly visible in sample bottle | <input type="checkbox"/> 3 – Clearly visible in outfall flow |
| Turbidity | <input type="checkbox"/> | See severity | <input type="checkbox"/> 1 – Slight cloudiness | <input type="checkbox"/> 2 – Cloudy | <input type="checkbox"/> 3 – Opaque |
| Floatables -Does Not Include Trash!! | <input type="checkbox"/> | <input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other: | <input type="checkbox"/> 1 – Few/slight; origin not obvious | <input type="checkbox"/> 2 – Some; indications of origin (e.g., possible suds or oil sheen) | <input type="checkbox"/> 3 – Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials) |

| INDICATOR | CHECK if Present | DESCRIPTION | COMMENTS |
|---------------------|--------------------------|---|----------|
| Outfall Damage | <input type="checkbox"/> | <input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion | |
| Deposits/Stains | <input type="checkbox"/> | <input type="checkbox"/> Oily <input type="checkbox"/> Flow Line <input type="checkbox"/> Paint <input type="checkbox"/> Other: | |
| Abnormal Vegetation | <input type="checkbox"/> | <input type="checkbox"/> Excessive <input type="checkbox"/> Inhibited | |
| Water pool quality | <input type="checkbox"/> | <input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other: | |
| Pipe benthic growth | <input type="checkbox"/> | <input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other: | |