

# OUTFALL RECONNAISSANCE INVENTORY / COLLECTION FIELD SHEET

## Section 1: Background Data

| Subwatershed: <u>L</u>           |  | Outfall ID: <u>New L-5</u>                                      |  |   |
|----------------------------------|--|---|--|---|
| Date & Time: <u>1:26 4/25/07</u> |  | Form completed by: <u>MAX/SCS</u>                               |  |   |
| Temperature (°F): <u>60°</u>     |  | Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u> |  |   |
| Camera: <u>2.19</u>              |  | Photo #s: <u>(L-005)</u>  |  |   |
| DIAMETER (IN)                    | MATERIAL   | FLOW  | DESCRIPTION  | LAND USE IN AREA  |
| Diameter: <u>32</u> in.          | <input checked="" type="checkbox"/> RCP <input type="checkbox"/> CMP<br><input type="checkbox"/> PVC <input type="checkbox"/> HDPE<br><input type="checkbox"/> Steel <input type="checkbox"/> Corr. Plastic<br><input type="checkbox"/> Other: _____ | Depth: _____ in.<br>Width: _____ in.                            | <input type="checkbox"/> Trickle<br><input type="checkbox"/> Moderate<br><input type="checkbox"/> Substantial<br><input checked="" type="checkbox"/> No Flow | <input checked="" type="checkbox"/> Industrial<br><input type="checkbox"/> Urban Residential<br><input type="checkbox"/> Suburban Residential<br><input type="checkbox"/> Commercial<br><input type="checkbox"/> Open Space<br><input type="checkbox"/> Institutional<br>Other: _____ |

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

- Erosion  
 - From CB  
 - Broken - need repair

3:26 pm 0" rain 48 hrs

| DICATOR                               | CHECK if Present         | DESCRIPTION  | RELATIVE SEVERITY INDEX (1-3)                               |   |   |
|---------------------------------------|--------------------------|--|---|---|---|
| Odor                                  | <input type="checkbox"/> | <input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour<br><input type="checkbox"/> Petroleum/gas<br><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<br><input type="checkbox"/> Gray <input type="checkbox"/> Yellow<br><input type="checkbox"/> Green <input type="checkbox"/> Orange<br><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.)<br><input type="checkbox"/> Suds<br><input type="checkbox"/> Petroleum (oil sheen)<br><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) |

- could not visually check due to dense vego; appears no repair work has been done in recent past

| INDICATOR           | CHECK if Present         | DESCRIPTION   | COMMENTS |
|---------------------|--------------------------|---|----------|
| Outfall Damage      | <input type="checkbox"/> | <input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint<br><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<br><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: _____   |          |