

# OUTFALL RECONNAISSANCE INVENTORY / COLLECTION FIELD SHEET

## Section 1: Background Data

|                                 |  |                                                                 |  |
|---------------------------------|--|-----------------------------------------------------------------|--|
| Subwatershed: <u>MR</u>         |  | Outfall ID: <u>MR-5</u>                                         |  |
| Date & Time: <u>9:10 5/9/07</u> |  | Form completed by: <u>SCS/MAS</u>                               |  |
| Temperature (°F):               |  | Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u> |  |
| Camera:                         |  | Photo #s: <u>3632 (MR-005)</u>                                  |  |

| DIAMETER (IN)           | MATERIAL                                                                                                                                                                                                                                             | FLOW                                 | DESCRIPTION                                                                                                                                                  | LAND USE IN AREA                                                                                                                                                                     |                                                                                               |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Diameter: <u>15</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 type="checkbox"/> Industrial<br><input type="checkbox"/> Urban Residential<br><input checked="" type="checkbox"/> Suburban Residential<br><input type="checkbox"/> Commercial | <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):

Flowed end  
from CB

- yard debris slowly  
impeding streamlet  
- large stones in flowpath

MAS  
6/27/08

| INDICATOR                            | 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) |

| 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 checked="" type="checkbox"/> | <input type="checkbox"/> Oily <input checked="" type="checkbox"/> Flow Line <input type="checkbox"/> Paint <input type="checkbox"/> Other:                                                                                                      |                          |
| Abnormal Vegetation | <input checked="" type="checkbox"/> | <input type="checkbox"/> Excessive <input type="checkbox"/> Inhibited                                                                                                                                                                           | <u>Some moss present</u> |
| Poor 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 checked="" type="checkbox"/> | <input type="checkbox"/> Brown <input type="checkbox"/> Orange <input checked="" type="checkbox"/> Green <input type="checkbox"/> Other:                                                                                                        |                          |