

# OUTFALL RECONNAISSANCE INVENTORY / COLLECTION FIELD SHEET

02  
KCH

## Section 1: Background Data

Subwatershed: <b>PRD</b>		Outfall ID: <b>PRD-1</b>		
Date & Time: <b>8/15 5/9/07</b>		Form completed by:		
Temperature (°F):		Rainfall (in.): Last 24 hours: <b>0</b> Last 48 hours: <b>0</b>		
Camera:		Photo #s: <b>3684</b> ( <b>PRD-001</b> )		
DIAMETER (IN)	MATERIAL	FLOW	DESCRIPTION	LAND USE IN AREA
Diameter: _____ in. <b>UNK</b>	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <b>UNK</b> <input type="checkbox"/> Other: _____	Depth: _____ in. Width: _____ in.	<input checked="" type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial <b>B</b>	<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., origin of outfall, if known):

**CANT SEE PIPE END**  
**COVERED CB IN BACK**  
**TRICKLE FLOW**

**BTR**

**8/24/08**

**9:30**

**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)

**NO SLOW**

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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Excessive <input type="checkbox"/> Inhibited	
Poor 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:	