

# OUTFALL RECONNAISSANCE INVENTORY / COLLECTION FIELD SHEET

OK  
1/24

## Section 1: Background Data

|                                  |  |   |  |
|----------------------------------|--|---|--|
| Subwatershed: <u>WB</u>          |  | Outfall ID: <u>WB-26</u>  |  |
| Date & Time: <u>9:53 4/25/07</u> |  | Form completed by: <u>max</u>                                   |  |
| Temperature (°F): <u>60°</u>     |  | Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u> |  |
| Camera: <u>1.15</u>              |  | Photo #s: <u>(WB-026)</u>                                       |  |

| DIAMETER (IN)           | MATERIAL   | FLOW                               | DESCRIPTION  | LAND USE IN AREA   |   |
|-------------------------|--|------------------------------------|--|--|---|
| Diameter: <u>18</u> in. | <input type="checkbox"/> RCP <input type="checkbox"/> CMP<br><input type="checkbox"/> PVC <input type="checkbox"/> HDPE<br><input type="checkbox"/> Steel <input checked="" type="checkbox"/> Corr. Plastic<br><input type="checkbox"/> Other: _____ | Depth: ____ in.<br>Width: ____ in. | <input type="checkbox"/> Trickle<br><input checked="" type="checkbox"/> Moderate<br><input type="checkbox"/> Substantial<br><input 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):

- From detention basin
- Flared end

ASTR 9/3/08 12:45 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<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 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   |          |
| 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 type="checkbox"/> | <input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other: _____   |          |