



Town of Stratham Outfall Inspection Form (Dry or Wet Weather)

Date:	Time:	Outfall ID:	Address:
Receiving Water:		Latitude/Longitude:	
Investigators:		Form completed by:	
Temperature:	Rainfall (inches): Last 24 hours:		Last 48 hours:
Photos taken? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Physical Condition of Outfall: Is maintenance required (if yes, explain below in notes)? <input type="checkbox"/> Yes <input type="checkbox"/> No Outfall Maintenance Priority: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low Notes:			
Outfall Description: Material: <input type="checkbox"/> Concrete <input type="checkbox"/> Metal <input type="checkbox"/> PVC/HDPE <input type="checkbox"/> Other: _____ Diameter/Dimensions: _____ Shape: <input type="checkbox"/> Arch <input type="checkbox"/> Circular <input type="checkbox"/> Elliptical <input type="checkbox"/> Box <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____ Outfall under water? <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully Outfall Flow Description: <input type="checkbox"/> None <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial Odors present? <input type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Petroleum <input type="checkbox"/> Chemical <input type="checkbox"/> Other: _____ Is there visual evidence of non-stormwater discharges from outfall? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____ Was a water sample collected from the outfall? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, check all parameters: <input type="checkbox"/> ammonia <input type="checkbox"/> chlorine <input type="checkbox"/> conductivity <input type="checkbox"/> salinity <input type="checkbox"/> E. coli (freshwater) <input type="checkbox"/> enterococcus (saline/brackish water) <input type="checkbox"/> surfactants (MBAS) <input type="checkbox"/> temperature			