

Subwatershed:		Outfall ID:		Outfall not in inventory: <input type="checkbox"/>	
Today's date:		Time (Military):			
Investigators:		Form completed by:			
Temperature:		Rainfall (in.):    Last 24 hours:		Last 48 hours:	
Latitude:		Longitude:		GPS Unit:                  Location as mapped: <input type="checkbox"/>	
Camera:		Photo #s:			
Land Use in Drainage Area (Check all that apply): <input type="checkbox"/> Industrial <input type="checkbox"/> Open Space <input type="checkbox"/> Urban Residential <input type="checkbox"/> Institutional <input type="checkbox"/> Suburban Residential      Other: <input type="checkbox"/> Commercial                Known Industries:				Maintenance Priority:  <input type="checkbox"/> Priority 1 <input type="checkbox"/> Priority 2 <input type="checkbox"/> Priority 3  Notes:	
Notes (e.g., origin of outfall, if known):					

Section 2: Outfall Description				
Location	Material	Shape		
<input type="checkbox"/> Closed Pipe  Diameter/Dimensions:	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other:	<input type="checkbox"/> Circular <input type="checkbox"/> Elliptical <input type="checkbox"/> Box <input type="checkbox"/> Other:	<input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/> Other:	In water: <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully With Sediment: <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully
<input type="checkbox"/> Open drainage	<input type="checkbox"/> Concrete/Paved <input type="checkbox"/> Earthen <input type="checkbox"/> rip-rap <input type="checkbox"/> Other:	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other:		Depth:  Top Width:  Bottom Width:
<input type="checkbox"/> In-Stream	(applicable when collecting samples)			
Flow Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No      (If No, Skip to Section 5)			
Flow Description	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

**Section 3: Quantitative Characterization**

Field Data For Flowing Outfalls				
Parameter		Result	Unit	Equipment
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	Stop watch
<input type="checkbox"/> Flow #2	Flow Depth		In	Tape measure
	Flow Width	_____ , _____"	Ft, In	Tape measure
	Measured length	_____ , _____"	Ft, In	Tape measure
	Time of travel		Sec	Stop watch

## Catch Basin and Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow? ☐ Yes ☐ No (If No, Skip to Section 5)

Indicator	Check if Present	Description	Relative Severity Index		
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; indicators of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 – Some; origin clear (e.g., obvious soil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present? ☐ Yes ☐ No

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 type="checkbox"/>	<input type="checkbox"/> Excessive <input type="checkbox"/> Inhibited <input type="checkbox"/> Invasive Species	
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:	
Animal Life	<input type="checkbox"/>	<input type="checkbox"/> None/ little presence <input type="checkbox"/> Average presence <input type="checkbox"/> High presence	

### Section 6: Overall Outfall Characterization

☐ Unlikely   ☐ Potential (presence of two or more indicators)   ☐ Suspect (one or more indicators with a severity of 3)   ☐ Obvious

**Section 7: Field Tests**

Test	Calibration Date And LOT#	Data
Ammonia		ppm
Chlorine		mg/L
Conductivity		μS/cm
Salinity		ppt
pH		

Test	Calibration Date And LOT#	Data
Temperature		°F
Nitrate		ppm
Nitrite		ppm
D.O.		mg/L

**Section 8: Data Collection**

Sample for the lab? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, collected from: <input type="checkbox"/> Flow <input type="checkbox"/> Pool	
If yes: <input type="checkbox"/> Surfactants <input type="checkbox"/> Aluminum <input type="checkbox"/> Iron <input type="checkbox"/> Phosphorous <input type="checkbox"/> E. Coli	Chain of Custody Number: _____ _____ _____ _____ _____

**Section 9: Non-Illicit Discharge Concerns (eg. trash, repairs needed)**

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**Notes:**

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