

# OUTFALL RECONNAISSANCE INVENTORY FIELD SHEET



## Section 1: Background Data

|  |                 |                    |                |
|--|-----------------|--------------------|----------------|
| Subwatershed:  |                 | Outfall ID:        |                |
| Today's date:  |                 | Time (Military):   |                |
| Investigators:   |                 | Form completed by: |                |
| Temperature (°F):  | Rainfall (in.): | Last 24 hours:     | Last 48 hours: |
| Latitude:  | Longitude:      | GPS Unit:          | GPS LMK #:     |
| Camera:  |                 | Photo #s:          |                |
| Land Use in Drainage Area (Check all that apply):<br><input type="checkbox"/> Industrial <span style="margin-left: 200px;"><input type="checkbox"/> Open Space</span><br><input type="checkbox"/> Ultra-Urban Residential <span style="margin-left: 150px;"><input type="checkbox"/> Institutional</span><br><input type="checkbox"/> Suburban Residential <span style="margin-left: 150px;">Other: _____</span><br><input type="checkbox"/> Commercial <span style="margin-left: 150px;">Known Industries: _____</span> |                 |                    |                |
| Notes (e.g., origin of outfall, if known):   |                 |                    |                |

## Section 2: Outfall Description

| LOCATION                               | MATERIAL   | SHAPE   | DIMENSIONS (IN.)  | SUBMERGED   |
|--|--|---|---|---|
| <input type="checkbox"/> Closed Pipe   | <input type="checkbox"/> RCP <input type="checkbox"/> CMP<br><input type="checkbox"/> PVC <input type="checkbox"/> HDPE<br><input type="checkbox"/> Steel<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Circular <input type="checkbox"/> Single<br><input type="checkbox"/> Elliptical <input type="checkbox"/> Double<br><input type="checkbox"/> Box <input type="checkbox"/> Triple<br><input type="checkbox"/> Other: _____ | Diameter/Dimensions:<br>_____                           | In Water:<br><input type="checkbox"/> No<br><input type="checkbox"/> Partially<br><input type="checkbox"/> Fully<br><br>With Sediment:<br><input type="checkbox"/> No<br><input type="checkbox"/> Partially<br><input type="checkbox"/> Fully |
| <input type="checkbox"/> Open drainage | <input type="checkbox"/> Concrete<br><input type="checkbox"/> Earthen<br><input type="checkbox"/> rip-rap<br><input type="checkbox"/> Other: _____   | <input type="checkbox"/> Trapezoid<br><input type="checkbox"/> Parabolic<br><input type="checkbox"/> Other: _____   | Depth: _____<br>Top Width: _____<br>Bottom Width: _____ |   |
| <input type="checkbox"/> In-Stream     | <b>(applicable when collecting samples)</b>  |   |   |   |
| Flow Present?                          | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, Skip to Section 5</i>   |   |   |   |
| Flow Description (If present)          | <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         |                  |            |
| <input type="checkbox"/> Flow #2 | Flow depth      | In          | Tape measure     |            |
|                                  | Flow width      | ____' ____" | Tape measure     |            |
|                                  | Measured length | ____' ____" | Tape measure     |            |
|                                  | Time of travel  |             | S                | Stop watch |
| Temperature                      |                 | °F          | Thermometer      |            |
| pH                               |                 | pH Units    | Test strip/Probe |            |
| Ammonia                          |                 | mg/L        | Test strip       |            |

## 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 (1-3)                               |   |   |
|---|--------------------------|--|---|---|---|
| Odor                                    | <input type="checkbox"/> | <input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <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 <input type="checkbox"/> Gray <input type="checkbox"/> Yellow<br><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<br>-Does Not Include Trash!! | <input type="checkbox"/> | <input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds<br><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) |

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

Are physical indicators that are not related to flow present?  Yes  No (If No, Skip to Section 6)

| 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:   |          |

### 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: Data Collection

|   |                               |                               |
|---|-------------------------------|-------------------------------|
| 1. Sample for the lab?  | <input type="checkbox"/> Yes  | <input type="checkbox"/> No   |
| 2. If yes, collected from:  | <input type="checkbox"/> Flow | <input type="checkbox"/> Pool |
| 3. Intermittent flow trap set?  | <input type="checkbox"/> Yes  | <input type="checkbox"/> No   |
| If Yes, type: <input type="checkbox"/> OBM <input type="checkbox"/> Caulk dam |                               |                               |

### Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?