

Outfall Reconnaissance Inventory Field Sheet I

Section 1: Background Data

Subwatershed:		Outfall ID:	
Today's Date:		Time (Military):	
Investigator(s)		Form Completed By:	
Temperature (°F):	Rainfall (in.): Last 24 hours: Last 48 hours:		
Latitude:	Longitude:	GPS Waypoint:	
Photo #s:			
Land Use in Drainage Area (Check all that apply):			
<input type="checkbox"/> Industrial <input type="checkbox"/> Forest Other: _____ <input type="checkbox"/> Urban Residential <input type="checkbox"/> Field Known Industries: _____ <input type="checkbox"/> Suburban Residential <input type="checkbox"/> Crop _____ <input type="checkbox"/> Commercial <input type="checkbox"/> Livestock			
Notes (e.g., origin of outfall, if known):			

Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE		SIZE (in.)	SUBMERGED
<input type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP	<input type="checkbox"/> Circular	<input type="checkbox"/> Single	Diameter & Dimensions _____ _____	In Water: <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully In Sediment: <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully
	<input type="checkbox"/> PVC <input type="checkbox"/> HDPE	<input type="checkbox"/> Elliptical	<input type="checkbox"/> Double		
	<input type="checkbox"/> Steel	<input type="checkbox"/> Box	<input type="checkbox"/> Triple		
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other	<input type="checkbox"/> Other		
<input type="checkbox"/> Open Drainage	<input type="checkbox"/> Concrete	<input type="checkbox"/> Trapezoid		Depth: _____ Top Width: _____ Bottom Width: _____	
	<input type="checkbox"/> Earthen	<input type="checkbox"/> Parabolic			
	<input type="checkbox"/> rip-rap	<input type="checkbox"/> Other _____			
	<input type="checkbox"/> Other _____				
<input type="checkbox"/> In Stream	(applicable when collecting samples)				
Flow Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, skip to Section 4</i>				
Flow Description (If Present)	<input type="checkbox"/> Trickle	<input type="checkbox"/> Moderate	<input type="checkbox"/> Substantial		

Outfall Reconnaissance Inventory Field Sheet II

Section 3: Physical Indicators of Flowing Outfalls Only

Are there any Physical Indicators Present in the Flow? ☐ Yes ☐ No (If No, skip to section 4)

INDICATOR	CHECK if present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Sulfide <input type="checkbox"/> Rancid/Sour <input type="checkbox"/> Other: _____ <input type="checkbox"/> Petroleum/Gas	<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"/> Green <input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> Yellow <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"/> Petroleum (oil sheen)	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some indication 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)
		<input type="checkbox"/> Suds <input type="checkbox"/> Other: _____			

Section 4: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators not related to flow present? ☐ Yes ☐ No (If No, skip to section 5)

INDICATOR	CHECK if present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, cracking or Chipping <input type="checkbox"/> Corrosion <input type="checkbox"/> Peeling Paint	
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"/> Excessive Algae <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen	
Pipe Benthic Growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other: _____	

Section 5: Overall Outfall Characterization (Illicit Discharge Probability)

<input type="checkbox"/> Unlikely	<input type="checkbox"/> Potential (presence of two or more indicators)	<input type="checkbox"/> Suspect (one or more indicators with a severity of 3)	<input type="checkbox"/> Obvious
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