STORMWATER
KEEP IT CLEAN

Outfall Inspection Form

General Information:

Outfall #: _____ Photograph #: _____ Date: ___/___/_____ Employee Initials: _____

Right:_____ Left: _____ Side of drain looking upstream: _____

Location: _____

Latitude: _____ Longitude: _____

Weather: Air Temp: _____ Rain: Yes ☐ No ☐ Sunny: Yes ☐ No ☐ Cloudy: Yes ☐ No ☐

Number of days of no precipitation or runoff events prior to inspection: _____

Point Source Information:

Size: _____

Type/Material: _____

Flow present: Yes ☐ No ☐

Depth of water in pipe: _____inches

Submerged: Yes ☐ No ☐

Land Use/Area Information:

☐ Residential
☐ Single ☐ Multi
☐ Commercial/Business
☐ Industrial
☐ Transportation
☐ Manufactured
☐ Agricultural
☐ Wooded
☐ Meadow

Known use:_____

Physical Discharge Information:

Odor: None ☐ Sewage ☐ Sulfide ☐ Oil ☐ Gas ☐ Sour ☐ Other _____

Color: None ☐ Yellow ☐ Brown ☐ Green ☐ Red ☐ Grey ☐ Other _____

Turbidity: None ☐ Cloudy ☐ Opaque ☐

Floatables: None ☐ Petroleum ☐ Sheen ☐ Sewage ☐ Other _____(Collect Sample)

Deposits/Stains: None ☐ Sediment ☐ Oily ☐ Describe: _____(Collect Sample)

Vegetation Conditions: Normal ☐ Inhibited Growth ☐ Excessive Growth ☐

Extent: _____

Erosion Present: ☐ Yes ☐ No Describe: _____

Damage to Outfall Structures:

None ☐ Concrete Cracking ☐ Concrete Spalling ☐ Peeling Paint ☐ Metal Corrosion ☐

Other Damage: _____ Extent: _____

Other:

Known industrial or commercial uses in drainage area? Yes ☐ No ☐

Describe: _____

Stream conditions: _____

Additional notes: _____

_____

_____

ST. CLAIR COUNTY HEALTH DEPARTMENT