

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:

<input type="checkbox"/> Residential	<input type="checkbox"/> Single <input type="checkbox"/> Multi	<input type="checkbox"/> Manufactured
<input type="checkbox"/> Commercial/Business	<input type="checkbox"/> Industrial	<input type="checkbox"/> Agricultural
<input type="checkbox"/> Transportation		<input type="checkbox"/> Wooded
		<input type="checkbox"/> 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: _____
