

Section 1: Background Data

Subwatershed: <u>2110</u>	Outfall ID: <u>MIS-3411</u>	Today's date: <u>12/31/16</u>
Time (Military): <u>940</u>	Investigators: <u>PAR</u>	Photo #: <u>1/31/16</u>
Nearest Street Address: <u>BENNINGTON</u>	Rainfall (in.): Last 24 hours: <u>0.2</u> Last 48 hours: <u>2.02</u>	
Land Use in Drainage Area (Check all that apply): <input type="checkbox"/> Industrial <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Open Space <input type="checkbox"/> Institutional		
Known Industries: <u>DPSS</u> Notes (e.g., origin of outfall, if known):		

Section 2: Outfall Description & Quantitative Characterization

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> Steel <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Elliptical <input type="checkbox"/> Box <input type="checkbox"/> Other: _____	Circular, diameter: _____ Box: h - _____ w - _____ Elliptical: h - _____ w - _____	In Water: <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully With Sediment: <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully
<input type="checkbox"/> Open drainage	<input type="checkbox"/> Concrete <input type="checkbox"/> Rip-rap <input type="checkbox"/> Earthen <input type="checkbox"/> Other: _____			
<input type="checkbox"/> In-Stream				
Flow Present? <input checked="" 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	
PARAMETER	RESULT	UNIT	EQUIPMENT	
Ammonia	<u>S410</u> <u>S411</u>	<u>0.00</u> <u>0.00</u>	mg/L	<u>LaMotte 1200</u>

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 <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	<input type="checkbox"/> 2 - Some	<input type="checkbox"/> 3 - Obvious

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
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:
Excessive Vegetation	<input type="checkbox"/>	
Poor pool quality	<input type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/> Brown <input checked="" 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: Notes

S410 pH 7.02 TOC 16.2 SS 593 TDS 1253 Con. 1775 Cl⁻ 2.00
S411 pH 7.02 TOC 12.0 SS 610 TDS 1253 Con. 1775 Cl⁻ 0.01

Det. (m/L) 2.7 100.0
100.0
100.0

100.0 100.0 100.0
100.0 100.0 100.0

100.0 100.0 100.0
100.0 100.0 100.0

100.0 100.0 100.0
100.0 100.0 100.0

2411

11

11

11

10p

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