

Bennington Drive - May 2016

Section 1: Background Data

Subwatershed: BENNINGTON	Outfall ID: SLIGO	Today's date: 5-20-16
Time (Military): 1550	Investigator: AWR	Photo #:
Manure Cont. Address: BENNINGTON DC	Rainfall (in.): Last 24 hours: 0	Last 48 hours: 0
Land Use in Drainage Area (Check all that apply): <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Open Space <input type="checkbox"/> Institutional		
Known Industries: _____ 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: b - _____ w - _____	In Water: <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully With Sediment: <input 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 <i>(If No, Skip to Section 5)</i>			
Flow Description: <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial				
PARAMETER	RESULT	UNIT	EQUIPMENT	
Ammonia	SA10 0.46	mg/L	LaMotte 1200	
	SA11 0.28			

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"/> Raw/odor <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 color 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
Flammable - Does Not Include Trash!	<input checked="" type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input checked="" type="checkbox"/> Slits <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> 1 - Few/light	<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/Slimes	<input type="checkbox"/>	<input type="checkbox"/> Oil <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"/> Flammables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Sulfide <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other: _____
Pipe handle growth	<input checked="" 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

	pH	TpE	Con (µm)	TDS mg/L	Sal (US)
SA10	7.4	(6.0	587	840	1203
SA11	7.89	14.0	576	819	1174

Heavy flow SATC (4-5 ppm)
Stus trickle SATC (2-3 ppm)

Bird life galore
Pool clean but sediment-filled