

Section 1: Background Data

Subwatershed: SL150 Outfall ID: SA10711 Today's date: 8/26/16
 Time (Military): 1035 Investigators: PAR Photo #:
 Nearest Cross Address: BEON DRIVE Rainfall (in.): Last 24 hours: 0 Last 48 hours: 0
 Land Use in Drainage Area (Check all that apply): Industrial Residential Commercial Open Space Institutional
 Known Industries: DSS 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 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 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>Stal</u> | <u>0.29</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 checked="" type="checkbox"/> | <input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input checked="" type="checkbox"/> Other: <u>Windy</u> | <input checked="" 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 type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other: |
| | <input type="checkbox"/> | <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 2) Obvious

Section 7: Notes

| | | | | | | |
|------|-------------|-------------|------------|------------|-------------|---|
| SA10 | <u>8.11</u> | <u>22.7</u> | <u>622</u> | <u>890</u> | <u>1278</u> | Mod Flow (100 snails) Misty |
| SA11 | <u>8.19</u> | <u>22.1</u> | <u>331</u> | <u>556</u> | <u>793</u> | Low flow (+trickle) Brown silt on open |

Pool somewhat turbid @ SA10 water-sider snails

