

Section 1: Background Data

| | | |
|--|---|-------------------------------|
| Subwatershed: <u>SLUGO</u> | Outfall ID: <u>PARK RITCHIE</u> | Today's date: <u>10/23/15</u> |
| Time (Military): <u>1248</u> | Investigators: <u>PAR</u> | Photo #: |
| Nearest Street Address: <u>MAPLE AVE</u> | Rainfall (in.): Last 24 hours: <u>0</u> | Last 48 hours: <u>0</u> |
| Land Use in Drainage Area (Check all that apply): <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Open Space <input type="checkbox"/> Institutional | | |
| Known Industries: <u>D'AMON T.P.</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: _____ | <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple <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 type="checkbox"/> Yes <input checked="" 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 | <u>NE</u> <u>SW</u> | <u>4.69</u> <u>2.13</u> | mg/L | LaMotte 1200 | |

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 checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input checked="" type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input checked="" type="checkbox"/> Other: <u>TURBIDITY</u> |
| Pipe benthic growth | <input 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

Section 7: Notes

NE

| | | | | | |
|--|-------------|-------------|----------------|------------|------------|
| | <u>Tc</u> | <u>pH</u> | <u>Conduct</u> | <u>TDS</u> | <u>Sal</u> |
| | <u>19.7</u> | <u>7.77</u> | <u>520</u> | <u>362</u> | <u>243</u> |
| | <u>12.4</u> | <u>7.77</u> | <u>597</u> | <u>111</u> | <u>281</u> |

SW

15. (7.72 0/1 416 404