

**Section 1: Background Data**

Subwatershed: <b>SL160</b>	Outfall ID: <b>KE01A+01B</b>	Topo
Time (Military): <b>9:22</b>	Investigators: <b>Paul</b>	Photo
Nearest Street Address: <b>MAPLE AVE</b>	Rainfall (in.): Last 24 hours: <b>0</b>	Last 48
Land Use in Drainage Area (Check all that apply): <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Residential <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Other		
Known Industries: _____ Notes (e.g., origin of outfall, if known): _____		

**Section 2: Outfall Description & Quantitative Characterization**

LOCATION	MATERIAL	SHAPE	DIMENSIONS
<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 - _____
<input type="checkbox"/> Open drainage	<input type="checkbox"/> Concrete	<input type="checkbox"/> Rip-rap	<input type="checkbox"/> Earthen
<input type="checkbox"/> In-Stream	<input type="checkbox"/> Other: _____		
Flow Present?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If No, Skip to Section 3
			Flow Description <input type="checkbox"/> Trickling
PARAMETER	RESULT	UNIT	
Ammonia	<b>O1A</b> <b>0.13</b>	<b>.07</b> <b>-20</b>	mg/L

**Section 4: Physical Indicators for Flowing Outfalls Only**

Are Any Physical Indicators Present in the flow?  Yes  No (If No, Skip to Section 3)

INDICATOR	CHECK IF Present	DESCRIPTION	RELATIONSHIP
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: <b>DETERGENT</b>	<input checked="" type="checkbox"/> 1 - Faint
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
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness
Floatables - Does Not include Trash!!	<input checked="" type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input checked="" type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/light

**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, ...)

INDICATOR	CHECK IF Present	DESC
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/>
Deposits/Stains	<input type="checkbox"/>	<input type="checkbox"/> Oily <input type="checkbox"/> Flow Line <input type="checkbox"/> Paint <input type="checkbox"/>
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 She
Pipe benthic growth	<input checked="" type="checkbox"/>	<input type="checkbox"/> Brown <input checked="" type="checkbox"/> Orange <input type="checkbox"/> Green

**Section 6: Overall Outfall Characterization**

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more)

Site  
01A  
01B

**Section 7: Notes**

PH	Temp	TDS	Sal	Con	FC	TC	AC	S
/	18.8	591	404	844	.01	.05	.04	.
/	18.1	565	385	811	.01	.02	.01	3