

**Section 1: Background Data**

Subwatershed: <u>SLIGO CREEK</u>	Outfall ID: <u>KE01A+KE01B</u>	Today's date: <u>4/23/13</u>
Time (Military):	Investigators: <u>PAR</u>	Photo #s:
Nearest Street Address: <u>MAPLE AVENUE</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 checked="" type="checkbox"/> Commercial <input type="checkbox"/> Open Space <input checked="" type="checkbox"/> Institutional		
Known Industries: <u>DOWNTOWN TAKOMA PARK</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: <u>80"</u> 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>0.25</u> <u>0.04</u>	<u>KE01A</u> <u>KE01B</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 checked="" 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"/>	<u>ONLY KE01B</u> See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input checked="" 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 type="checkbox"/> Oil Sheen <input checked="" type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input checked="" type="checkbox"/> Other: <u>SEDIMENT</u>
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other: <u>ONLY 01B</u>

**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**

KE01A pH 7.65 / 14.0 °C

Pool body like chocolate milk

cloudy to light

KE01B pH 7.75 / 13.1 °C

(Heavy sediment  
+ Jugs @ 01B