

Section 1: Background Data

Sidewatershed: <u>SLUGO CREEK</u>	Outfall ID: <u>PAR</u>	Today's date: <u>5/22/13</u>
Time (Military): <u>1525</u>	Photo #:	
Nearest Street Address: <u>MAPLE AVE</u>	Last 24 hours: <u>.02</u>	Last 48 hours: <u>.02</u>
Land Use in Drainage Area (Check all that apply): <input type="checkbox"/> Industrial <input type="checkbox"/> Residential <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Open Space <input checked="" type="checkbox"/> Institutional		
Known Industries: _____ Note: 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: 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"/> Parthen <input type="checkbox"/> Other: _____			
<input type="checkbox"/> In-Stream				
Flow Present? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, Skip to Section 3		Flow Description <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial	
PARAMETER	RESULT	UNIT	EQUIPMENT	
Ammonia	<u>KEO1A 0.10</u> <u>KEO1B 0.08</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 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>SOAP</u>	<input type="checkbox"/> 1 - Faint	<input checked="" type="checkbox"/> 2 - Easily detected	<input checked="" 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 checked="" type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other: _____	<input checked="" 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 checked="" type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input checked="" type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other: _____
Pipe benthic growth	<input checked="" type="checkbox"/>	<input type="checkbox"/> Brown <input checked="" type="checkbox"/> Orange <input type="checkbox"/> Green <input checked="" type="checkbox"/> Other: <u>Yellow/Brown</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

KEO1A 7.52 pH / 17.7°C
 KEO1B 7.53 pH / 16.8°C
 Musty, soapy smell very obvious
 Both vials turn light gold w/ reagent
 ... to be from KEO1B

Sample ends very light - appears very