

Section 1: Background Data

Subwatershed: <u>SLB0</u>	Outfall ID: <u>KE01A+B</u>	Today's date: <u>6/20/18</u>
Time (Military): <u>14.35</u>	Investigator: <u>PAK</u>	Photo #:
Nearest Cross 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 checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Open Space <input checked="" type="checkbox"/> Institutional		
Known Industries: _____ 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: _____ Box: b - _____ w - _____ Elliptical: k - _____ 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 <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>0.39</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/foul <input type="checkbox"/> Popsicle/sour <input type="checkbox"/> Sulfide <input checked="" type="checkbox"/> Other: <u>aluminum</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 checked="" type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input checked="" type="checkbox"/> Sludges <input type="checkbox"/> Petroleum (oil sludge) <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> 1 - Few/light	<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"/> Pooling Puddles <input type="checkbox"/> Corrosion
Deposits/Stains	<input type="checkbox"/>	<input type="checkbox"/> Only <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 checked="" type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Flotsam <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Sludge <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other: _____
Pipe healthy 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

	<u>TOC</u>	<u>pH</u>	<u>Sulfides</u>	<u>TPSR(L)</u>	<u>Amphib</u>	
	<u>15.9</u>	<u>7.97</u>	<u>4719</u>	<u>646</u>	<u>930</u>	
<u>KE01A</u> →						Sediment collected just 3-6" below surface. Went on steep green. Started
<u>KE01B</u> →	<u>14.5</u>	<u>8.04</u>	<u>4771</u>	<u>686</u>	<u>983</u>	

Sludge-colored night heron.

