

Section 1: Background Data

Subwatershed: <u>SLIGO</u>	Outfall ID:	To
Time (Military): <u>10⁴⁰</u>	Investigators: <u>PAK</u>	Ph
Monitored Street Address: <u>WAYNE AVE</u>	Rainfall (in.): Last 24 hours: <u>0</u>	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"/>		
Known Industries: <u>SSIMS</u> 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 5
PARAMETER		RESULT	UNIT
Ammonia		<u>0.43</u>	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 5)

INDICATOR	CHECK IF Present	DESCRIPTION	RELATIONSHIP
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
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 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/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 checked="" type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green

Section 6: Overall Outfall Characterization

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

Site

Section 7: Notes

pH	TC	TDS	Ca	Mg	FC	TC	AC	S
6.79	19.2	730	499	1041	.02	.03	.01	3