

Storm Water Outfall Reconnaissance Form

revised 09/07
Form #1002



Outfall ID <i>Unique number for outfall point</i>	Size <i>Size of the discharge pipe (inches)</i>
---	--

Photo1 <i>Photo1 ID number</i>	Photo2 <i>Photo2 ID number</i>	Photo3 <i>Photo3 ID number</i>
--	--	--

Land Use <i>Land use of area</i>	Associated with Structure <i>Is the outfall associated with a structure?</i>
<input type="checkbox"/> Industrial <input type="checkbox"/> Ultra-Urban Residential <input type="checkbox"/> Open-Space <input type="checkbox"/> Institutional	<input type="checkbox"/> None <input type="checkbox"/> Culvert <input type="checkbox"/> Commercial <input type="checkbox"/> Suburban Residential <input type="checkbox"/> Other <input type="checkbox"/> Bridge <input type="checkbox"/> Other

Outfall Type <i>Type of outfall</i>	Submerged <i>Is the outfall submerged?</i>	Quantity <i>Number of pipes</i>	Outfall Shape <i>Shape of the outfall</i>
<input type="checkbox"/> Closed Pipe <input type="checkbox"/> Culvert: Concrete Pipe <input type="checkbox"/> Open Drainage <input type="checkbox"/> Gutter <input type="checkbox"/> Abutment Drain <input type="checkbox"/> Culvert: Concrete Box <input type="checkbox"/> Scupper <input type="checkbox"/> Ditch <input type="checkbox"/> Under Drain <input type="checkbox"/> Storm Water Facility <input type="checkbox"/> Pump House <input type="checkbox"/> Other <input type="checkbox"/> Culvert: CMP <input type="checkbox"/> Culvert: Poly Pipe	<input type="checkbox"/> No <input type="checkbox"/> Water Partially <input type="checkbox"/> Water Fully <input type="checkbox"/> Sediment Partially <input type="checkbox"/> Sediment Fully	<input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/> Other	<input type="checkbox"/> Circular <input type="checkbox"/> Parabolic <input type="checkbox"/> Trapezoid <input type="checkbox"/> Elliptical <input type="checkbox"/> Box <input type="checkbox"/> Other
Material <i>Pipe material</i>			
<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> Copper <input type="checkbox"/> Concrete <input type="checkbox"/> PVC <input type="checkbox"/> Plastic Pipe <input type="checkbox"/> Steel <input type="checkbox"/> Earthen <input type="checkbox"/> Clay <input type="checkbox"/> Black Fiber Pipe <input type="checkbox"/> HDPE <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other			

Inlet <i>Inlet source</i>	Discharges Into <i>What does this pipe discharge into?</i>	Rainfall <i>Rainfall in last 48 hours</i>	Flow Present <i>Is a flow present from the outfall?</i>	Flow Description <i>Description of flow from outfall</i>
<input type="checkbox"/> Catch Basin <input type="checkbox"/> Field <input type="checkbox"/> Parking Lot <input type="checkbox"/> Inside House <input type="checkbox"/> Unknown <input type="checkbox"/> House Lawn <input type="checkbox"/> Manhole <input type="checkbox"/> Other	<input type="checkbox"/> Flowing (Stream) <input type="checkbox"/> Dry Channel <input type="checkbox"/> Standing (Pond) <input type="checkbox"/> Catch Basin <input type="checkbox"/> MS4 <input type="checkbox"/> Other <input type="checkbox"/> Wetland	<input type="checkbox"/> None <input type="checkbox"/> Trace (> .25) <input type="checkbox"/> .25 - .50 <input type="checkbox"/> .50 - 1.00 <input type="checkbox"/> Heavy (< 1.00)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial <input type="checkbox"/> None

PH Level <i>Reading of PH level from testing unit</i>	Conductivity <i>Reading of Conductivity from testing unit</i>	TDS Level <i>Reading of total dissolved solids from testing unit</i>
---	---	--

Flow Type <i>Type of flow from outfall</i>	Deposits\Stains <i>Are deposits or stains present?</i>	Pipe Benthic Growth <i>Is there benthic growth present?</i>	Abnormal Vegetation <i>Is there abnormal vegetation present?</i>	Poor Pool Quality <i>Is the quality of discharge poor?</i>
<input type="checkbox"/> None <input type="checkbox"/> Clear Water <input type="checkbox"/> Rain Water <input type="checkbox"/> Petroleum <input type="checkbox"/> Chemical <input type="checkbox"/> Spring <input type="checkbox"/> Sanitary <input type="checkbox"/> Other	<input type="checkbox"/> No <input type="checkbox"/> Paint <input type="checkbox"/> Oily <input type="checkbox"/> Other <input type="checkbox"/> Flow Line	<input type="checkbox"/> No <input type="checkbox"/> Green <input type="checkbox"/> Brown <input type="checkbox"/> Other <input type="checkbox"/> Orange	<input type="checkbox"/> No <input type="checkbox"/> Excessive <input type="checkbox"/> Inhibited	<input type="checkbox"/> No <input type="checkbox"/> Floatables <input type="checkbox"/> Suds <input type="checkbox"/> Odors <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Colors <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other

Condition <i>What is the condition of the pipe? Does it need repairs?</i>	Outfall Damage <i>Is the outfall damaged? If so, how?</i>	Needs Maintenance <i>Does this need maintenance?</i>	Characterization <i>Is this an illicit discharge?</i>
<input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Corrosion <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Spalling-Crack-Chip	<input type="checkbox"/> No <input type="checkbox"/> Repair <input type="checkbox"/> Clean <input type="checkbox"/> Unknown	<input type="checkbox"/> Unlikely <input type="checkbox"/> Suspect <input type="checkbox"/> Potential (>2) <input type="checkbox"/> Obvious

Street <i>Nearest Street/Address</i>	Remarks <i>Comments</i>
--	-----------------------------------