

# OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

## Section 1: Background Data

Subwatershed:		Outfall ID:	
Today's date:		Time (Military):	
Investigators:		Form completed by:	
Temperature (°F):	Rainfall (in.):	Last 24 hours:	Last 48 hours:
Latitude:	Longitude:	GPS Unit:	GPS LMK #:
Camera:		Photo #s:	
Land Use in Drainage Area (Check all that apply): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Industrial  <input type="checkbox"/> Ultra-Urban Residential  <input type="checkbox"/> Suburban Residential  <input type="checkbox"/> Commercial         </div> <div> <input type="checkbox"/> Open Space  <input type="checkbox"/> Institutional            Other: _____            Known Industries: _____         </div> </div>			
Notes (e.g., origin of outfall, if known):			

## Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other: _____	<input type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	Diameter/Dimensions: _____ _____	In Water: <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully  With Sediment: <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully
<input type="checkbox"/> Open drainage	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> rip-rap <input type="checkbox"/> Other: _____	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other: _____	Depth: _____ Top Width: _____ Bottom Width: _____	
<input type="checkbox"/> In-Stream	(applicable when collecting samples)			
Flow Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

## Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER		RESULT	UNIT	EQUIPMENT
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	____' ____"	Ft, In	Tape measure
	Measured length	____' ____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature			°F	Thermometer
pH			pH Units	Test strip/Probe
Ammonia			mg/L	Test strip

## Outfall Reconnaissance Inventory Field Sheet

### 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 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 type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 – Few/slight; origin not obvious	<input type="checkbox"/> 2 – Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 – Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### 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	COMMENTS
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:	
Abnormal Vegetation	<input type="checkbox"/>	<input type="checkbox"/> Excessive <input type="checkbox"/> Inhibited	
Poor pool quality	<input type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic 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

<input type="checkbox"/> Unlikely <input type="checkbox"/> Potential (presence of two or more indicators) <input type="checkbox"/> Suspect (one or more indicators with a severity of 3) <input type="checkbox"/> Obvious
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### Section 7: Data Collection

1. Sample for the lab?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If yes, collected from:	<input type="checkbox"/> Flow <input type="checkbox"/> Pool
3. Intermittent flow trap set?	<input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, type: <input type="checkbox"/> OBM <input type="checkbox"/> Caulk dam

### Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?