

Outfall ID: _____ Date: _____
 Inspector: _____
 Time of Inspection: _____
 Street Name: _____
 Last rainfall event: _____

SOP ID-1: DRY WEATHER OUTFALL INSPECTION SURVEY

Type of Outfall (check one):		Pipe Outfall <input type="checkbox"/>	Open Swale Outfall <input type="checkbox"/>
Outfall Label:		Stencil <input type="checkbox"/>	Ground Inset <input type="checkbox"/> Sign <input type="checkbox"/> None <input type="checkbox"/> Other _____
Pipe Material:	Concrete	<input type="checkbox"/>	Pipe Condition: Good <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Crumbling <input type="checkbox"/>
	Corrugated metal	<input type="checkbox"/>	
	Clay Tile	<input type="checkbox"/>	
	Plastic	<input type="checkbox"/>	
	Other:	<input type="checkbox"/>	
Swale Material:	Paved (asphalt)	<input type="checkbox"/>	Swale Condition: Good <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Crumbling <input type="checkbox"/>
	Concrete	<input type="checkbox"/>	
	Earthen	<input type="checkbox"/>	
	Stone	<input type="checkbox"/>	
	Other:	<input type="checkbox"/>	
Shape of Pipe/Swale (check one)			
 <input type="checkbox"/>		 <input type="checkbox"/>	
 <input type="checkbox"/>		 <input type="checkbox"/>	
Rounded Pipe/Swale		Rectangular Pipe/Swale	Triangular Swale
Pipe Measurements:		Swale Measurements:	Is there a headwall?
Inner Dia. (in): d= _____	Swale Width (in): T= _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Location Sketch
Outer Dia. (in): D= _____	Flow Width (in): t = _____	Condition:	
Pipe Width (in): T= _____	Swale Height (in): H= _____	Good <input type="checkbox"/> Poor <input type="checkbox"/>	
Pipe Height (in): H= _____	Flow Height (in): h= _____*	Fair <input type="checkbox"/> Crumbling <input type="checkbox"/>	
Flow Width (in): h= _____*	Bottom Width (in): b= _____		
Description of Flow: Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Trickling <input type="checkbox"/> (use reverse side of form for sampling) Dry <input type="checkbox"/>			
If the outlet is submerged check yes and indicate approximate height of water above the outlet invert. h above invert (in):			Circle All Materials Present:
Odor:	Yes <input type="checkbox"/> No <input type="checkbox"/>		Rip rap
Optical enhancers suspected?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Excessive sediment
Has channelization occurred?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Foam
Has scouring occurred below the outlet?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Sanitary Waste
Required Maintenance:	Tree Work	Remove Trash/Debris	Orange Staining
	Ditch Work	Blocked Pipe	
	Structural Corrosion	Erosion at Structure	
	N/A	Other	
Comments:			Sheen: Bacterial
			Sheen: Petroleum
			Floatables
			Algae
			Excessive Vegetation

