

**Outfall ID:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Inspector:** \_\_\_\_\_  
**Time of Inspection:** \_\_\_\_\_  
**Street Name:** \_\_\_\_\_  
**Last rainfall event:** \_\_\_\_\_

**SOP ID-2: WET WEATHER OUTFALL INSPECTION SURVEY**

<b>Visual Inspection:</b>	<b>Yes</b>	<b>No</b>	<b>Comments (Include probable source of observed contamination):</b>
Color	<input type="checkbox"/>	<input type="checkbox"/>	
Odor	<input type="checkbox"/>	<input type="checkbox"/>	
Turbidity	<input type="checkbox"/>	<input type="checkbox"/>	
Excessive Sediment	<input type="checkbox"/>	<input type="checkbox"/>	
Sanitary Waste	<input type="checkbox"/>	<input type="checkbox"/>	
Pet Waste	<input type="checkbox"/>	<input type="checkbox"/>	
Floatable Solids	<input type="checkbox"/>	<input type="checkbox"/>	
Oil Sheen	<input type="checkbox"/>	<input type="checkbox"/>	
Bacterial Sheen	<input type="checkbox"/>	<input type="checkbox"/>	
Foam	<input type="checkbox"/>	<input type="checkbox"/>	
Algae	<input type="checkbox"/>	<input type="checkbox"/>	
Orange Staining	<input type="checkbox"/>	<input type="checkbox"/>	
Excessive Vegetation	<input type="checkbox"/>	<input type="checkbox"/>	
Optical Enhancers	<input type="checkbox"/>	<input type="checkbox"/>	
Other:			

<b>Sample Parameters</b>	<b>Test Method</b>	<b>Benchmark</b>	<b>Field Screening Result</b>	<b>Full Analytical?</b>
Ammonia	Field Kit/Test Strips	< 0.5 mg/L		<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Chlorine	Field Kit/Test Strips	detectable range < 0.02 mg/L		<input type="checkbox"/> Yes <input type="checkbox"/> No
Surfactants/Detergents	Field Kit	< 0.25 mg/L		<input type="checkbox"/> Yes <input type="checkbox"/> No
Conductivity	YSI	< 100 mS/cm		<input type="checkbox"/> Yes <input type="checkbox"/> No
Salinity	YSI	< 72.6 g/L		<input type="checkbox"/> Yes <input type="checkbox"/> No
Temperature	YSI	n/a		n/a
Bacteria (E. coli)	EPA-Certified Lab	406 count/100mL(non-beach) 88 count/100mL (beach)		REQ.
Total Nitrogen (TKN)	Test Strips/YSI	< 0.32 mg/L		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Comments:**