

Outfall Monitoring Observation Sheet

Outfall Number/Address _____

Observers Name _____ Town _____

Date _____ Time _____

Weather Conditions:**

Date of last rainfall or significant snow melt (if known) _____

Or, Circle the one that applies

1. No Rain/Snow Melt in past 72 hrs
2. No Rain/Snow Melt in past 48 hrs
3. Recent Rain/Snow Melt within 24 hrs
4. Currently Raining or Snow Melt

Approximate Pipe Diameter _____ Name of Receiving Stream _____

Adjacent Land Use: (circle one)

Residential, Commercial, Industrial, Agricultural, Parkland/Open Space

At the time of the observation, is the outfall pipe: discharging? Yes / No Visable/Submerged

Please describe the outfall by circling the appropriate condition(s) within each category:

Odor:	Chemical, Chlorine, Musty, Harsh, Sewage, Rotten Eggs, None
Color:	Muddy, Cloudy, Grey, Green, Brown, Blue, Red, Clear, Other _____
Floatables:	Oily, Rainbow, Trash, Foam, Toilet Paper, None, Other _____
Vegetation:	Excessive Growth, Inhibited Growth, Dead Plants, Looks Normal
Structural Damage:	Cracks, Deterioration, Peeling Paint, Other _____
Deposits/Stains:	Dark Staining, White Deposit, Other _____

Estimate the depth of flow in the outfall pipe (inches) _____

Other Observations:

Sample Data Collection:

Overall Outfall Characterization:

___ Unlikely ___ Potential (two or more indicators) ___ Suspect (one strong indicator) ___ Obvious

Flow Chart for Illicit Discharge Detection Field Tests

