

Outfall ID: _____ **Town:** _____
Inspector: _____ **Date:** _____
Street Name _____
Last rainfall event _____



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"/>
	Corrugated metal <input type="checkbox"/>		Fair <input type="checkbox"/> Crumbling <input type="checkbox"/>
Swale Material:	Clay Tile <input type="checkbox"/>	Swale Condition:	Good <input type="checkbox"/> Poor <input type="checkbox"/>
	Plastic <input type="checkbox"/>		Fair <input type="checkbox"/> Crumbling <input type="checkbox"/>
Other: _____ <input type="checkbox"/>			
Paved (asphalt) <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
Trapezoidal 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"/>
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= _____	
Location Sketch			
Description of Flow: Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Trickling <input type="checkbox"/> 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"/> Optical enhancers suspected? Yes <input type="checkbox"/> No <input type="checkbox"/> Has channelization occurred? Yes <input type="checkbox"/> No <input type="checkbox"/> Has scouring occurred below the outlet? Yes <input type="checkbox"/> No <input type="checkbox"/>			Rip rap Excessive sediment Foam Sanitary Waste Orange Staining
Required Maintenance: Tree Work Ditch Work Structural Corrosion N/A			Sheen: Bacterial Sheen: Petroleum Floatables Algae Excessive Vegetation
Remove Trash/Debris Blocked Pipe Erosion at Structure Other			
Comments:			