

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"/> 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"/>	
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"/> 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:			