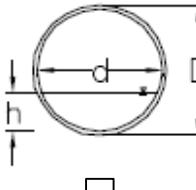
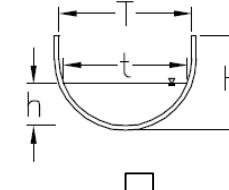
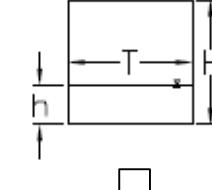
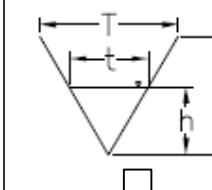
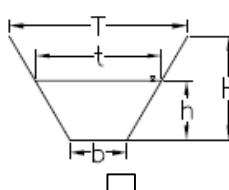


Outfall ID: _____ Town: _____
 Inspector: _____ Date: _____
 Street Name _____
 Last rainfall event _____



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"/>
	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"/>
	Concrete <input type="checkbox"/>				Fair <input type="checkbox"/>	Crumbling <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"/>	 <input type="checkbox"/>	
Rounded Pipe/Swale		Rectangular Pipe/Swale	Triangular Swale	Trapezoidal Swale		
Pipe Measurements:		Swale Measurements:		Is there a headwall?		Location Sketch
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= _____				
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
						Sheen: Bacterial Sheen: Petroleum Floatables Algae Excessive Vegetation
Required Maintenance: Tree Work Ditch Work Structural Corrosion N/A						Remove Trash/Debris Blocked Pipe Erosion at Structure Other
Comments: _____						