

Outfall Inspection Form

This checklist is designed for existing outfalls and is to be used in conjunction with the current report for the outfall being inspected.

Inspected By: Bill Brecks

Date of Inspection: 4/25/2023

Receiving Water Body: Spring Creek

Outfall ID: 101

YES NO N/A

Outfall location is mapped accurately.

Municipal ID is correct.

Physical attributes (pipe size, diameter, material, etc.) are correct.

Inspection conducted under dry conditions.

Outfall is discharging.

Outfall discharge has odor present? Describe: _____

Outfall discharge has color, foaming, etc. Describe: _____

Outfall discharge has floatables (i.e. trash, foam, etc.) Describe: Trash

Outfall structure is damaged. Describe: _____

Outfall structure has staining. Describe: _____

Outfall requires maintenance. Describe: _____

Outfall requires sampling, further investigation.

Outfall update request will be submitted. Describe: _____

Comments:





Outfall Inspection Form

This checklist is designed for existing outfalls and is to be used in conjunction with the current report for the outfall being inspected.

Inspected By: Bill Brecks

Date of Inspection: 4/25/2023

Receiving Water Body: Spring Creek

Outfall ID: 101-A

YES NO N/A

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outfall location is mapped accurately. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Municipal ID is correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Physical attributes (pipe size, diameter, material, etc.) are correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inspection conducted under dry conditions. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outfall is discharging. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has odor present? Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has color, foaming, etc. Describe: _____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has floatables (i.e. trash, foam, etc.) Describe: <u>Trash</u> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure is damaged. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure has staining. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires maintenance. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires sampling, further investigation. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Outfall update request will be submitted. Describe: _____ |

Comments:

The ditch needs maintenance. Will report.





Outfall Inspection Form

This checklist is designed for existing outfalls and is to be used in conjunction with the current report for the outfall being inspected.

Inspected By: Bill Brecks

Date of Inspection: 4/25/2023

Receiving Water Body: Spring Creek

Outfall ID: 102

YES NO N/A

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outfall location is mapped accurately. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Municipal ID is correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Physical attributes (pipe size, diameter, material, etc.) are correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inspection conducted under dry conditions. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outfall is discharging. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has odor present? Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has color, foaming, etc. Describe: _____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has floatables (i.e. trash, foam, etc.) Describe: <u>Trash</u> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure is damaged. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure has staining. Describe: _____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outfall requires maintenance. Describe: <u>Clean out</u> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires sampling, further investigation. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Outfall update request will be submitted. Describe: <u>Maintenance</u> |

Comments:

The ditch needs maintenance. Will report.





Outfall Inspection Form

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Inspected By: Bill Brecks

Date of Inspection: 4/25/2023

Receiving Water Body: Spring Creek

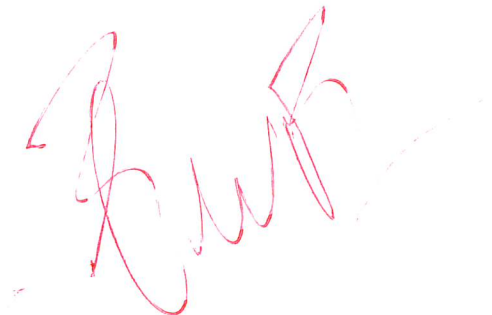
Outfall ID: 103

YES NO N/A

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outfall location is mapped accurately. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Municipal ID is correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Physical attributes (pipe size, diameter, material, etc.) are correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inspection conducted under dry conditions. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outfall is discharging. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has odor present? Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has color, foaming, etc. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has floatables (i.e. trash, foam, etc.) Describe: <u>Trash</u> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure is damaged. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure has staining. Describe: _____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outfall requires maintenance. Describe: <u>Clean out</u> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires sampling, further investigation. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Outfall update request will be submitted. Describe: <u>Maintenance</u> |

Comments:

The ditch needs maintenance. Will report.





Outfall Inspection Form

This checklist is designed for existing outfalls and is to be used in conjunction with the current report for the outfall being inspected.

Inspected By: Bill Brecks

Date of Inspection: 4/25/2023

Receiving Water Body: Spring Creek/Drainage Ditch #1

Outfall ID: 104

YES NO N/A

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outfall location is mapped accurately. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Municipal ID is correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Physical attributes (pipe size, diameter, material, etc.) are correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inspection conducted under dry conditions. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall is discharging. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Outfall discharge has odor present? Describe: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Outfall discharge has color, foaming, etc. Describe: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Outfall discharge has floatables (i.e. trash, foam, etc.) Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure is damaged. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure has staining. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires maintenance. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires sampling, further investigation. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Outfall update request will be submitted. Describe: _____ |

Comments:





Outfall Inspection Form

This checklist is designed for existing outfalls and is to be used in conjunction with the current report for the outfall being inspected.

Inspected By: Bill Brecks

Date of Inspection: 4/25/2023

Receiving Water Body: Spring Creek/Drainage Ditch #1

Outfall ID: 105

YES NO N/A

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outfall location is mapped accurately. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Municipal ID is correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Physical attributes (pipe size, diameter, material, etc.) are correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inspection conducted under dry conditions. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall is discharging. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Outfall discharge has odor present? Describe: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Outfall discharge has color, foaming, etc. Describe: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Outfall discharge has floatables (i.e. trash, foam, etc.) Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure is damaged. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure has staining. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires maintenance. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires sampling, further investigation. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Outfall update request will be submitted. Describe: _____ |

Comments:

Ditch needs maintenance





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This checklist is designed for existing outfalls and is to be used in conjunction with the current report for the outfall being inspected.

Inspected By: Bill Brecks

Date of Inspection: 4/25/2023

Receiving Water Body: Spring Creek/Drainage Ditch #1

Outfall ID: 106

YES NO N/A

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outfall location is mapped accurately. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Municipal ID is correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Physical attributes (pipe size, diameter, material, etc.) are correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inspection conducted under dry conditions. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall is discharging. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Outfall discharge has odor present? Describe: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Outfall discharge has color, foaming, etc. Describe: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Outfall discharge has floatables (i.e. trash, foam, etc.) Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure is damaged. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure has staining. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires maintenance. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires sampling, further investigation. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Outfall update request will be submitted. Describe: _____ |

Comments:

Ditch needs maintenance





Outfall Inspection Form

This checklist is designed for existing outfalls and is to be used in conjunction with the current report for the outfall being inspected.

Inspected By: Bill Brecks

Date of Inspection: 4/25/2023

Receiving Water Body: Spring Creek/Drainage Ditch #1

Outfall ID: 107

YES NO N/A

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outfall location is mapped accurately. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Municipal ID is correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Physical attributes (pipe size, diameter, material, etc.) are correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inspection conducted under dry conditions. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall is discharging. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Outfall discharge has odor present? Describe: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Outfall discharge has color, foaming, etc. Describe: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Outfall discharge has floatables (i.e. trash, foam, etc.) Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure is damaged. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure has staining. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires maintenance. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires sampling, further investigation. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Outfall update request will be submitted. Describe: _____ |

Comments:

Ditch needs maintenance, trash, debris significant.





Outfall Inspection Form

This checklist is designed for existing outfalls and is to be used in conjunction with the current report for the outfall being inspected.

Inspected By: Bill Brecks

Date of Inspection: 4/25/2023

Receiving Water Body: Spring Creek

Outfall ID: 109

YES NO N/A

- | | | | |
|-------------------------------------|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outfall location is mapped accurately. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Municipal ID is correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Physical attributes (pipe size, diameter, material, etc.) are correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inspection conducted under dry conditions. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outfall is discharging. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has odor present? Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has color, foaming, etc. Describe: _____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outfall discharge has floatables (i.e. trash, foam, etc.) Describe: <u>significant trash</u> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure is damaged. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure has staining. Describe: _____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outfall requires maintenance. Describe: <u>clean out needed</u> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires sampling, further investigation. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outfall update request will be submitted. Describe: _____ |

Comments:

Ditch needs maintenance, trash, debris significant.





Outfall Inspection Form

This checklist is designed for existing outfalls and is to be used in conjunction with the current report for the outfall being inspected.

Inspected By: Bill Brecks

Date of Inspection: 4/25/2023

Receiving Water Body: Spring Creek

Outfall ID: 110

YES NO N/A

Outfall location is mapped accurately.

Municipal ID is correct.

Physical attributes (pipe size, diameter, material, etc.) are correct.

Inspection conducted under dry conditions.

Outfall is discharging.

Outfall discharge has odor present? Describe: _____

Outfall discharge has color, foaming, etc. Describe: _____

Outfall discharge has floatables (i.e. trash, foam, etc.) Describe: significant trash

~~Outfall structure is damaged. Describe: completely full~~

Outfall structure has staining. Describe: _____

Outfall requires maintenance. Describe: clean out needed

Outfall requires sampling, further investigation.

Outfall update request will be submitted. Describe: _____

Comments:

Ditch needs maintenance, trash, debris significant.





Outfall Inspection Form

This checklist is designed for existing outfalls and is to be used in conjunction with the current report for the outfall being inspected.

Inspected By: Bill Brecks

Date of Inspection: 4/25/2023

Receiving Water Body: Spring Creek

Outfall ID: 111

YES NO N/A

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outfall location is mapped accurately. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Municipal ID is correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Physical attributes (pipe size, diameter, material, etc.) are correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inspection conducted under dry conditions. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall is discharging. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Outfall discharge has odor present? Describe: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Outfall discharge has color, foaming, etc. Describe: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Outfall discharge has floatables (i.e. trash, foam, etc.) Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure is damaged. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure has staining. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires maintenance. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires sampling, further investigation. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall update request will be submitted. Describe: _____ |

Comments:





Outfall Inspection Form

This checklist is designed for existing outfalls and is to be used in conjunction with the current report for the outfall being inspected.

Inspected By: Bill Brecks

Date of Inspection: 4/25/2023

Receiving Water Body: Spring Creek

Outfall ID: 112

YES NO N/A

Outfall location is mapped accurately.

Municipal ID is correct.

Physical attributes (pipe size, diameter, material, etc.) are correct.

Inspection conducted under dry conditions.

Outfall is discharging.

Outfall discharge has odor present? Describe: _____

Outfall discharge has color, foaming, etc. Describe: _____

Outfall discharge has floatables (i.e. trash, foam, etc.) Describe: _____

~~Outfall structure is damaged. Describe: _____~~

Outfall structure has staining. Describe: _____

Outfall requires maintenance. Describe: _____

Outfall requires sampling, further investigation.

Outfall update request will be submitted. Describe: _____

Comments:





Outfall Inspection Form

This checklist is designed for existing outfalls and is to be used in conjunction with the current report for the outfall being inspected.

Inspected By: Bill Brecks

Date of Inspection: 4/25/2023

Receiving Water Body: Spring Creek\Drainage Ditch #1

Outfall ID: 113

YES NO N/A

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outfall location is mapped accurately. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Municipal ID is correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Physical attributes (pipe size, diameter, material, etc.) are correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inspection conducted under dry conditions. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall is discharging. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Outfall discharge has odor present? Describe: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Outfall discharge has color, foaming, etc. Describe: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Outfall discharge has floatables (i.e. trash, foam, etc.) Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure is damaged. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure has staining. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires maintenance. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires sampling, further investigation. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall update request will be submitted. Describe: _____ |

Comments:

Ditch needs cleanup





Outfall Inspection Form

This checklist is designed for existing outfalls and is to be used in conjunction with the current report for the outfall being inspected.

Inspected By: Bill Brecks

Date of Inspection: 4/25/2023

Receiving Water Body: Spring Creek\Drainage Ditch #1

Outfall ID: 114

YES NO N/A

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outfall location is mapped accurately. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Municipal ID is correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Physical attributes (pipe size, diameter, material, etc.) are correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inspection conducted under dry conditions. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall is discharging. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Outfall discharge has odor present? Describe: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Outfall discharge has color, foaming, etc. Describe: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Outfall discharge has floatables (i.e. trash, foam, etc.) Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure is damaged. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure has staining. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires maintenance. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires sampling, further investigation. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall update request will be submitted. Describe: _____ |

Comments:

Ditch needs cleanup, trash at base of outfall needs removed.





Outfall Inspection Form

This checklist is designed for existing outfalls and is to be used in conjunction with the current report for the outfall being inspected.

Inspected By: Bill Brecks

Date of Inspection: 4/25/2023

Receiving Water Body: Spring Creek\Drainage Ditch #1

Outfall ID: 115

YES NO N/A

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outfall location is mapped accurately. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Municipal ID is correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Physical attributes (pipe size, diameter, material, etc.) are correct. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inspection conducted under dry conditions. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall is discharging. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Outfall discharge has odor present? Describe: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Outfall discharge has color, foaming, etc. Describe: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Outfall discharge has floatables (i.e. trash, foam, etc.) Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall structure is damaged. Describe: _____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outfall structure has staining. Describe: <u>dark staining, will investigate</u> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires maintenance. Describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall requires sampling, further investigation. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outfall update request will be submitted. Describe: _____ |

Comments:

Ditch needs cleanup,



