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:	Date of Inspection:
Receiving Water Body:	Outfall ID:
YES NO N/A	
Out	fall location is mapped accurately.
Mu	inicipal ID is correct.
Phy	vsical attributes (pipe size, diameter, material, etc.) are correct.
Ins	pection conducted under dry conditions.
Ou	tfall is discharging.
Our	tfall discharge has odor present? Describe:
Our	tfall discharge has color, foaming, etc. Describe:
Ou	tfall discharge has floatables (i.e. trash, foam, etc.) Describe:
Ou	tfall structure is damaged. Describe:
Ou	tfall structure has staining. Describe:
Ou	tfall requires maintenance. Describe:
Ou	tfall requires sampling, further investigation.
Ou	tfall update request will be submitted. Describe:

Comments: