

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

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: