

Illicit Discharge Inspection Field Sheet

Section 1: Background Data

Outfall ID:	
Today's date:	Time:
Investigator(s):	Form completed by:
Temperature (°F):	Rainfall (in.): Last 24 hours: Last 48 hours:
Camera:	Photo #s:
Notes (e.g., origin of outfall, if known):	

Section 2: Outfall Description

LOCATION	MATERIAL	CROSS-SECTION (SHAPE)		DIMENSIONS (IN.)	SUBMERGED
<input type="checkbox"/> Closed Pipe	<input type="checkbox"/> Concrete <input type="checkbox"/> Corrugated Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Other: _____	<input type="checkbox"/> Circular <input type="checkbox"/> Elliptical <input type="checkbox"/> Box <input type="checkbox"/> Other: _____	<input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: _____	In Water: <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully With Sediment: <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully
	<input type="checkbox"/> Open channel	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other: _____	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other: _____		Depth: _____ Top Width: _____ Bottom Width: _____
Flow Present?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial				

Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	Stop watch
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	_____ ' (Top) _____" (Bottom)	Ft	Tape measure
	Measured length	_____ ' _____"	Ft	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

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Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow? Yes No (If No, Skip to Section 5)

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 – Faint	<input type="checkbox"/> 2 – Easily detected	<input type="checkbox"/> 3 – Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 – Faint colors in sample bottle	<input type="checkbox"/> 2 – Clearly visible in sample bottle	<input type="checkbox"/> 3 – Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 – Slight cloudiness	<input type="checkbox"/> 2 – Cloudy	<input type="checkbox"/> 3 – Opaque
Floatables - Does Not include trash	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 – Few/slight; origin not obvious	<input type="checkbox"/> 2 – Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 – Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present? Yes No (If No, Skip to Section 6)

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
Deposits/Stains	<input type="checkbox"/>	<input type="checkbox"/> Oily <input type="checkbox"/> Flow Line <input type="checkbox"/> Paint <input type="checkbox"/> Other:	
Abnormal Vegetation	<input type="checkbox"/>	<input type="checkbox"/> Excessive <input type="checkbox"/> Inhibited	
Poor pool quality	<input type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

Section 6: Overall Outfall Characterization

<input type="checkbox"/> Unlikely <input type="checkbox"/> Potential (presence of two or more indicators) <input type="checkbox"/> Suspect (one or more indicators with a severity of 3) <input type="checkbox"/> Obvious

Section 7: Data Collection

1. Sample for the lab?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. If yes, collected from:	<input type="checkbox"/> Flow	<input type="checkbox"/> Pool

Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?