

# DRY WEATHER SCREENING FIELD COLLECTION SHEET

## Section 1: Background Data

Outfall ID:		Receiving Surface Water:	
Date:		Time:	
Inspector(s):			
Temperature:	Wind:	Rainfall (in.) Past 24hr:	Past 48hr:
Land Use in Drainage Area (Check all that apply):			
<input type="checkbox"/> Public <input type="checkbox"/> Commercial <input type="checkbox"/> Forest <input type="checkbox"/> Multifamily <input type="checkbox"/> Open Spaces		<input type="checkbox"/> Water <input type="checkbox"/> Waterways <input type="checkbox"/> Wetlands	
Notes (e.g., origin of outfall):			

## Section 2: Outfall Description

Drainage Type	Material	Shape	Dimensions (in.)	Submersion
<input type="checkbox"/> Closed Pipe	<input type="checkbox"/> HDPE <input type="checkbox"/> CMP <input type="checkbox"/> RCP <input type="checkbox"/> PVC <input type="checkbox"/> Steel <input type="checkbox"/> Other _____	<input type="checkbox"/> Circular <input type="checkbox"/> Elliptical <input type="checkbox"/> Box <input type="checkbox"/> Other _____	Diameter/ Dimensions:	<i>In Water:</i> <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully <i>Sediment:</i> <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully
<input type="checkbox"/> Open Drainage	<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 _____ Bottom _____	
<input type="checkbox"/> In Stream	(applicable when collecting samples)			
Is flow present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, skip to section 5</i>			
Flow type	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

## Section 3: Field Data For Flowing Outfalls

Parameter	Result	Unit	Equipment
<input type="checkbox"/> Flow #1	Volume	Liter	Bottle
	Time to fill	Seconds	Stop watch; floatable
<input type="checkbox"/> Flow #2	Flow depth	Inches	Tape measure
	Flow width	Feet/Inches	Tape measure
	Measured length	Feet/Inches	Tape measure
	Time of travel	Seconds	Stop watch; floatable
Temperature		Fahrenheit	Thermometer
pH		pH units	Instrument
Conductivity		S/cm	Instrument
Ammonia		mg/L	Test strip
Detergents		mg/L	CHEMets kit

**Section 4: Physical Indicators (Flowing outfalls only)**

Are any physical indicators present in the flow?  Yes  No (If no, skip to section 5)

Indicator	Description	Severity Index		
Odor	<input type="checkbox"/> None <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 Detectable	<input type="checkbox"/> 3 Noticeable from a distance
Color	<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 in sample bottle	<input type="checkbox"/> 2 Clearly visible in sample bottle	<input type="checkbox"/> 3 Visible in outfall flow
Turbidity	See severity	<input type="checkbox"/> 1 Slightly cloudy	<input type="checkbox"/> 2 Cloudy	<input type="checkbox"/> 3 Heavy with clear origin (e.g. oil, sheen, suds, ect.)
Floatables (Not trash or organic debris)	<input type="checkbox"/> None <input type="checkbox"/> Sewage (Toilet paper, ect.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oily sheen, ect.) <input type="checkbox"/> Other: _____	<input type="checkbox"/> 1 Slight; origin not obvious	<input type="checkbox"/> 2 Some; origin detectable	<input type="checkbox"/> 3 Heavy; obvious origin

**Section 5: Other Physical Indicators**

Are physical indicators not related to flow present?  Yes  No

(If no, skip to section 6)

Indicator	Description	Comments
Outfall damage	<input type="checkbox"/> Spalling <input type="checkbox"/> Peeling paint <input type="checkbox"/> Cracking <input type="checkbox"/> Corrosion <input type="checkbox"/> Chipping	
Deposits/Stains	<input type="checkbox"/> Flow line <input type="checkbox"/> Oil <input type="checkbox"/> Paint <input type="checkbox"/> Other _____	
Abnormal vegetation	<input type="checkbox"/> Excessive <input type="checkbox"/> Inhibited	
Poor pool quality	<input type="checkbox"/> Odor <input type="checkbox"/> Excessive algae <input type="checkbox"/> Color <input type="checkbox"/> Floatables <input type="checkbox"/> Suds <input type="checkbox"/> Oily sheen <input type="checkbox"/> Other _____	
Pipe benthic growth	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other _____	

**Section 6: Illicit Discharge Potential**

<input type="checkbox"/> Unlikely	<input type="checkbox"/> Potential Presence of two or more indicators	<input type="checkbox"/> Suspect One or more with a severity of 3	<input type="checkbox"/> Obvious
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**Section 7: Data Collection**

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

**Section 8: Operational Concerns**

Note the need for trash clean up, structural repair, ect.