# Outfall Monitoring Observation Sheet

<table>
<thead>
<tr>
<th>Outfall Number/Address</th>
<th>Observers Name</th>
<th>Town</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
</table>

**Weather Conditions:**
- Date of last rainfall or significant snow melt (if known)
- Or, Circle the one that applies
  1. No Rain/Snow Melt in past 72 hrs
  2. No Rain/Snow Melt in past 48 hrs
  3. Recent Rain/Snow Melt within 24 hrs
  4. Currently Raining or Snow Melt

<table>
<thead>
<tr>
<th>Approximate Pipe Diameter</th>
<th>Name of Receiving Stream</th>
</tr>
</thead>
</table>

**Adjacent Land Use:** (circle one)
- Residential
- Commercial
- Industrial
- Agricultural
- Parkland/Open Space

At the time of the observation, is the outfall pipe: discharging? Yes / No Visable/Submerged

Please describe the outfall by circling the appropriate condition(s) within each category:

<table>
<thead>
<tr>
<th>Odor:</th>
<th>Chemical, Chlorine, Musty, Harsh, Sewage, Rotten Eggs, None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Color:</td>
<td>Muddy, Cloudy, Grey, Green, Brown, Blue, Red, Clear, Other</td>
</tr>
<tr>
<td>Floatables:</td>
<td>Oily, Rainbow, Trash, Foam, Toilet Paper, None, Other</td>
</tr>
<tr>
<td>Vegetation:</td>
<td>Excessive Growth, Inhibited Growth, Dead Plants, Looks Normal</td>
</tr>
<tr>
<td>Structural Damage:</td>
<td>Cracks, Deterioration, Peeling Paint, Other</td>
</tr>
<tr>
<td>Deposits/Stains:</td>
<td>Dark Staining, White Deposit, Other</td>
</tr>
</tbody>
</table>

Estimate the depth of flow in the outfall pipe (inches)

Other Observations:

Sample Data Collection:

**Overall Outfall Characterization:**
- ____ Unlikely
- ____ Potential (two or more indicators)
- ____ Suspect (one strong indicator)
- ____ Obvious
Flow Chart for Illicit Discharge Detection Field Tests

Outfall or Manhole Inspection

- Water Source Removed
  - Recheck
  - Tap Water Source
    - Call Water Authority
  - Chlorine Residual
    - Yes
      - Optical Brightener
        - Yes
          - Sanitary Wastewater Or Washwater
        - No
          - Sanitary Wastewater Or Washwater
    - No
  - Sanitary Wastewater Or Washwater

- Intermittent Flow
  - Yes
    - Sanitary Wastewater Or Washwater
  - No
    - Recheck Later
      - Yes
        - Sanitary Wastewater Or Washwater
      - No
        - Sanitary Wastewater Or Washwater

- Ammonia
  - Yes
    - Sanitary Wastewater Or Washwater
  - No
    - Sanitary Wastewater Or Washwater