

## CDOT Outfall Field Visit Data Sheet

(1) Outfall ID No \_\_\_\_\_ (2) GPS Unit \_\_\_\_\_ (3) Date \_\_\_\_\_ (4) Time \_\_\_\_\_ AM/PM

(5) Investigation Team: \_\_\_\_\_

### SECTION 1: Background Information

<p><b>(6) Reason for Visit</b></p> <input type="checkbox"/> Complaint <input type="checkbox"/> Outfall Screening <input type="checkbox"/> Repeat/Follow-up Visit <input type="checkbox"/> Illegal Connection/ Illicit Discharge <input type="checkbox"/> Other _____  Camera Name: _____ Photo Numbers: _____	<p><b>(7) Location</b></p> Highway: _____ In CDOT ROW? <input type="checkbox"/> Yes <input type="checkbox"/> No Address: _____ Milepost: _____ Latitude _____ Deg _____ Min _____ Sec N Longitude _____ Deg _____ Min _____ Sec W Distance from Outfall (if applicable): _____ Receiving Water: _____ Watershed: _____ Accessibility: _____	<p><b>(8) Land Use</b></p> <input type="checkbox"/> Agricultural <input type="checkbox"/> Commercial <input type="checkbox"/> Designated Open Space <input type="checkbox"/> Highway <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Residential <input type="checkbox"/> Urban <input type="checkbox"/> Undeveloped <input type="checkbox"/> Other: _____	<p><b>(9) Drains To</b></p> <input type="checkbox"/> Ditch <input type="checkbox"/> Gulch <input type="checkbox"/> Gore point <input type="checkbox"/> Stream <input type="checkbox"/> Other: _____  <p><b>(10) Rainfall</b> _____ in.</p> <input type="checkbox"/> <48 hrs <input type="checkbox"/> 48-72 hours <input type="checkbox"/> >72 hours
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(11) Notes (e.g. Origin of outfall, Permit No., Outfall owner, other outfall ID info):  
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 \_\_\_\_\_  
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### SECTION 2: Outfall Description

(12) Outfall Type	(14) Material	(15) Shape	(16) Structure	(17) Deposits	(18) Vegetation
<input type="checkbox"/> Closed Pipe <input type="checkbox"/> Manhole <input type="checkbox"/> Open Channel <input type="checkbox"/> Other _____	<input type="checkbox"/> Clay <input type="checkbox"/> CMP <input type="checkbox"/> DIP (Iron) <input type="checkbox"/> Earthen <input type="checkbox"/> Grass Lined <input type="checkbox"/> HDPE <input type="checkbox"/> PVC <input type="checkbox"/> RCP (Concrete) <input type="checkbox"/> Rip-rap <input type="checkbox"/> Steel <input type="checkbox"/> VCP <input type="checkbox"/> Other: _____	<p><u>Closed Pipe</u></p> <input type="checkbox"/> Box <input type="checkbox"/> Circular <input type="checkbox"/> Elliptical <input type="checkbox"/> Arch <input type="checkbox"/> Other: _____  <p><u>Open Channel</u></p> <input type="checkbox"/> Chute <input type="checkbox"/> Trapezoidal <input type="checkbox"/> Parabolic <input type="checkbox"/> Other: _____	<input type="checkbox"/> Good Condition <input type="checkbox"/> Chipping <input type="checkbox"/> Collapsed <input type="checkbox"/> Corrosion <input type="checkbox"/> Cracking <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Spalling <input type="checkbox"/> Other: _____	<input type="checkbox"/> None <input type="checkbox"/> Oils <input type="checkbox"/> Sediments <input type="checkbox"/> Stains <input type="checkbox"/> Paint <input type="checkbox"/> Other: _____  Blocked? <input type="checkbox"/> Yes <input type="checkbox"/> No  Percent Blocked: _____%	<input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy <input type="checkbox"/> Excessive  Blocked? <input type="checkbox"/> Yes <input type="checkbox"/> No  Percent Blocked: _____%

<p><b>(19) Submerged In Water?</b></p> <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully	<p><b>(21) Misc. Dumping</b></p> <input type="checkbox"/> Appliances <input type="checkbox"/> Car Battery <input type="checkbox"/> Motor oil <input type="checkbox"/> Other car fluid <input type="checkbox"/> Mattresses <input type="checkbox"/> Trash <input type="checkbox"/> Food Waste  Blocked? <input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>(22) Benthic Growth</b></p> <input type="checkbox"/> Yes <input type="checkbox"/> No Type: <input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other: _____	<p><b>(23) Pool Quality*</b></p> <input type="checkbox"/> Odor <input type="checkbox"/> Color <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Sewage <input type="checkbox"/> Sanitary Sewage <input type="checkbox"/> Illicit Dumping <input type="checkbox"/> Suds <input type="checkbox"/> Algae <input type="checkbox"/> Other: _____  *If any of the pool quality parameters are checked, collect sample and complete Sections 3 and 4.
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(24) Notes:  
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### SECTION 3: Flow Measurement and Water Quality

<p><b>(25) Flow Present?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Flow Description:  <input type="checkbox"/> Trickle  <input type="checkbox"/> Moderate  <input type="checkbox"/> Substantial</p> <p><b>(26) Evidence of Illicit Discharge in Pool?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No                  ---If yes, skip to Section 4. If no, skip to Section 6---</p>	<p style="text-align: center;"><b>**Complete water quality testing before flow measurement**</b></p> <p><b>(27) Field Meter Measurements</b>                  Temperature _____ °F                  pH _____ pH Units                  Turbidity _____ NTU                  Conductivity _____ S/m</p> <p><b>(28) Stormwater Kit Measurements</b>                  Ammonia _____ mg/L                  Chlorine, Total Residual _____ mg/L                  Color, Apparent _____ Color Units                  Copper, Total _____ mg/L                  Detergent Surfactants _____ mg/L                  Phenols, Total _____ mg/L                  Dissolved Oxygen _____ mg/L</p>	<p><b>(29) Flow Dimensions</b>                  Flow Width: _____ in _____ ft                  Flow Depth: _____ in _____ ft                  Flow Velocity _____ ft/sec</p> <p>Flow Rate _____ ft<sup>3</sup>/sec                  (Rate = Width*Depth*Velocity)</p>
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(30) Notes:

### SECTION 4: Physical Characterization

<p><b>(31) ODOR</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><u>Type:</u>  <input type="checkbox"/> Chlorine  <input type="checkbox"/> Gasoline/Petroleum  <input type="checkbox"/> Musty  <input type="checkbox"/> Rancid  <input type="checkbox"/> Rotten Eggs  <input type="checkbox"/> Sewage  <input type="checkbox"/> Sour Milk  <input type="checkbox"/> Sulfide  <input type="checkbox"/> Other: _____</p> <p><u>Severity Index:</u>  <input type="checkbox"/> Faint  <input type="checkbox"/> Easily Detected  <input type="checkbox"/> Noticed from Distance</p>	<p><b>(32) COLOR</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><u>Type:</u>  <input type="checkbox"/> Brown  <input type="checkbox"/> Gray  <input type="checkbox"/> Green  <input type="checkbox"/> Orange  <input type="checkbox"/> Red  <input type="checkbox"/> Yellow  <input type="checkbox"/> Other: _____</p> <p><u>Severity Index:</u>  <input type="checkbox"/> Faint Colors in Sample Bottle  <input type="checkbox"/> Clearly Visible in Sample Bottle  <input type="checkbox"/> Clearly visible in Outfall Flow</p>	<p><b>(33) TURBIDITY/CLARITY</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><u>Severity Index:</u>  <input type="checkbox"/> Slight Cloudiness  <input type="checkbox"/> Cloudy  <input type="checkbox"/> Opaque</p> <p><b>(34) BIOLOGICAL WASTE</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><u>Type:</u>  <input type="checkbox"/> Insects  <input type="checkbox"/> Algae  <input type="checkbox"/> Other Biological Matter: _____</p>	<p><b>(35) FLOATABLES</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><u>Type:</u>  <input type="checkbox"/> Biological Growth  <input type="checkbox"/> Foam/Suds  <input type="checkbox"/> Garbage  <input type="checkbox"/> Oil Sheen  <input type="checkbox"/> Sewage  <input type="checkbox"/> Sanitary Sewage (toilet paper, coffee grounds, egg shells, corn)  <input type="checkbox"/> Other: _____</p> <p><u>Severity Index:</u>  <input type="checkbox"/> Few/Slight, origin not obvious  <input type="checkbox"/> Some indications of origin  <input type="checkbox"/> Clear indications of origin</p>
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(36) Notes:

### SECTION 5: Data Collection

<p><b>(37) Sample Collected for Lab?</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No                  ---If no, skip to Section 6---</p>	<p><b>(38) Collection Information</b>                  Location: _____                  Date: _____                  Time: _____                  Sample ID: _____</p>	<p><b>(39) Collected From:</b>  <input type="checkbox"/> Outfall  <input type="checkbox"/> Pool  <input type="checkbox"/> Upstream  <input type="checkbox"/> Other: _____</p>	<p><b>(40) Side of Stream</b>  <input type="checkbox"/> River Right  <input type="checkbox"/> River Left  <input type="checkbox"/> Confluence River Right  <input type="checkbox"/> Confluence River Left  <input type="checkbox"/> Other: _____</p>
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### SECTION 6: Overall Outfall Characterization

<p><b>(41) Probability of Illicit Discharge</b>  <input type="checkbox"/> Unlikely    <input type="checkbox"/> Potential    <input type="checkbox"/> Suspect    <input type="checkbox"/> Obvious</p>
<p>Notes: (Illicit Discharge Concerns? Non-illicit Discharge Concerns?)</p>

