

### Dry Weather Outfall Screening Form

Name of City or County:	Data Sheet Number:
Date of screening (MM/DD/YY):	Time of screening:
Weather conditions:	
Sampling performed by:	

### Outfall Description

Outfall Location:	Outfall I.D. Number:
Outfall Type/Material: <input type="checkbox"/> Closed Pipe (check): <input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Other: _____ <input type="checkbox"/> Open Channel (check): <input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Grassy <input type="checkbox"/> Other: _____	Outfall Diameter/Dimensions:
Receiving stream and watershed name:	
Land use/industries in drainage area:	
GPS Coordinates:	Photo numbers:

### Field Observations and Measurements

Flow from outfall? <input type="checkbox"/> Yes <input type="checkbox"/> No	Flow Description: <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial
Odor: <input type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfide (rotten eggs) <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Other _____	
Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Easily Detected <input type="checkbox"/> 3-Noticable from a distance	
Color: <input type="checkbox"/> Clear <input type="checkbox"/> White <input type="checkbox"/> Gray <input type="checkbox"/> Orange/Rust <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Brown/Black <input type="checkbox"/> Other _____	
Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Clearly visible in bottle <input type="checkbox"/> 3-Clearly visible in flow	
Turbidity: <input type="checkbox"/> None <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Silty <input type="checkbox"/> Muddy <input type="checkbox"/> Other	
Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> Slight cloudiness <input type="checkbox"/> 2-Cloudy <input type="checkbox"/> 3-Opaque	
Floatables: <input type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Suds <input type="checkbox"/> Other _____	
Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Few/slight <input type="checkbox"/> 2-Some <input type="checkbox"/> 3-Heavy	
Flow Temperature (°C):	
Flow pH:	pH meter calibrated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Flow Conductivity (µmho/cm):	Conductivity meter calibrated? <input type="checkbox"/> Yes <input type="checkbox"/> No

### Water Quality Sampling

Field Test Kit Manufacturer:	Model:
Fluoride (mg/L):	Fecal Coliform (MPN/100ml):
Surfactants (mg/L):	Analysis Comments:
Grab sample for lab? (fluoride/surfactants) <input type="checkbox"/> Yes <input type="checkbox"/> No	Bacteria Grab sample for lab? (fecal coliform) <input type="checkbox"/> Yes <input type="checkbox"/> No
Grab Sample ID:	Bacteria Grab Sample ID:

Outfall Potential for Illicit Discharge:

- Unlikely - or- No Flow     Possible (presence of two or more indicators)  
 Suspect (one or more indicators with severity of 2 or 3)     Obvious - or- Confirmed