

OUTFALL RECONNAISSANCE INVENTORY/SAMPLE COLLECTION FIELD SHEET

Section 1: Background Data
 Subwatershed: Sprain Brook Outfall ID: AZ 35
 Today's date: 3/10/2008 Time (Military): 3:42 P.M.
 Investigators: Japigia, Kuhn Form completed by: JF Kuhn
 Temperature (°F): 20.1 Rainfall (in.): Last 24 hours: 0" Last 48 hours: 0"
 Latitude: N 41° 00.891 Longitude: W 73° 50.391 GPS Unit: _____ GPS LMK #: _____
 Camera: _____ Photo #: _____
 Land Use in Drainage Area (Check all that apply):
 Industrial Open Space
 Ultra-Urban Residential Institutional
 Suburban Residential Other: Ardsley High School
 Commercial Known Industries: _____
 Notes (e.g., origin of outfall, if known): Albington Road

Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel Other: _____	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Elliptical <input type="checkbox"/> Box Other: _____	Single Double Triple Other: _____ Diameter/Dimensions: <u>2.2"</u>	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 drainage	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> rip-rap Other: _____	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic Other: _____	Depth: _____ Top Width: _____ Bottom Width: _____	
<input type="checkbox"/> In-Stream	(applicable when collecting samples)			
Flow Present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, Skip to Section 5)			
Flow Description (if present)	<input type="checkbox"/> Trickle <input checked="" 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		
	Flow depth	In	Tape measure	
<input checked="" type="checkbox"/> Flow #2	Flow width	Ft. In	Tape measure	
	Measured length	Ft. In	Tape measure	
	Time of travel	S	Stop watch	
	Temperature	°F	Thermometer	
	pH	pH Units	Test strip/Probe	
	Ammonia	mg/L	Test strip	

2.9, 3.1, 9.31 Ave rate = 55.1 gal/min

Outfall Reconnaissance Inventory Field Sheet

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"/> No	<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"/> No	<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"/> No	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables - Does Not Include Trash!	<input checked="" type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other: <u>slight foam</u>	<input type="checkbox"/> 1 - Few/light, origin not obvious	<input type="checkbox"/> 2 - Some, indications of origin (e.g., possible rags or oil sheen)	<input type="checkbox"/> 3 - Some, origin clear (e.g., obvious oil sheen, rags, 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 checked="" type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Corrosion	
Deposits/Stains	<input checked="" type="checkbox"/>	<input type="checkbox"/> Oil <input type="checkbox"/> Flow Line <input type="checkbox"/> Paint <input type="checkbox"/> Other:	
Abnormal Vegetation	<input type="checkbox"/> No	<input type="checkbox"/> Excessive <input type="checkbox"/> Inhibited	
Poor pool quality	<input type="checkbox"/> No	<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"/> No	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

Section 6: Overall Outfall Characterization
 Unlikely Potential (presence of two or more indicators) Suspect (one or more indicators with a severity of 3) Obvious

Section 7: Data Collection

- Sample for the lab? Yes No
- If yes, collected from: Flow Pool
- Intermittent flow trap set? Yes No If Yes, type: ORM Calk dam

Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?
 4:07 P.M. collected 3/10/2008 12:44 PM
 wet: NEGATIVE
 dry: NEGATIVE
 3/10/2008



OUTFALL RECONNAISSANCE INVENTORY/SAMPLE COLLECTION FIELD SHEET

Section 1: Background Data
 Subwatershed: Saw Mill River Outfall ID: OF 172 / AZ 17
 Today's date: 3/17/2008 Time (Military): 3:45 P.M.
 Investigators: Japigia, Kuhn Form completed by: JF Kuhn
 Temperature (°F): 30 Rainfall (in.): Last 24 hours: 0" Last 48 hours: 0"
 Latitude: N 41° 00.891 Longitude: W 73° 50.391 GPS Unit: _____ GPS LMK #: _____
 Camera: _____ Photo #: _____
 Land Use in Drainage Area (Check all that apply):
 Industrial Open Space
 Ultra-Urban Residential Institutional
 Suburban Residential Other: Delcico strip mall, Bicentennial Rd
 Commercial Known Industries: _____
 Notes (e.g., origin of outfall, if known): Route 9A

Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel Other: <u>brick lined</u>	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Elliptical <input type="checkbox"/> Box Other: _____	Single Double Triple Other: _____ Diameter/Dimensions: <u>11" 10"</u>	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 drainage	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> rip-rap Other: _____	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic Other: _____	Depth: _____ Top Width: _____ Bottom Width: _____	
<input type="checkbox"/> In-Stream	(applicable when collecting samples)			
Flow Present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, Skip to Section 5)			
Flow Description (if present)	<input type="checkbox"/> Trickle <input checked="" 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		
	Flow depth	In	Tape measure	
<input checked="" type="checkbox"/> Flow #2	Flow width	Ft. In	Tape measure	
	Measured length	Ft. In	Tape measure	
	Time of travel	S	Stop watch	
	Temperature	°F	Thermometer	
	pH	pH Units	Test strip/Probe	
	Ammonia	mg/L	Test strip	

6.33, 6.00 Ave rate = 270.3 gal/min

Outfall Reconnaissance Inventory Field Sheet

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"/> No	<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"/> No	<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"/> No	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables - Does Not Include Trash!	<input checked="" type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other: <u>oil on pipe</u>	<input type="checkbox"/> 1 - Few/light, origin not obvious	<input type="checkbox"/> 2 - Some, indications of origin (e.g., possible rags or oil sheen)	<input type="checkbox"/> 3 - Some, origin clear (e.g., obvious oil sheen, rags, 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"/> No	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Corrosion	
Deposits/Stains	<input checked="" type="checkbox"/>	<input type="checkbox"/> Oil <input type="checkbox"/> Flow Line <input type="checkbox"/> Paint <input type="checkbox"/> Other: <u>oil on pipe</u>	
Abnormal Vegetation	<input type="checkbox"/> No	<input type="checkbox"/> Excessive <input type="checkbox"/> Inhibited	
Poor pool quality	<input type="checkbox"/> No	<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"/> No	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

Section 6: Overall Outfall Characterization
 Unlikely Potential (presence of two or more indicators) Suspect (one or more indicators with a severity of 3) Obvious

Section 7: Data Collection

- Sample for the lab? Yes No
- If yes, collected from: Flow Pool
- Intermittent flow trap set? Yes No If Yes, type: ORM Calk dam

Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?
 4:12 collected 3/10/2008 11:30 AM
 wet: POSSIBLE
 dry: trace spots
 3/10/2008



OUTFALL RECONNAISSANCE INVENTORY/SAMPLE COLLECTION FIELD SHEET

Section 1: Background Data

Subwatershed: Bx Riv / Jordan Brook Outfall ID: OF 6 / A231
 Today's date: 3/24/2008 Time (Military): 3:57 P.M.
 Investigators: Japinga, Kuhn Form completed by: AJ Kuhn
 Temperature (°F): 32.0 Rainfall (in.): Last 24 hours: 0" Last 48 hours: 0"
 Latitude: 41° 01' 11.4" Longitude: W 73° 49.72' GPS Unit: Garmin etrex GPS LMK #: _____
 Camera: Nikon Coolpix Photo #: _____
 Land Use in Drainage Area (Check all that apply):
 Industrial Open Space
 Ultra-Urban Residential Institutional
 Suburban Residential Other: AHS
 Commercial Known Industries: _____
 Notes (e.g., origin of outfall, if known): Dellwood Lane

Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel Other: _____	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Elliptical <input type="checkbox"/> Box <input type="checkbox"/> Triple Other: _____	Diameter/Dimensions: <u>10"</u> Top Width: _____ Bottom Width: _____	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 drainage	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> rip-rap Other: _____	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic Other: _____	Depth: _____ Top Width: _____ Bottom Width: _____	

In-Stream (applicable when collecting samples)
 Flow Present? Yes No (If No, Skip to Section 5)
 Flow Description (if present): Trickle Moderate Substantial

Section 3: Quantitative Characterization

EAST PIPE TO NO FLOW

PARAMETER	RESULT	UNIT	EQUIPMENT	
Flow #1	Volume	Liter	Bottle	
	Time to fill	Sec		
	Flow depth	<u>5"</u>	In	Tape measure
Flow #2	Flow width	<u>6-0-</u>	Ft. In	Tape measure
	Measured length	<u>10-</u>	Ft. In	Tape measure
	Time of travel	<u>2.5, 3.0, 1.6, 1.3, 2.1, 0.6, 0.1</u>	S	Stop watch
Temperature	<u>48</u>	°F	Thermometer	
pH	<u>6.5</u>	pH Units	Test strip/Probe	
Ammonia	<u>0</u>	mg/L	Test strip	

pH 6.5 = 6.9 paper
2.1, 0.1, 1.2 Ave. rate = 41.8 gal/min

Outfall Reconnaissance Inventory Field Sheet

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"/> No <input checked="" type="checkbox"/> Yes	<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 checked="" type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Grey <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:		<input checked="" 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 checked="" type="checkbox"/>	See severity <u>1.5, 2.0, 2.0, 1.5, 1.5, 1.5, 1.5, 1.5</u>	<input type="checkbox"/> 1 - Slight cloudiness <input type="checkbox"/> 2 - Cloudy <input type="checkbox"/> 3 - Opaque
Floatables - Does Not Include Trash!	<input checked="" type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input checked="" type="checkbox"/> Food (bones, scraps, etc.) <input checked="" type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/light, origin not obvious <input type="checkbox"/> 2 - Some, indications of origin (e.g., possible rods or oil sheen) <input type="checkbox"/> 3 - Some, origin clear (e.g., obvious oil sheen, rods, or floating sanitary materials)

500 SMALL 0" FISH

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"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
Deposits/Slates	<input checked="" type="checkbox"/>	<input type="checkbox"/> Only <input type="checkbox"/> Flow Line <input type="checkbox"/> Point <input type="checkbox"/> Other:	
Abnormal Vegetation	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Excessive <input type="checkbox"/> Inhibited	
Poor pool quality	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Algae <input type="checkbox"/> Slimes <input type="checkbox"/> Invertebrates <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Spate <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input checked="" type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

Section 6: Overall Outfall Characterization

Unlikely Potential (presence of two or more indicators) Suspect (one or more indicators with a severity of 3) Obvious

Section 7: Data Collection

1. Sample for the lab? Yes No
 2. If yes, collected from: Flow Pool
 3. Intermittent flow trap set? Yes No If Yes, type: OBM Cask dam

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

4:21 P.M. collected 2/28/2008 1:00 PM
NET = NEGATIVE
BY: NEG 3/11/2008



OUTFALL RECONNAISSANCE INVENTORY/SAMPLE COLLECTION FIELD SHEET

Section 1: Background Data

Subwatershed: Saw Mill River Outfall ID: A2 55
 Today's date: 5/6/2008 Time (Military): 3:52 PM
 Investigators: Japinga, Kuhn Form completed by: AJ Kuhn
 Temperature (°F): 72.0 Rainfall (in.): Last 24 hours: 0" Last 48 hours: 0"
 Latitude: N 41° 04' 43.9" Longitude: W 73° 31.04' GPS Unit: Garmin etrex GPS LMK #: _____
 Camera: Nikon Coolpix Photo #: _____
 Land Use in Drainage Area (Check all that apply):
 Industrial Open Space
 Ultra-Urban Residential Institutional
 Suburban Residential Other: NYS Thruway exit
 Commercial Known Industries: _____
 Notes (e.g., origin of outfall, if known): Ridge Road, Almena Ave
40 meters and away from the inlet instead of 1/2
Header, Ridge Rd onto driveway onto 555 Almena

Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel Other: _____	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Elliptical <input type="checkbox"/> Box <input type="checkbox"/> Triple Other: _____	Diameter/Dimensions: <u>1"</u> Top Width: _____ Bottom Width: _____	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 drainage	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> rip-rap Other: _____	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic Other: _____	Depth: _____ Top Width: _____ Bottom Width: _____	

In-Stream (applicable when collecting samples)
 Flow Present? Yes No (If No, Skip to Section 5)
 Flow Description (if present): Trickle Moderate Substantial

Section 3: Quantitative Characterization

INVESTIGATOR GAVE OUT A LETTER, REINVESTIGATOR SAID TO INVESTIGATOR

PARAMETER	RESULT	UNIT	EQUIPMENT	
Flow #1	Volume	Liter	Bottle	
	Time to fill	Sec		
	Flow depth	<u>3"</u>	In	Tape measure
Flow #2	Flow width	<u>1-0-</u>	Ft. In	Tape measure
	Measured length	<u>1-0-</u>	Ft. In	Tape measure
	Time of travel	<u>2.4, 2.3, 1.7, 2.3, 2.6, 2.7, 2.7</u>	S	Stop watch
Temperature	<u>54</u>	°F	Thermometer	
pH	<u>6.4, 6.8</u>	pH Units	Test strip/Probe	
Ammonia	<u>0</u>	mg/L	Test strip	

Ave. rate = 50.4 gal/min

Outfall Reconnaissance Inventory Field Sheet

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 checked="" type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input checked="" type="checkbox"/> Other: <u>orange peels</u>	<input type="checkbox"/> 1 - Faint <input checked="" type="checkbox"/> 2 - Easily detected <input type="checkbox"/> 3 - Noticeable from a distance
Color	<input checked="" type="checkbox"/>	<input type="checkbox"/> Clear <input checked="" type="checkbox"/> Brown <input type="checkbox"/> Grey <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 checked="" type="checkbox"/>	See severity <u>1.5, 2.0, 2.0, 1.5, 1.5, 1.5, 1.5, 1.5</u>	<input type="checkbox"/> 1 - Slight cloudiness <input type="checkbox"/> 2 - Cloudy <input type="checkbox"/> 3 - Opaque
Floatables - Does Not Include Trash!	<input checked="" type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Slits <input type="checkbox"/> gross clippings <input checked="" type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other: <u>in bed</u>	<input type="checkbox"/> 1 - Few/light, origin not obvious <input type="checkbox"/> 2 - Some, indications of origin (e.g., possible rods or oil sheen) <input type="checkbox"/> 3 - Some, origin clear (e.g., obvious oil sheen, rods, 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"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
Deposits/Slates	<input checked="" type="checkbox"/>	<input type="checkbox"/> Only <input type="checkbox"/> Flow Line <input type="checkbox"/> Point <input type="checkbox"/> Other:	
Abnormal Vegetation	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Excessive <input type="checkbox"/> Inhibited	
Poor pool quality	<input checked="" type="checkbox"/>	<input type="checkbox"/> Algae <input type="checkbox"/> Slimes <input type="checkbox"/> Invertebrates <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Spate <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	<u>orange slice</u>
Pipe benthic growth	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

Section 6: Overall Outfall Characterization

Unlikely Potential (presence of two or more indicators) Suspect (one or more indicators with a severity of 3) Obvious

Section 7: Data Collection

1. Sample for the lab? Yes No
 2. If yes, collected from: Flow Pool
 3. Intermittent flow trap set? Yes No If Yes, type: OBM Cask dam

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

4:27 P.M. collected 5/13/2008 4:30 PM
NET = POSITIVE
BY: S/1/7/2008 NEGATIVE



OUTFALL RECONNAISSANCE INVENTORY/SAMPLE COLLECTION FIELD SHEET

Section 1: Background Data

Subwatershed: Saw Mill River Outfall ID: A251 / OF 135
 Today's date: 7/7/2008 Time (Military): 4:33 PM
 Investigators: Javiera, Kuhn Form completed by: J/Kuhn
 Temperature (°F): 72°F Rainfall (in.): Last 24 hours: 0.11 Last 48 hours: 0.38"
 Latitude: N 41° 01' 02" Longitude: W 73° 40' 50" GPS Unit: Garmin etrex GPS LMK #:
 Camera: Nikon Coolpix Photo file:
 Land Use in Drainage Area (Check all that apply):
 Industrial Open Space
 Ultra-Urban Residential Institutional
 Suburban Residential Other:
 Commercial Known Industries: Concord Rd Elementary
 Notes (e.g., origin of outfall, if known): Heathdell Rd

Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input checked="" type="checkbox"/> Circular <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Elliptical <input type="checkbox"/> Steel <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	<input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: 3" 3"	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 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 Width: _____ Bottom Width: _____	

In-Stream (applicable when collecting samples)
 Flow Present? Yes No If No, Skip to Section 3
 Flow Description (if present): Trickle Moderate Substantial

Section 3: Quantitative Characterization

PARAMETER	FIELD DATA FOR FLOWING OUTFALLS		UNIT	EQUIPMENT
	RESULT	RESULT		
<input checked="" type="checkbox"/> Flow #1	Volume	75, 175, 180, 175, 150, 180	ml	Bottle
	Time to fill	2:35, 2:59, 2:22, 2:6, 2:12, 3:1	Sec	
	Flow depth	_____	In	Tape measure
<input type="checkbox"/> Flow #2	Flow width	_____	Ft. In	Tape measure
	Measured length	_____	Ft. In	Tape measure
	Time of travel	_____	S	Stop watch
Temperature	71	°F	Thermometer	
pH	6.8 (at 6'8" pipe)	pH Units	Test strip/Probe	
Ammonia	0	mg/L	Test strip	

Ave rate = 1.06 gal/min

Outfall Reconnaissance Inventory Field Sheet

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 checked="" type="checkbox"/> No	<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 checked="" type="checkbox"/> No	<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 checked="" type="checkbox"/> No	See severity	<input type="checkbox"/> 1 - Slight cloudiness <input type="checkbox"/> 2 - Cloudy <input type="checkbox"/> 3 - Opaque
Floatables - Does Not Include Trash!	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Sods <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/light, origin not obvious <input type="checkbox"/> 2 - Some, indicators of origin (e.g., possible rods or oil sheen) <input type="checkbox"/> 3 - Some, origin clear (e.g., obvious oil sheen, mats, 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
Deposits/Stains	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Oil <input type="checkbox"/> Flow Line <input type="checkbox"/> Paint <input type="checkbox"/> Other:	
Abnormal Vegetation	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Excessive <input type="checkbox"/> Inhibited	
Poor pool quality	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Sods <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

Section 6: Overall Outfall Characterization
 Unlikely Potential (presence of two or more indicators) Suspect (one or more indicators with a severity of 3) Obvious

Section 7: Data Collection

- Sample for the lab? Yes No
- If yes, collected from: Flow Pool
- Intermittent flow trap set? Yes No If Yes, type: OHM Calk dam

Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)? 4:37 P.M. Collected 7/14/2008 6 PM
 NET = NEG
 dry = NEG 7/15/2008



OUTFALL RECONNAISSANCE INVENTORY/SAMPLE COLLECTION FIELD SHEET

Section 1: Background Data

Subwatershed: Box Riv / Spring Brook Outfall ID: OF 24 (Savm)
 Today's date: 10/3/2008 Time (Military): 1615
 Investigators: Gourea, Kuhn Form completed by: Gourea
 Temperature (°F): 55°F Rainfall (in.): Last 24 hours: 0.01 Last 48 hours: 0.01"
 Latitude: 41° 01' 02" N Longitude: 73° 49' 30" W GPS Unit: Garmin etrex GPS LMK #:
 Camera: Nikon Coolpix Photo file:
 Land Use in Drainage Area (Check all that apply):
 Industrial Open Space
 Ultra-Urban Residential Institutional
 Suburban Residential Other: AHS, Veterans Park
 Commercial Known Industries:
 Notes (e.g., origin of outfall, if known): Jordan Lane, Heathdell Rd

Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input checked="" type="checkbox"/> Circular <input checked="" type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Elliptical <input type="checkbox"/> Steel <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: 6"	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 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 Width: _____ Bottom Width: _____	

In-Stream (applicable when collecting samples)
 Flow Present? Yes No If No, Skip to Section 3
 Flow Description (if present): Trickle Moderate Substantial

Section 3: Quantitative Characterization

PARAMETER	FIELD DATA FOR FLOWING OUTFALLS		UNIT	EQUIPMENT
	RESULT	RESULT		
<input checked="" type="checkbox"/> Flow #1	Volume	230, 205, 180, 225, 175	ml	Bottle
	Time to fill	4:12, 3:24, 3:12, 4:19, 3:6	Sec	
	Flow depth	_____	In	Tape measure
<input type="checkbox"/> Flow #2	Flow width	_____	Ft. In	Tape measure
	Measured length	_____	Ft. In	Tape measure
	Time of travel	_____	S	Stop watch
Temperature	59°F	°F	Thermometer	
pH	6.2 pH (6-8)	pH Units	Test strip/Probe	
Ammonia	0	mg/L	Test strip	

Ave Flow Rate = 0.82 gal/min (6.0 (0-14 scale paper))

Outfall Reconnaissance Inventory Field Sheet

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 checked="" type="checkbox"/> No	<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 checked="" type="checkbox"/> No	<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 checked="" type="checkbox"/> No	See severity	<input type="checkbox"/> 1 - Slight cloudiness <input type="checkbox"/> 2 - Cloudy <input type="checkbox"/> 3 - Opaque
Floatables - Does Not Include Trash!	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Sods <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/light, origin not obvious <input type="checkbox"/> 2 - Some, indicators of origin (e.g., possible rods or oil sheen) <input type="checkbox"/> 3 - Some, origin clear (e.g., obvious oil sheen, mats, 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
Deposits/Stains	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Oil <input type="checkbox"/> Flow Line <input type="checkbox"/> Paint <input type="checkbox"/> Other: _____	
Abnormal Vegetation	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Excessive <input type="checkbox"/> Inhibited	
Poor pool quality	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Sods <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

Section 6: Overall Outfall Characterization
 Unlikely Potential (presence of two or more indicators) Suspect (one or more indicators with a severity of 3) Obvious

Section 7: Data Collection

- Sample for the lab? Yes No
- If yes, collected from: Flow Pool
- Intermittent flow trap set? Yes No If Yes, type: OHM Calk dam

Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)? 10/14/2008 4:30 PM
 NET = NEGATIVE
 10/14/2008 dry = NEGATIVE



OUTFALL RECONNAISSANCE INVENTORY/SAMPLE COLLECTION FIELD SHEET

Section 1: Background Data SUNNY

Subwatershed: SAN MILL RIVER Outfall ID: A23 OF125
 Today's date: 10/17/2008 Time (Military): 1622
 Investigators: GOUREVITCH, KUHN Form completed by: Jesse Gourevitch JF/ML
 Temperature (°F): 52° Rainfall (in.): Last 24 hours: 0.02" Last 48 hours: 0.02"
 Latitude: 41°00.618'N Longitude: 73°50.987'W GPS Unit: CARMIN ETCH GPS LMK #: _____
 Camera: NIKON COOLPIX Photo #: _____

Land Use in Drainage Area (Check all that apply):
 Industrial Open Space
 Ultra-Urban Residential Institutional
 Suburban Residential Other: _____
 Commercial Known Industries: Auto Body Shop

Notes (e.g., origin of outfall, if known): ROUTE 9A, catch basin at Auto Body Shop

Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe <i>Observed P.C. w/ problem</i>	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input checked="" type="checkbox"/> Other: <u>IRON</u>	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Elliptical <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: <u>16"</u>	In Water: <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully With Sediment: <input checked="" 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 Width: _____ Bottom Width: _____	
<input type="checkbox"/> In-Stream	(applicable when collecting samples)			
Flow Present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (if present)	<input checked="" type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

Section 3: Quantitative Characterization

PARAMETER	FIELD DATA FOR FLOWING OUTFALLS			EQUIPMENT
	RESULT	UNIT		
<input checked="" type="checkbox"/> Flow #1	Volume	<u>25, 30, 30, 30, 40</u>	<u>ML</u>	<u>measuring cup</u>
	Time to fill	<u>35.90, 42.28, 44.72, 48.50, 54.81</u>	Sec	
	Flow depth	_____	In	Tape measure
<input type="checkbox"/> Flow #2	Flow width	_____	ft. In	Tape measure
	Measured length	_____	ft. In	Tape measure
	Time of travel	_____	S	Stop watch
Temperature	<u>60°F</u>	°F		Thermometer
pH	<u>6.5 (1-4.2ml), 6.4 (6.8)</u>	pH Units		Test strip/Probe
Ammonia	<u>1.0</u>	mg/L		Test strip

Ave rate = 0.01 gal/min

Outfall Reconnaissance Inventory Field Sheet

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 checked="" type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/foul <input type="checkbox"/> Petroleum/gas <input checked="" type="checkbox"/> Sulfide <input type="checkbox"/> Other: _____	<input type="checkbox"/> 1 - Faint <input checked="" type="checkbox"/> 2 - Easily detected <input type="checkbox"/> 3 - Noticeable from a distance
Color	<input checked="" type="checkbox"/>	<input type="checkbox"/> Clear <input checked="" 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 checked="" 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 checked="" 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"/> None	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Sods <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other: _____	<input type="checkbox"/> 1 - Few/light, origin not obvious <input type="checkbox"/> 2 - Some indications of origin (e.g., possible rags or oil sheen) <input type="checkbox"/> 3 - Some origin clear (e.g., obvious oil sheen, rags, 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	
Deposits/Sludge	<input checked="" type="checkbox"/>	<input type="checkbox"/> Only <input type="checkbox"/> Flow line <input type="checkbox"/> Point <input checked="" type="checkbox"/> Other: <u>Flow line</u>	<u>P.C. is observed by observer * the pipe is blocked</u>
Abnormal Vegetation	<input type="checkbox"/> None	<input type="checkbox"/> Excessive <input type="checkbox"/> Inhibited	
Poor pool quality	<input type="checkbox"/> None	<input type="checkbox"/> Algae <input type="checkbox"/> Cyanobacteria <input type="checkbox"/> Floating debris <input type="checkbox"/> Oil sheen <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: _____	<u>Observed</u>

Section 6: Overall Outfall Characterization
 Unlikely Potential (presence of two or more indicators) Suspect (one or more indicators with a severity of 3) Obvious

Section 7: Data Collection

- Sample for the lab? Yes No *catch basin likely to pipe was blocked with a change in water pump to empty water, obstruction to prevent collection from SAR*
- If yes, collected from: Flow Pool *may be likely to cause ammonia result -
RE-check recommended*
- Intermittent flow trap set? Yes No *If Yes, type: ORM Calk dam*

Section 8: Any Non-Ilicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?
 Observed? *collected 10/21/2008 4:30 PM
wet = NEG
dry = NEG 10/21/2008*



OUTFALL RECONNAISSANCE INVENTORY/SAMPLE COLLECTION FIELD SHEET

Section 1: Background Data SUNNY

Subwatershed: Bronx River / Spanin Brook Outfall ID: A246
 Today's date: 10/24/2008 Time (Military): 1607
 Investigators: GOUREVITCH, KUHN Form completed by: Jesse Gourevitch JF/ML
 Temperature (°F): 50°F Rainfall (in.): Last 24 hours: 0" Last 48 hours: 0"
 Latitude: 41°00.678'N Longitude: 73°49.999'W GPS Unit: Garmin etrex GPS LMK #: no landmark
 Camera: NIKON COOLPIX Photo #: _____

Land Use in Drainage Area (Check all that apply):
 Industrial Open Space
 Ultra-Urban Residential Institutional
 Suburban Residential Other: Ardsley High School
 Commercial Known Industries: _____

Notes (e.g., origin of outfall, if known): Abington creek
Dell wood creek
spoke to resident at Kensington she said the area landscapers got to blow leaves into nearby stream
 NOTE: 2ft diam. cement pipe (from SD) is dry east of A246

Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input checked="" type="checkbox"/> Other: <u>CLAY</u>	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Elliptical <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: <u>10"</u>	In Water: <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully With Sediment: <input checked="" 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 Width: _____ Bottom Width: _____	
<input type="checkbox"/> In-Stream	(applicable when collecting samples)			
Flow Present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (if present)	<input type="checkbox"/> Trickle <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

Section 3: Quantitative Characterization

PARAMETER	FIELD DATA FOR FLOWING OUTFALLS			EQUIPMENT
	RESULT	UNIT		
<input type="checkbox"/> Flow #1	Volume	<u>325, 320, 340, 310, 440</u>	<u>ML</u>	<u>measuring cup</u>
	Time to fill	<u>5.58, 6.35, 8.71, 6.20, 5.35</u>	Sec	
	Flow depth	_____	In	Tape measure
<input type="checkbox"/> Flow #2	Flow width	_____	ft. In	Tape measure
	Measured length	_____	ft. In	Tape measure
	Time of travel	_____	S	Stop watch
Temperature	<u>60°F</u>	°F		Thermometer
pH	<u>6.4 (6.8), 6.5 (0-4)</u>	pH Units		Test strip/Probe
Ammonia	<u>0</u>	mg/L		Test strip

Ave rate = 0.97 gal/min

Outfall Reconnaissance Inventory Field Sheet

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"/> NO	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/foul <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 checked="" type="checkbox"/>	<input type="checkbox"/> Clear <input checked="" 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 checked="" type="checkbox"/> 2 - Clearly visible in sample bottle <input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/> NO	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"/> NO	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Sods <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other: _____	<input type="checkbox"/> 1 - Few/light, origin not obvious <input type="checkbox"/> 2 - Some indications of origin (e.g., possible rags or oil sheen) <input type="checkbox"/> 3 - Some origin clear (e.g., obvious oil sheen, rags, 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint	
Deposits/Sludge	<input checked="" type="checkbox"/>	<input type="checkbox"/> Only <input type="checkbox"/> Flow line <input type="checkbox"/> Point <input checked="" type="checkbox"/> Other: <u>Flow line</u>	
Abnormal Vegetation	<input type="checkbox"/> NO	<input type="checkbox"/> Excessive <input type="checkbox"/> Inhibited	
Poor pool quality	<input checked="" type="checkbox"/>	<input type="checkbox"/> Algae <input type="checkbox"/> Cyanobacteria <input type="checkbox"/> Floating debris <input type="checkbox"/> Oil sheen <input type="checkbox"/> Other: _____	<u>leaves, little sediment</u>
Pipe benthic growth	<input type="checkbox"/> NO	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other: _____	

Section 6: Overall Outfall Characterization
 Unlikely Potential (presence of two or more indicators) Suspect (one or more indicators with a severity of 3) Obvious

Section 7: Data Collection

- Sample for the lab? Yes No
- If yes, collected from: Flow Pool
- Intermittent flow trap set? Yes No *If Yes, type: ORM Calk dam*

Section 8: Any Non-Ilicit Discharge Concerns (e.g., trash or needed infrastructure repairs)? NO
*collected 10/28/2008 2 PM
wet = NEG
dry = NEG 10/28/2008*

