

# Township County Stormwater Outfall Report

## I. GPS Outfall Requirements

Stream name: \_\_\_\_\_ Outfall description: \_\_\_\_\_ Outfalls marked on street map: \_\_\_\_\_  
 Outfall ID: \_\_\_\_\_  concrete pipe size: \_\_\_\_\_  yes  no  
 Location: \_\_\_\_\_  metal markings/ownership: \_\_\_\_\_  
 GPS Model: \_\_\_\_\_ outfall pipe condition: \_\_\_\_\_  
 Lat:N40. \_\_\_\_\_ Long:W74. \_\_\_\_\_ Elevation: \_\_\_\_\_ FES or headwall: \_\_\_\_\_

## II. Outfall Discharge – NPS and illicit discharge concerns

**Outfall Flow Description**  
(check all that apply)

Flow	Color	Odor
<input type="checkbox"/> dry	<input type="checkbox"/> clear	<input type="checkbox"/> none
<input type="checkbox"/> slow	<input type="checkbox"/> brown	<input type="checkbox"/> sewage
<input type="checkbox"/> mod	<input type="checkbox"/> gray	<input type="checkbox"/> oil
<input type="checkbox"/> fast	<input type="checkbox"/> sl. turbid	<input type="checkbox"/> rotten eggs
<input type="checkbox"/> gpm	<input type="checkbox"/> very turbid	<input type="checkbox"/> chlorine
	<input type="checkbox"/> oil sheens	<input type="checkbox"/> other _____
	<input type="checkbox"/> suds	
	<input type="checkbox"/> rusty	
	<input type="checkbox"/> other:	

**Litter**  
(check all that apply)

Litter	Litter Count
<input type="checkbox"/> cans/bottles	<input type="checkbox"/> low ( $\leq 10$ )
<input type="checkbox"/> paper	<input type="checkbox"/> mod (10-40)
<input type="checkbox"/> woody debris	<input type="checkbox"/> high ( $> 40$ )
<input type="checkbox"/> tires	
<input type="checkbox"/> oil	
<input type="checkbox"/> other:	
<input type="checkbox"/> cleanup recommended	
<input type="checkbox"/> ID source(s)	

**Outfall Service Area**  
(check all that apply)

<input type="checkbox"/>	Residential
<input type="checkbox"/>	Office
<input type="checkbox"/>	Shopping
<input type="checkbox"/>	School
<input type="checkbox"/>	Farm
<input type="checkbox"/>	Industrial
<input type="checkbox"/>	Golf Course
<input type="checkbox"/>	Forest
<input type="checkbox"/>	Meadow
<input type="checkbox"/>	Wetland
<input type="checkbox"/>	Construxn Activities
<input type="checkbox"/>	Landfill/Dump
<input type="checkbox"/>	Highway
<input type="checkbox"/>	Sewage outfall
<input type="checkbox"/>	Other:

**Other Concerns Noted (please mark on map):**  
Described: \_\_\_\_\_

## III. Stream Quality and Erosion Concerns

**Stream Quality Description**  
(check all that apply)

flow	color	odor
<input type="checkbox"/> dry	<input type="checkbox"/> clear	<input type="checkbox"/> none
<input type="checkbox"/> slow	<input type="checkbox"/> brown/red	<input type="checkbox"/> sewage
<input type="checkbox"/> mod	<input type="checkbox"/> algae	<input type="checkbox"/> oil
<input type="checkbox"/> fast	<input type="checkbox"/> oil sheens	<input type="checkbox"/> rotten eggs
<input type="checkbox"/> gpm	<input type="checkbox"/> sl turbid	<input type="checkbox"/> chlorine
	<input type="checkbox"/> very turbid	<input type="checkbox"/> other _____
	<input type="checkbox"/> other:	

**Stream Bank Conditions:**  
(check all that apply)

erosion	stream bank vegetation	overhead tree canopy
<input type="checkbox"/> low ( $\leq 10\%$ )	<input type="checkbox"/> grass/lawn	<input type="checkbox"/> low ( $\leq 10\%$ )
<input type="checkbox"/> moderate ( $> 30\%$ )	<input type="checkbox"/> shrubby	<input type="checkbox"/> moderate ( $> 30\%$ )
<input type="checkbox"/> high ( $> 70\%$ )	<input type="checkbox"/> forested	<input type="checkbox"/> high ( $> 70\%$ )

Describe Right bank : \_\_\_\_\_  
 Describe Left bank : \_\_\_\_\_  
 ID Source of Erosion: \_\_\_\_\_  
 Bank Stabilization Needed: \_\_\_\_\_

**Water Depth:** \_\_\_\_\_  
**Channel Width:** from \_\_\_\_\_ to \_\_\_\_\_ ft  
**Channel Depth:** from \_\_\_\_\_ to \_\_\_\_\_ ft

**Bottom Composition:**

<input type="checkbox"/>	% gravel
<input type="checkbox"/>	% rock
<input type="checkbox"/>	% mud
<input type="checkbox"/>	% other

**Sketch of outfall (use back if necessary)**

## IV. Supplemental Information:

today's weather	recent weather (past 24hr)	site photographs
<input type="checkbox"/> sunny	<input type="checkbox"/> sunny	<input type="checkbox"/> no
<input type="checkbox"/> cloudy	<input type="checkbox"/> cloudy	<input type="checkbox"/> yes
<input type="checkbox"/> rain	<input type="checkbox"/> rain	<input type="checkbox"/> attached
<input type="checkbox"/> snow	<input type="checkbox"/> snow	<input type="checkbox"/> Photo ID: _____
<input type="checkbox"/> temperature		

reported by: \_\_\_\_\_  
 date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_