### Location Information

**Date:**

**Inspector:**

**Time:**

**Outfall ID:**

**Outfall Location:**

**Receiving Waterbody:**

**Source of flow:**
- [ ] Groundwater
- [ ] Irrigation
- [ ] Condensate
- [ ] Residual
- [ ] Stormwater
- [ ] Unknown

**Weather:**

**Approximate Temp:**

**Wind Present:**
- [ ] Yes
- [ ] No

**Precipitation in the past 3 days:**
- [ ] Yes
- [ ] No

**Flow:**
- [ ] None
- [ ] Trickle
- [ ] Steady
- [ ] High

**Color (if flow is present):**

### Inspection Information

*Circle all that are applicable*

**Obvious Debris/Pollution:**
- [ ] None
- [ ] Brownish Foam
- [ ] Floating Green Scum
- [ ] Oil/Film/Sheen
- [ ] Organic Material (plant debris, dead animals)
- [ ] Trash and Debris
- [ ] White Foam
- [ ] Sewage Material

**Odor:**
- [ ] None/Natural
- [ ] Musty
- [ ] Sewage/septic
- [ ] Opaque

**Water Clarity:**
- [ ] Clear
- [ ] Cloudy

### Additional Information

**Sediment in structure/channel:**
- [ ] Open
- [ ] 1/4 Full
- [ ] 1/2 Full
- [ ] 3/4 Full
- [ ] Plugged

**Sediment around grate:**
- [ ] Yes
- [ ] No

**Structure Condition:**
- [ ] Excellent
- [ ] Good
- [ ] Fair
- [ ] Poor
**CORRECTIVE ACTIONS**

Location: ____________________________  Date: __________

List all follow-up items identified during the inspection

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<thead>
<tr>
<th>Corrective Action</th>
<th>Initials</th>
<th>Date Completed</th>
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