

Stormwater Outfall Structure Inspection Checklist

1. Location: _____

2. Inspector: _____ 3. Crew Member: _____

4. Inspection Date: _____ 5. Start Time: _____ 6. Finish Time: _____

7. Type and Amount of Material Removed From Structure:

(Amount = # of 5 gallon pails)

Amount of Leaves _____

Amount of Sand _____

Amount of floatables _____

Amount of Grass Clipping _____

8. Visible Flow? Yes No 9. Depth of Flow: _____

10. Direction of Flow? (towards or away from outfall) _____

11. Check All That Apply to Discharge:

Colored Water (describe in comments)

Odor (describe in comments)

Sludge Present

Floating Objects (describe in comments)

Scum Suds Other:

Murky Clear Water

Absence of Plant Life (describe in comments)

12. Evidence of Illicit Discharge? (if yes, describe in comments) Yes No

13. Is the Filter Clean? Yes No N/A (no filter)

14. Did we Clean the Filter? Yes No N/A (no filter)

Comments: _____

Inspector's Signature: _____ Date: _____