Outfall Monitoring Observation Sheet

Outfall Number/Address	
Observers Name	Town
Date	_Time
Weather Conditions:** Date of last rainfall of	or significant snow melt (if known)
	Or, Circle the one that applies
2. 3.	No Rain/Snow Melt in past 72 hrs No Rain/Snow Melt in past 48 hrs Recent Rain/Snow Melt within 24 hrs Currently Raining or Snow Melt
Approximate Pipe Diameter	Name of Receiving Stream
Adjacent Land Use: (circle	one)
Residential, Commercial, Industrial, Agricultural, Parkland/Open Space	
At the time of the observation	n, is the outfall pipe: discharging? Yes / No Visable/Submerged
Please describe the outfall by circling the appropriate condition(s) within each category:	
Odor: Color: Floatables: Vegetation: Structural Damage: Deposits/Stains:	Chemical, Chlorine, Musty, Harsh, Sewage, Rotten Eggs, None Muddy, Cloudy, Grey, Green, Brown, Blue, Red, Clear, Other Oily, Rainbow, Trash, Foam, Toilet Paper, None, Other Excessive Growth, Inhibited Growth, Dead Plants, Looks Normal Cracks, Deterioration, Peeling Paint, Other Dark Staining, White Deposit, Other
Estimate the depth of flow in the outfall pipe (inches)	

Other Observations:

Sample Data Collection:

Overall Outfall Characterization:

Unlikely ____Potential (two or more indicators) ____Suspect (one strong indicator) _____Obvious

Flow Chart for Illicit Discharge Detection Field Tests

