

# OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

## Section 1: Background Data

Subwatershed: Upper Hudson River Basin		Outfall ID: OUT_309	
Today's date: 8/7/2024		Time (Military): 10:45	
Investigators: Katie Brosnan & Katherine Couch		Form completed by: Katherine Couch	
Temperature (°F): 63°F		Rainfall (in.): Last 24 hours: 2.054 Last 48 hours: 2.054	
Latitude: 41.234806	Longitude: -73.891194	GPS Unit: 41°14'05.3"N 73°53'28.3"W	GPS LMK #:
Land Use in Drainage Area (Check all that apply):			
<input type="checkbox"/> Industrial		<input type="checkbox"/> Open Space	
<input type="checkbox"/> Ultra-Urban Residential		<input type="checkbox"/> Institutional	
<input checked="" type="checkbox"/> Suburban Residential		Other: _____	
<input type="checkbox"/> Commercial		Known Industries: _____	

## 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 <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Elliptical <input type="checkbox"/> Box <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: 15"  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: _____	
<b>Flow Description (If present)</b>	<input type="checkbox"/> Trickle <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Substantial <input type="checkbox"/> No Flow			
<b>Flow Characteristics (If present)</b>	<input type="checkbox"/> Odor <input type="checkbox"/> Color <input type="checkbox"/> Turbidity			

## Section 3: Photos



ACROSS STREET FROM 310 MT AIRY RD W

