

**STORM WATER OUTFALL DRY WEATHER SCREENING INSPECTION FORM
GEORGE WASHINGTON MEMORIAL PARKWAY**

Date: _____ Time: _____

Pipe/Outfall Location & Description: _____ Weather: _____

Waterway: _____ Outfall ID: _____

NOTES:

Inspector(s) Name(s): _____

Date of Last Rainfall: _____

Amount of Last Rainfall (in): _____

Is pipe/outfall active? _____

If active, is flow sufficient to sample? _____

FLOW/DISCHARGE ESTIMATE (for active outfalls)

Velocity: slow (<2 ft/s) Moderate (2-5ft/s) Fast (> 5ft/s)

Water Level in Pipe/Channel: _____ inches.

OUTFALL SCREENING RESULTS

VISUAL OBSERVATIONS (evaluate and add notes as applicable at each item or in the comments section)

Is outfall submerged? _____

Outfall Damaged? _____

Stains/Deposits/Sediment at Outfall? _____

Algae Growth at Outfall? _____

Abnormal Vegetation at Outfall? _____

Unusual Water Color? _____

Unusual Odor? _____

Turbidity? _____

Floatables? _____

Surface Sheen? _____

Detergents? _____

Additional Comments/Observations:
