

CITY OF ROCHESTER
STORM WATER OUTFALL INSPECTION PROGRAM
REVIEW ALL STORM SEWER OUTFALLS FOR THE FOLLOWING:

Inspector Name: _____ Inspection Date: _____

Temperature: _____ deg. F Last precipitation date: _____ Amount: _____ inches Type: _____

Outfall ID: _____ Size: _____ inches

Outfall Type:

- Reinforced concrete pipe
- Corrugated metal pipe
- Box culvert
- Plastic pipe
- Ditch
- Ravine (natural drainage way)
- Other (VCP, DIP, ASP, PVC, etc)

Outfall Owner:

- Other
- City
- County
- MNDOT
- Private
- State

Is an apron present? Additional apron comments: _____

- Yes No If yes, Concrete Metal Other Trash guard present No trash guard

Is rip-rap present?

- Yes No If yes, describe condition: _____

Land use in immediate vicinity of outfall:

- Residential Commercial Open Space (specify: _____)

Does the outfall allow the free flow of water?

- Yes No If not, what is obstructing the flow?
 Garbage Sediment Vegetation Animal dens

<p>Indicate any evidence of environmental impacts:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Scouring <input type="checkbox"/> Sediment build-up <input type="checkbox"/> Garbage entrapment <input type="checkbox"/> Entrapment of decaying vegetation <input type="checkbox"/> Illicit discharges 	<p>Is drainage occurring? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If drainage is occurring from the outfall, describe the following:</p> <p style="margin-left: 20px;">a. Color _____ c. Clarity _____</p> <p style="margin-left: 20px;">b. Odor _____ d. Staining _____</p> <p>What is the source of flow? <input type="checkbox"/> Groundwater</p> <p><input type="checkbox"/> Permitted NPDES Discharge Permit</p> <p><input type="checkbox"/> Illicit Discharge</p>
<p>Identify maintenance needs:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Obstruction removal or cleaning <input type="checkbox"/> Erosion stabilization <input type="checkbox"/> Apron not intact <input type="checkbox"/> Visible joints not intact <input type="checkbox"/> Pitting/rusting/holes present <input type="checkbox"/> Concrete spalling present <input type="checkbox"/> Road distress above pipe present <input type="checkbox"/> Other (describe) <p style="margin-left: 40px;">_____</p>	<p>Rate each outfall's need for repair, replacement or maintenance:</p> <ul style="list-style-type: none"> <input type="checkbox"/> "1" repair, replace, or clean-up immediately <input type="checkbox"/> "2" repair, replace, or clean-up as soon as practicable <input type="checkbox"/> "3" like new, no action necessary <p>Other notes: _____</p> <p>_____</p> <p>_____</p>