



475 North Cross Street
 Sycamore, IL 60178
 (815)-895-3545
 Engineering (815) 895-4557
www.cityofsycamore.com

Section 1: Background Data

Subwatershed:	Outfall ID:	
Date:	Time (Military):	
Temperature:	Inspector(s):	
Previous 48 Hours Precipitation:	Photo's Taken (Y/N)	If yes, Photo Numbers:
Land Use in Drainage Area (Check all that apply):		<input type="checkbox"/> Open Space
		<input type="checkbox"/> Industrial
		<input type="checkbox"/> Residential
		Other: _____
		Known Industries: _____
Commercial		

Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE		DIMENSIONS (IN.)	SUBMERGED
Storm Sewer (Closed Pipe)	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Clay/Draintile <input type="checkbox"/> Other: _____	<input type="checkbox"/> Circular <input type="checkbox"/> Elliptical <input type="checkbox"/> Box <input type="checkbox"/> Other: _____	<input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: _____ —	In Water: <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully With Sediment: <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully
Open drainage (swale/ditch)	<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:	

Section 3: Physical Indicators

INDICATOR	CHECK if Present	DESCRIPTION				COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Corrosion				<input type="checkbox"/> Peeling Paint
Deposits/Stains	<input type="checkbox"/>	<input type="checkbox"/> Oily <input type="checkbox"/> Flow Line <input type="checkbox"/> Paint <input type="checkbox"/> Other:				
Abnormal Vegetation	<input type="checkbox"/>	<input type="checkbox"/> Excessive <input type="checkbox"/> Inhibited				
Poor pool quality	<input type="checkbox"/>	Odors Suds	Colors Excessive Algae	Floatables	Oil Sheen Other:	
Pipe algea/growth	<input type="checkbox"/>	Brown	Orange	Green	Other:	
Do physical indicators suggest an illicit discharge is present (Y/N):						

Flow Present?	Yes	No	If No, Skip to Section 7 and Close Illicit Discharge Investigation		
Flow Description	Trickle	Moderate	Substantial		

Section 4: Physical Indicators (Flowing Outfalls Only)

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)			
Odor	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Sewage Sulfide Laundry	Rancid/sour Petroleum/gas Other: <input type="checkbox"/>	1-Faint <input type="checkbox"/>	2 – Easily detected <input type="checkbox"/>	3 – Noticeable from a distance
Color (color chart)	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Clear <input type="checkbox"/> Gray <input type="checkbox"/> Green <input type="checkbox"/> Multi <input type="checkbox"/> Color	Brown Yellow <input type="checkbox"/> Orange/Red Other:	1-Faint colors in sample bottle	2 – Clearly visible in sample bottle <input type="checkbox"/>	3 – Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity		1-Slight cloudiness	2 – Cloudy	3 – Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	Sewage Petroleum (oil sheen) Grease	Suds and Foam	1-Few/slight; origin not obvious	2 – Some; indications of origin	3 - Some; origin clear
Do physical indicators (flowing) suggest an illicit discharge is present (Y/N):						

Section 5: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?
