

Illicit Discharge Detection  
and Elimination (IDDE) Program



Prepared for:

Village of Deer Park  
23680 W. Cuba Road  
Deer Park, IL 60010

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## 1. INTRODUCTION

### 1.1 Overview

The Village of Deer Park (Village) is an operator of a Municipal Separate Storm Sewer System (MS4), as defined by the Illinois Environmental Protection Agency's (IEPA) National Pollution Discharge Elimination System (NPDES) Phase II program. The Village has applied for and obtained coverage under the IEPA's General NPDES Permit for Discharges from Small Municipal Separate Storm Sewer Systems. A copy of the Village's Notice of Intent (NOI) and General NPDES Permit ILR40 are provided in Appendix 1.

A central requirement of the NPDES Phase II Permit is the development, implementation, and enforcement of a program to detect and eliminate illicit discharges to the MS4. To meet these requirements and maintain compliance with the permit conditions, the Village has developed the following comprehensive Illicit Discharge Detection and Elimination (IDDE) program.

### 1.2 Objectives

The purpose of the IDDE program is to identify, implement, and evaluate Best Management Practices (BMP) and other procedures that will prevent or reduce the release of pollutants from illicit discharges to the MS4. As required by the NPDES permit conditions, the IDDE program will:

- *Develop, implement and enforce a program to detect and eliminate illicit connections or discharges into the permittee's small MS4;*
- *Develop, if not already completed, a storm sewer system map, showing the location of all outfalls and the names and location of all waters that receive discharges from those outfalls. Existing permittees renewing coverage under this permit shall update their storm sewer system map to include any modifications to the sewer system;*
- *To the extent allowable under state or local law, prohibit, through ordinance, or other regulatory mechanism, non-storm water discharges into the permittee's storm sewer system and implement appropriate enforcement procedures and actions, including enforceable requirements for the prompt reporting to the MS4 of all releases, spills and other unpermitted discharges to the separate storm sewer system, and a program to respond to such reports in a timely manner;*
- *Develop and implement a plan to detect and address non-storm water discharges, including illegal dumping, to the system;*
- *Inform public employees, businesses, and the general public of hazards associated with illegal discharges and improper disposal of waste and the requirements and mechanisms for reporting such discharges;*

- *Address the categories of non-storm water discharges listed in Section I.B.2 only if you identify them as significant contributor of pollutants to your small MS4 (discharges or flows from firefighting activities are excluded from the effective prohibition against non-storm water and need only be addressed where they are identified as significant sources of pollutants to waters of the United States);*
- *Define appropriate BMPs for this minimum control measure and measurable goals for each BMP. These measurable goals must ensure the reduction of all of the pollutants of concern in your storm water discharges to the maximum extent practicable;*
- *Conduct periodic inspections of the storm sewer outfalls in dry weather conditions for detection of non-storm water discharges and illegal dumping. The permittee may establish a prioritization plan for inspection of outfalls, placing priority on outfalls with the greatest potential for non-storm water discharges. Major/high priority outfalls shall be inspected at least annually; and*
- *Provide an annual evaluation of illicit discharge detection and elimination BMPs and measurable goals. Report on this evaluation in the Annual Report pursuant to Part V.C.1.*

Given these objectives, the IDDE will accomplish the following:

- Define illicit discharges and provide relevant examples;
- Provide detailed mapping of the location of all stormwater outfalls and receiving waters;
- Detail the ordinances and other regulatory mechanisms that prohibit illicit discharges to the MS4 and allow appropriate enforcement procedures to detect, prevent, or eliminate these types of releases;
- Outline the IDDE Personnel and their responsibilities;
- Describe BMPs, including policies and procedures used by the Village to detect and eliminate illicit discharges or other pollutants;
- Detail the testing procedures and results of all sampling activities;
- Detail the results and other data related to outfall inspection activities;
- Provide pertinent documentation related to the NPDES General Permit including the NOI and Annual Facility Inspection Report;
- Provide detailed information for operators that hold current permits from the IEPA to discharge to the Village's MS4; and

- Provide a resource for Village staff and regulators regarding inspection, training, enforcement, and recordkeeping procedures for the IDDE program.

The IDDE program will be reviewed annually during the Village's Annual Facility Inspection as required by the NPDES Phase II Permit. A copy will be kept for public viewing on the Village website ([www.villageofdeerpark.com](http://www.villageofdeerpark.com)). A copy of the most recent Annual Facility Inspection Report is provided in Appendix 2.

### 1.3 Background

The Village of Deer Park (located in Lake County) encompasses an area of approximately 3.1 square miles, with a population of nearly 3,200 residents. The Village is an established community with a variety of residential, commercial, and other land uses. Per the ordinances and regulations of Lake County, the Village is responsible for the inspection, enforcement, and execution of the IDDE program. The Village's receiving waters include Buffalo Creek (eastern portion of the Village), Flint Creek (western portion of the Village), and Salt Creek (southern portion of the Village). There are approximately 60 outfalls located within the Village. There are 86 outfalls located in the Village as shown on the exhibits provided in this document.

### 1.4 Definition of Illicit Discharge

An illicit discharge is defined by the Environmental Protection Agency (EPA) as:

*any discharge to a municipal separate storm sewer that is not composed entirely of storm water except discharges pursuant to a NPDES permit (other than the NPDES permit for discharges from the municipal separate storm sewer) and discharges resulting from fire fighting activities.*

The Illinois Environmental Protection Agency (IEPA) General Permit No. ILR40 for Discharges from Small Municipal Separate Storm Sewer Systems further authorizes the following additional discharges, provided that they have been determined not to be substantial contributors of pollutants:

- *Water line and fire hydrant flushing,*
- *Landscape irrigation water,*
- *Rising ground waters,*
- *Ground water infiltration,*
- *Pumped ground water,*
- *Discharges from potable water sources, (excluding wastewater discharges from water supply treatment plants)*
- *Foundation drains,*
- *Air conditioning condensation,*
- *Irrigation water, (except for wastewater irrigation),*
- *Springs,*
- *Water from crawl space pumps,*

- *Footing drains,*
- *Storm sewer cleaning water,*
- *Water from individual residential car washing,*
- *Routine external building washdown which does not use detergents,*
- *Flows from riparian habitats and wetlands,*
- *Dechlorinated pH neutral swimming pool discharges,*
- *Residual street wash water,*
- *Discharges or flows from fire fighting activities,*
- *Dechlorinated water reservoir discharges, and*
- *Pavement washwaters where spills or leaks of toxic or hazardous materials have not occurred (unless all spilled material has been removed).*

Additional information regarding the permitted discharges can be found in the General NPDES Permit No. ILR40 included in Appendix 1.

### 1.5 Examples of Illicit Discharges

As previously mentioned, illicit discharges are releases that are not composed entirely of stormwater that can come in many forms and from various sources. Residents dumping grass clippings into the creek behind their home, neighbors pouring used oil down a storm drain, or a gasoline spill at the filling station are all examples of illicit discharges. The Village is responsible for preventing these types of activities through education and outreach; as well as responding, tracing, and eliminating any reported illicit discharges. Figures 1 through 5 show examples of illicit discharges:



*Figure 1: Example of Illicit Discharge – Commercial Carwash Draining to the MS4*



*Figure 2: Example of Illicit Discharge – Surcharging Sanitary Sewer Manhole*



*Figure 3: Example of Illicit Discharge – Spilling or Dumping of Paint down Stormwater Inlet*



*Figure 4: Example of Illicit Discharge – Leaking Commercial Dumpster*



*Figure 5: Example of Illicit Discharge – Spilling or Dumping of Motor Oil*

## 2. IDDE Program Description

### 2.1 Ordinances

As previously mentioned, the Village falls under the regulatory authority of the Lake County Stormwater Management Commission, which has ordinances that prohibit the discharge of non-stormwater flows into the MS4. Within Lake County, the Village is responsible for the inspection and enforcement of the ordinance. All ordinances include enforcement procedures such as fines to encourage compliance.

### 2.2 IDDE Personnel

All aspects of the Village’s IDDE program are managed and staffed by the qualified and trained professionals listed below.

<i>Name</i>	<i>Title</i>	<i>Phone Number</i>	<i>Email Address</i>
Michael Burke	Assistant Village Engineer	(847) 823-0500	<a href="mailto:michaelburke@cbbel.com">michaelburke@cbbel.com</a>

Provided below are brief descriptions of each person’s responsibilities as they relate to the IDDE program:

- Mr. Burke is the Assistant Village Engineer and Stormwater Enforcement Officer and is in charge of the overall implementation of the IDDE program.

### 2.3 Detection and Elimination

The Village has taken a proactive approach to the detection and elimination of illicit discharges. This approach includes periodic inspection of outfalls, employee training, public education, sampling and testing, and program assessment and evaluation. The Village regularly performs activities aimed at preventing or reducing the release of pollutants by capturing them before they can be collected by stormwater runoff and discharged to the MS4.

### 2.4 Reporting Procedures

The Village Engineer is responsible for the investigation of all reported illicit discharges. Exceptions occur only when the potential for situation involving the discharge of hazardous waste exists. In these instances, the IEPA or another appropriate agency is contacted for assistance. The telephone number and email contact information for the Village of Deer Park is readily available on the Village’s website ([www.villageofdeerpark.com](http://www.villageofdeerpark.com)) for reporting purposes.

### 2.5 Inspection and Tracing

The Village conducts regular inspections of the MS4 outfalls. These visual inspections are performed by trained personnel to identify the physical characteristics that may indicate if an illicit discharge is present. These identifiable physical characteristics include colors, odors, floatable debris, staining, deposits, benthic growth, and/or the presence of excessive vegetation. A copy of the physical indicators for visual inspections is included in Appendix 2. These inspections are performed during periods of both dry weather and following rainfall events. Additionally, the inspections are performed with the aid of an outfall inspection checklist. A copy of the outfall inspection checklist is provided in Appendix 3.

The Village's outfall inspections are performed by Village staff and contracted professionals. Each outfall inspection checklist is accompanied by a photograph of the outfall at the time of the inspection, if appropriate. The most recent inspection checklist and photos for the outfalls are provided in Appendix 4.

Based on the most recent outfall inspections, a comprehensive list was generated of outfalls that may require additional assessment to determine whether or not an illicit discharge may be present. A list with descriptions of additional activities that may be needed are provided in Appendix 5.

If necessary, the Village Public Works staff will perform tracing procedures to determine the source of a potential illicit discharge. The Village maintains an accurate CAD-based outfall map, as well as other storm sewer location documents such as original development plans, county data, etc., that can be utilized to determine the possible source of illicit discharge. An Outfall and Receiving Waters Map is provided as Exhibit 4.

## 2.6 Sampling and Testing

If an outfall inspection yields indicators of a potential illicit discharge, the Village may initiate the collection of samples and laboratory testing. These tests may include:

- pH
- B.O.D.
- C.O.D
- Chlorine
- Suspended Solids
- Chlorides
- Ammonia Nitrogen
- Dissolved Oxygen
- Settleable Solids
- Volatile Solids
- Fecal Coliform
- Hardness
- Phosphorus

During the most recent outfall inspections, there were no flows from outfalls that were determined to be in need of sampling.

## 2.7 Training

Employee education and training is a vital component of the Village's overall MS4 NPDES program, as well as the IDDE program. The Village regularly provides training for employees on a variety of topics related to illicit discharges, good housekeeping, spill prevention, proper maintenance procedures, and other pertinent stormwater topics.

As part of their in-house training program, the Village provides staff with detailed instruction on how to identify illicit discharges and the procedures for reporting them if one is discovered. An example presentation is provided in Appendix 6.

## 2.8 Documentation and Recordkeeping

The Village maintains appropriate copies of all inspection materials, checklists, and training documentation in this IDDE report. The materials included are regularly updated during the Annual Facility Inspection process and include the most up-to-date documents.

# 3. Program Assessment and Evaluation

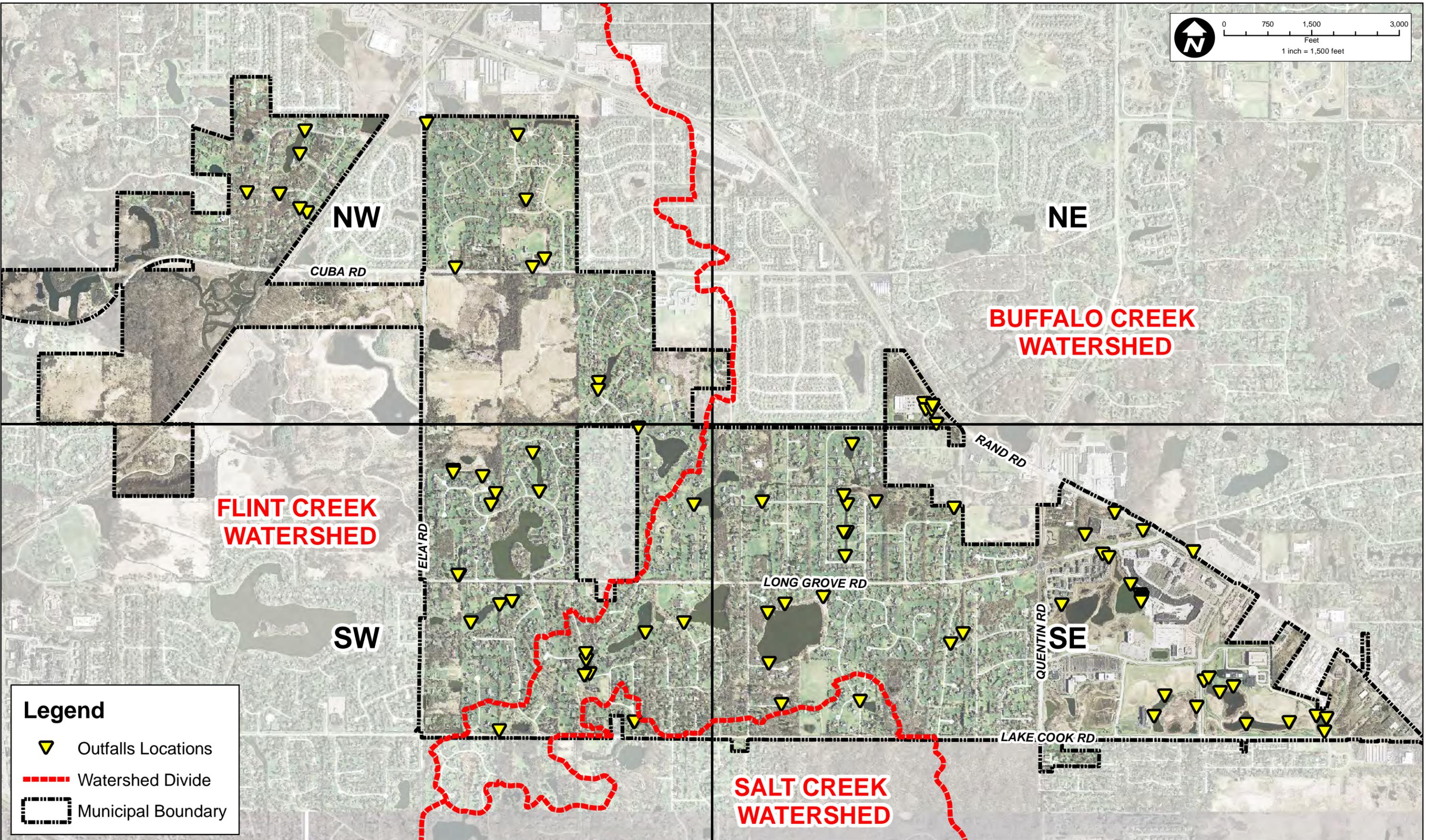
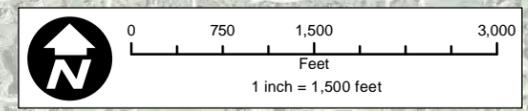
## 3.1 IDDE Program Assessment

As required by their MS4 Permit, the Village conducts annual inspections of their municipal facilities and an annual assessment of their NPDES program. The assessment and inspections are carried out by qualified personnel and documented by staff with appropriate forms and procedures. During this evaluation process, the IDDE program is audited for efficiency and effectiveness to verify that it is meeting the needs of the Village and the requirements of the NPDES General Permit conditions.

## 3.2 Audits

As needed, the Village will perform self-audits of their NPDES and IDDE programs or will contract this task to a qualified professional. Additionally, this IDDE report and related documents should be provided to the appropriate regulatory personnel during an audit or compliance evaluation.

## **EXHIBITS**



**Legend**

- Outfalls Locations
- Watershed Divide
- Municipal Boundary

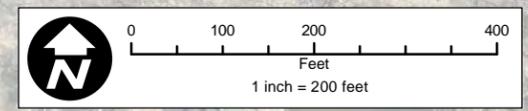
**CHRISTOPHER B. BURKE** ENGINEERING LTD  
 9575 West Higgins Road, Suite 600  
 Rosemont, Illinois 60018  
 (847) 823-0500

CLIENT:  
**VILLAGE OF DEER PARK**

NO.	DATE	NATURE OF REVISION	CHKD.	MODEL

TITLE:  
**OUTFALL MAP  
 OVERALL**

PROJ. NO. 16-0491.00012  
 DATE:  
 SHEET 1 OF 5  
 DRAWING NO.  
*EX*



**Legend**

- Outfalls Locations
- Manhole
- Flared End Section
- Storm Sewer

**CB** **CHRISTOPHER B. BURKE** ENGINEERING LTD  
 9575 West Higgins Road, Suite 600  
 Rosemont, Illinois 60018  
 (847) 823-0500

CLIENT:  
**VILLAGE OF DEER PARK**

NO.	DATE	NATURE OF REVISION	CHKD.	MODEL

TITLE:  
**OUTFALL MAP  
 NORTHEAST**

PROJ. NO. 16-0491.00012  
 DATE:  
 SHEET 2 OF 5  
 DRAWING NO.  
*EX*







**Appendix 1 – Village of Deer Park Notice of Intent (NOI) and IEPA General  
NPDES Permit No. IL40**



# Illinois Environmental Protection Agency

1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276 • (217) 782-3397

## Notice of Intent for New or Renewal of General Permit for Discharges from Small Municipal Separate Storm Sewer Systems (MS4's)

### Part I. Municipal (MS4) Contact Information

1. Name of Municipality: Village of Deer Park MS4 #: ILR400323  
 Population (based on 2010 census): 3,200
2. MS4 Mailing Address: 23680 W. Cuba Road City: Deer Park, IL Zip: 60010
3. Primary MS4 Contact Person (Authorized Representative for MS4 Permit)  
 Name: Beth McAndrews Title: Village Administrator  
 Phone: 847-726-1648 Email Address: bmcandrews@vodp.net

### General Information

4. Latitude and Longitude at approximate geographical center of MS4 for which you are requesting authorization to discharge:  
 Latitude: 42 9 40N Longitude: 88 5 13W  
Degrees Minutes Seconds Degrees Minutes Seconds
5. Community Type: Village Other: \_\_\_\_\_
6. Name(s) of governmental entity(ies) in which MS4 is located:

City/Village	Township	County
	Ela Township	Lake County
	Cuba Township	Cook County

7. Area of land within your MS4 in square miles: 3.8
8. Percent of MS4 served by combined sewer: 0 Percent of MS4 served by separate sewer: 100

Name(s) of known receiving waters (in and within 3 miles of MS4 area)	Impairment listed on 303d List or TMDL?
Aspen Ditch	<input type="radio"/> Yes <input checked="" type="radio"/> No
Bruce Tributary	<input type="radio"/> Yes <input checked="" type="radio"/> No
Buffalo Creek	<input checked="" type="radio"/> Yes <input type="radio"/> No
Buffalo Creek Tributary A	<input type="radio"/> Yes <input checked="" type="radio"/> No
Tributary A to Buffalo Creek	<input type="radio"/> Yes <input checked="" type="radio"/> No
Tributary B to Buffalo Creek	<input type="radio"/> Yes <input checked="" type="radio"/> No
South Fork Tributary B to Buffalo Creek	<input type="radio"/> Yes <input checked="" type="radio"/> No
Echo Lake	<input checked="" type="radio"/> Yes <input type="radio"/> No
Flint Creek	<input checked="" type="radio"/> Yes <input type="radio"/> No
North Flint Creek	<input type="radio"/> Yes <input checked="" type="radio"/> No
Flint Creek Tributary	<input type="radio"/> Yes <input checked="" type="radio"/> No

Name(s) of known receiving waters (in and within 3 miles of MS4 area)	Impairment listed on 303d List or TMDL?
East Tributary to Flint Creek	<input type="radio"/> Yes <input checked="" type="radio"/> No
Forest Lake	<input checked="" type="radio"/> Yes <input type="radio"/> No
Grassy Lake	<input checked="" type="radio"/> Yes <input type="radio"/> No
Honey Lake	<input checked="" type="radio"/> Yes <input type="radio"/> No
Honey Lake Drain	<input type="radio"/> Yes <input checked="" type="radio"/> No
South Branch Indian Creek	<input type="radio"/> Yes <input checked="" type="radio"/> No
Tributary to South Branch Indian Creek	<input type="radio"/> Yes <input checked="" type="radio"/> No
Jewel Lagoon	<input type="radio"/> Yes <input checked="" type="radio"/> No
Kemper Lake No 1	<input type="radio"/> Yes <input checked="" type="radio"/> No
Lake Barrington	<input checked="" type="radio"/> Yes <input type="radio"/> No
Lake Louise	<input checked="" type="radio"/> Yes <input type="radio"/> No
Lake Sheree	<input type="radio"/> Yes <input checked="" type="radio"/> No
Lake Zurich	<input type="radio"/> Yes <input checked="" type="radio"/> No
Salt Creek	<input checked="" type="radio"/> Yes <input type="radio"/> No
Salt Creek (Upper Reach)	<input type="radio"/> Yes <input checked="" type="radio"/> No
Salt Creek Tributary A	<input type="radio"/> Yes <input checked="" type="radio"/> No
Salt Creek Tributary B	<input type="radio"/> Yes <input checked="" type="radio"/> No
Salt Creek, Arlington Heights Branch	<input type="radio"/> Yes <input checked="" type="radio"/> No
Salt Creek, Arlington Heights Branch, Anderson Drive Tributary	<input type="radio"/> Yes <input checked="" type="radio"/> No
Signal Hill Tributary	<input type="radio"/> Yes <input checked="" type="radio"/> No
Stone Creek	<input type="radio"/> Yes <input checked="" type="radio"/> No
Unnamed Ponding Area 1 to Stone Creek	<input type="radio"/> Yes <input checked="" type="radio"/> No
Unnamed Ponding Area 3 to Stone Creek	<input type="radio"/> Yes <input checked="" type="radio"/> No
Unnamed Tributary No. 1 to Stone Creek	<input type="radio"/> Yes <input checked="" type="radio"/> No
Unnamed Tributary No. 2 to Stone Creek	<input type="radio"/> Yes <input checked="" type="radio"/> No

9a. If impaired, which potential causes and source?

Causes: DO, Phosphorus, Fecal Coliform, TSS, etc.

Source: Atmospheric Deposition, Crop Production, etc.

9b. Are the receiving waterbodies included in an approved TMDL or alternate water quality management plan?  Yes  No

If yes, what measures to comply with the TMDL waste load allocation (WLA) are being implemented or are planned?

The December 2015 Buffalo Creek Watershed-Based Plan by the Buffalo Creek Clean Water Partnership and Lake County Stormwater Management Commission (LCSMC) proposes managing fertilizer use, planting natives, restoring streams, creating wetlands, participating in outreach, establishing guidelines, retrofitting detention basins, and more to improve water quality.

The Flint Creek Watershed 2018 Plan by Lake, Cook, and McHenry Counties proposes measures such as education initiatives, streambank restoration, filter strips, rain gardens, wetland construction, detention basin retrofits, and more to improve water quality. The approved Total Maximum Daily Loads for Salt Creek, Illinois report by CH2MHill (dated October 2004) does not propose measures for improving water quality at this time. The December 2015 Buffalo Creek Watershed-Based Plan by the Buffalo Creek Clean Water Partnership and LCSMC proposes managing fertilizer use, planting natives, restoring streams, creating wetlands, participating in outreach, establishing guidelines, retrofitting detention basins, and more to improve water quality.

The December 2006 Indian Creek Watershed-Based Plan by the Lake County Stormwater Management Commission

## Impaired Waters

The most recent 303(d) list may be found at <https://www2.illinois.gov/epa/topics/water-quality/watershed-management/tmdls/Pages/303d-list.aspx>. Information regarding TMDLs may be found at <https://www2.illinois.gov/epa/topics/water-quality/watershed-management/tmdls/Pages/default.aspx>.

(LCSMC) proposes measures such as filter strips, wetland detention basins, improved agricultural practices, stream maintenance, preservation of riparian areas, and more to improve water quality.

The Chicago Metropolitan Agency for Planning's (CMAP) December 2018 Lower Salt Creek Watershed-Based Plan proposes urban stormwater infrastructure retrofits, channel and riparian restoration, chloride reduction practices, polycyclic aromatic hydrocarbons, public education and outreach, and more to improve water quality.

9c. Is the MS4 community included in the chloride variance?  Yes  No

## Program Responsibility

### 10. Shared Responsibility

Is your MS4 responsible for any permit requirements of another MS4 community?  Yes  No

Does your MS4 Community rely on another MS4 to satisfy any of the permit requirements?  Yes  No

If yes: Which MS4 community?: Lake County

Which minimum control measurements is the other MS4 responsible for?

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Public Education and Outreach               | <input checked="" type="checkbox"/> Construction Site Runoff Control       |
| <input checked="" type="checkbox"/> Public Participation/Involvement            | <input checked="" type="checkbox"/> Post-Construction Runoff Control       |
| <input checked="" type="checkbox"/> Illicit Discharge Detection and Elimination | <input checked="" type="checkbox"/> Pollution Prevention/Good Housekeeping |

### 11. Co-Permittee

Is your MS4 Community a Co-Permittee with another MS4 Community?  Yes  No

### 12. Other contacts responsible for implementation or coordination of Stormwater Management Program

Name: Christopher B. Burke Engineering, Ltd. Title: Village Consultant Engineer

Phone: 847-823-0500 Email: michaelburke@cbbel.com

Area of Responsibility: Control Measures 1-6

Part II. Best Management Practices (include shared responsibilities) which have been implemented or are proposed to be implemented in the MS4 area

A. Public Education and Outreach

Approximate date first implemented: March 2003 Frequency of each BMP program: Annually (at a minimum)

Qualifying Local Programs

The Village performs a variety of activities that meet the requirements of the Public Education and Outreach minimum control measure (MCM). These activities include BMPs: A.1, A.3 and A.6.

The Village also shares responsibility for the implementation of its stormwater management program with the Lake County Stormwater Management Commission (SMC). The SMC serves as a Qualifying Local Program (QLP) for Lake County MS4s and performs activities related to each of the six MCMs described in the MS4 Permit, including activities related to Public Education and Outreach. The SMC's QLP activities are detailed at the link provided below.

<https://www.lakecountyil.gov/DocumentCenter/View/12591/03-QLP-Activities-042516?bidId=>

Measurable Goals (include shared responsibilities)

A.1 Distributed Paper Material

Brief Description of BMP

The Village will continue to produce and make available brochures on topics related to stormwater quality. These topics may include steps the public can take to reduce pollutants to stormwater runoff or the impacts of stormwater runoff on local water bodies.

Measurable Goals, including frequencies

The brochures will be developed to target developers, commercial facility operators and residents. The goal of this program is to increase the awareness of impacts of storm water discharges on water bodies and the steps that the public can take to reduce pollutants in storm water runoff.

Milestones

- Year 1:
- Year 2:
- Year 3:
- Year 4:
- Year 5:

Additional Info

BMP Number: \_\_\_\_\_

A.2 Speaking Engagement

A.3 Public Service Announcement

Brief Description of BMP

The Village will include a storm water and/or ambient water quality related article in the Village newsletter a least once a year.

Measurable Goals, including frequencies

The Village newsletter article will be developed to target developers, commercial facility operators and interested citizens. The goal of this program is to increase the awareness of impacts of storm water discharges on water bodies and the steps that the public can take to reduce pollutants in storm water runoff.

Milestones

- Year 1: The Village will include a storm water and/or ambient water quality related article in the Village newsletter each year.
- Year 2: The Village will include a storm water and/or ambient water quality related article in the Village newsletter each year.
- Year 3: The Village will include a storm water and/or ambient water quality related article in the Village newsletter each year.
- Year 4: The Village will include a storm water and/or ambient water quality related article in the Village newsletter each year.
- Year 5: The Village will include a storm water and/or ambient water quality related article in the Village newsletter each year.

Additional Info

BMP Number: \_\_\_\_\_

- A.4 Community Event
- A.5 Classroom Education Material
- A.6 Other Public Education

Brief Description of BMP

The Village has information on its website relating to recycling of waste, waste disposal, stormwater and/or water quality and provides contact information for residents to report any potential stormwater or water quality related issues.

The Village will create a website link on the Village's website to include information on the potential effects on storm water discharge due to climate change.

Measurable Goals, including frequencies

The Village will continue to target developers, commercial and industrial facility operators and residents. The goal of this program is to increase the awareness of impacts of stormwater discharges on water bodies, the potential effects of climate change on storm water discharges and the steps that the public can take to reduce pollutants in storm water runoff.

Milestones

- Year 1: The Village will continue to provide the website links and update as needed.
- Year 2: The Village will continue to provide the website links and update as needed.
- Year 3: The Village will continue to provide the website links and update as needed.
- Year 4: The Village will continue to provide the website links and update as needed.
- Year 5: The Village will continue to provide the website links and update as needed.

Additional Info

BMP Number: \_\_\_\_\_

**B. Public Participation/Involvement**

Approximate date first implemented: March 2003

Frequency of each BMP program: Annually (at a minimum)

**Qualifying Local Programs**

The Village performs a variety of activities that meet the requirements of the Public Participation and Involvement minimum control measure (MCM). These activities include BMPs: B.3, B.4 and B.7.

The Village also shares responsibility for the implementation of its stormwater management program with the Lake County Stormwater Management Commission (SMC). The SMC serves as a Qualifying Local Program (QLP) for Lake County MS4s and performs activities related to each of the six MCMs described in the MS4 Permit, including activities related to Public Participation / Involvement. The SMC's QLP activities are detailed at the link provided below.

<https://www.lakecountyil.gov/DocumentCenter/View/12591/03-QLP-Activities-042516?bidId=>

Measurable Goals (include shared responsibilities)

B.2 Educational Volunteer

B.3 Stakeholder Meeting

**Brief Description of BMP**

The Village participates and coordinates with the Des Plaines River Watershed Work Group (DRWW), the Municipal Advisory Committee (MAC) of the Lake County Stormwater Management Commission and Buffalo Creek Clean Water Partnership (BCCWP).

**Measurable Goals, including frequencies**

The goal of the work groups is to identify best management practices that are most appropriate and cost effective for the region to be used by municipalities and includes an element for chloride reduction.

**Milestones**

Year 1:

Year 2:

Year 3:

Year 4:

Year 5:

**Additional Info**

BMP Number: \_\_\_\_\_

B.4 Public Hearing

**Brief Description of BMP**

The Village will hold a public meeting to discuss topics including steps the public can take to reduce pollutants to stormwater runoff or the impacts of stormwater runoff on local water bodies.

**Measurable Goals, including frequencies**

The goal is to increase public education and involvement regarding the Village's stormwater management and NDPES program and their knowledge on ways they can help.

**Milestones**

Year 1:

Year 2: Hold a public meeting at least once a year.

Year 3: Hold a public meeting at least once a year.

Year 4: Hold a public meeting at least once a year.

Year 5: Hold a public meeting at least once a year.

Additional Info

BMP Number: \_\_\_\_\_

- B.5 Volunteer Monitoring
- B.6. Program Involvement
- B.7 Other Public Involvement

Brief Description of BMP

The Village provides contact information on the Village website to allow residents to report stormwater or water quality related issues.

Measurable Goals, including frequencies

The goal of this program is to provide active citizen participation in detection of illicit discharges to the storm sewer system and problems with drainage features. This program will also aid the Village in the detection of illicit discharges and inspection of drainage features.

Milestones

Year 1: The Village will continue to provide the appropriate contact information to report illicit discharges or other stormwater issues.

Year 2: The Village will continue to provide the appropriate contact information to report illicit discharges or other stormwater issues.

Year 3: The Village will continue to provide the appropriate contact information to report illicit discharges or other stormwater issues.

Year 4: The Village will continue to provide the appropriate contact information to report illicit discharges or other stormwater issues.

Year 5: The Village will continue to provide the appropriate contact information to report illicit discharges or other stormwater issues.

Additional Info

BMP Number: \_\_\_\_\_

**C. Illicit Discharge Detection and Elimination**

Approximate date first implemented: March 2003

Frequency of each BMP program: Annually (at a minimum)

**Qualifying Local Programs**

The Village performs a variety of activities that meet the requirements of the Illicit Discharge Detection and Elimination minimum control measure (MCM). These activities include BMPs: C.1, C.2, C.3, C.4, C.5, C.6, C.7 and C.10.

The Village also shares responsibility for the implementation of its stormwater management program with the Lake County Stormwater Management Commission (SMC). The SMC serves as a Qualifying Local Program (QLP) for Lake County MS4s and performs activities related to each of the six MCMs described in the MS4 Permit, including activities related to Illicit Discharge Detection and Elimination. The SMC's QLP activities are detailed at the link provided below.

<https://www.lakecountyil.gov/DocumentCenter/View/12591/03-QLP-Activities-042516?bidId=>

**Measurable Goals (include shared responsibilities)**

C.1 Sewer Map Preparation

**Brief Description of BMP**

The Village currently has a storm sewer map of the Village and outfalls to receiving streams.

**Measurable Goals, including frequencies**

The goal of this program is to develop a storm sewer map for the Village to allow for quicker, more accurate tracing procedures.

**Milestones**

Year 1: The Public Works Department will continue to update the map as needed.

Year 2: The Public Works Department will continue to update the map as needed.

Year 3: The Public Works Department will continue to update the map as needed.

Year 4: The Public Works Department will continue to update the map as needed.

Year 5: The Public Works Department will continue to update the map as needed.

**Additional Info**

BMP Number: \_\_\_\_\_

C.2 Regulatory Control Program

**Brief Description of BMP**

The Village enforces the Lake County Watershed Development Ordinance (WDO) which has provisions that prohibit non-stormwater discharges to the municipal separate storm sewer system.

**Measurable Goals, including frequencies**

The goal of this program is to eliminate any non-storm water discharges to the storm sewer system.

**Milestones**

Year 1: The Village will continue to enforce the regulatory control measures to prohibit or eliminate non-stormwater discharges.

Year 2: The Village will continue to enforce the regulatory control measures to prohibit or eliminate non-stormwater discharges.

Year 3: The Village will continue to enforce the regulatory control measures to prohibit or eliminate non-stormwater discharges.

Year 4: The Village will continue to enforce the regulatory control measures to prohibit or eliminate non-stormwater discharges.

Year 5: The Village will continue to enforce the regulatory control measures to prohibit or eliminate non-stormwater discharges.

Additional Info

BMP Number: \_\_\_\_\_

[Empty rectangular box for additional information]

C.3 Detection/Elimination Prioritization Plan

Brief Description of BMP

The Village has procedures for handling the report of a possible illicit discharge to storm sewer systems. The Village also has procedures for tracking reports of illicit discharges and the enforcement measures in the Lake County WDO to facilitate the elimination of illicit discharges once they are discovered, tracked and investigated.

Measurable Goals, including frequencies

The goal of this program is to develop a procedure for receiving, tracking, investigating and eliminating illicit discharges to the storm sewer system.

Milestones

Year 1: The Village will continue the illicit discharge procedures.

Year 2: The Village will continue the illicit discharge procedures.

Year 3: The Village will continue the illicit discharge procedures.

Year 4: The Village will continue the illicit discharge procedures.

Year 5: The Village will continue the illicit discharge procedures.

Additional Info

BMP Number: \_\_\_\_\_

[Empty rectangular box for additional information]

C.4 Illicit Discharge Tracing Procedures

Brief Description of BMP

The Village has procedures for handling the report of a possible illicit discharge to storm sewer systems. The Village also has procedures for tracking reports of illicit discharges and the enforcement measures in the Lake County WDO to facilitate the elimination of illicit discharges once they are discovered, tracked and investigated.

Measurable Goals, including frequencies

The goal of this program is to develop a procedure for tracking, investigating and eliminating illicit discharges to the storm sewer system.

Milestones

Year 1: The Village will continue the illicit discharge procedures.

Year 2: The Village will continue the illicit discharge procedures.

Year 3: The Village will continue the illicit discharge procedures.

Year 4: The Village will continue the illicit discharge procedures.

Year 5: The Village will continue the illicit discharge procedures.

Additional Info

BMP Number: \_\_\_\_\_

[Empty text box for additional information]

C.5 Illicit Source Removal Procedures

Brief Description of BMP

The Village has procedures for handling the report of a possible illicit discharge to storm sewer systems. The Village also has procedures for tracking reports of illicit discharges and the enforcement measures in the Lake County WDO to facilitate the elimination of illicit discharges once they are discovered, tracked and investigated.

Measurable Goals, including frequencies

The goal of this program is to develop a procedure for tracking, investigating and eliminating illicit discharges to the storm sewer system.

Milestones

Year 1: The Village will continue the illicit discharge procedures.

Year 2: The Village will continue the illicit discharge procedures.

Year 3: The Village will continue the illicit discharge procedures.

Year 4: The Village will continue the illicit discharge procedures.

Year 5: The Village will continue the illicit discharge procedures.

Additional Info

BMP Number: \_\_\_\_\_

[Empty text box for additional information]

C.6 Program Evaluation and Assessment

Brief Description of BMP

The Village performs an annual audit of the NPDES program to verify compliance with the permit requirements and overall effectiveness of the program. The Village will monitor the progress of watershed work groups and the establishment of any applicable TMDLs or other Watershed Management Plans.

Measurable Goals, including frequencies

The goal of this activity to assess the Village's NPDES program for compliance and effectiveness as well as ensure compliance with applicable TMDLs and Watershed Management Plans.

Milestones

Year 1: The Village will continue to perform the annual evaluation and assessment.

Year 2: The Village will continue to perform the annual evaluation and assessment.

Year 3: The Village will continue to perform the annual evaluation and assessment.

Year 4: The Village will continue to perform the annual evaluation and assessment.

Year 5: The Village will continue to perform the annual evaluation and assessment.

Additional Info

BMP Number: \_\_\_\_\_

[Empty text box for additional information]

C.7 Visual Dry Weather Screening

Brief Description of BMP

The Village will perform inspections of all MS4 outfalls during dry weather conditions or as determined by an inspection prioritization plan.

Measurable Goals, including frequencies

The goal of this activity is to identify outfalls with potential illicit discharges.

Milestones

Year 1: The Village will continue to perform annual inspections.

Year 2: The Village will continue to perform annual inspections.

Year 3: The Village will continue to perform annual inspections.

Year 4: The Village will continue to perform annual inspections.

Year 5: The Village will continue to perform annual inspections.

Additional Info

BMP Number: \_\_\_\_\_

[Empty text box for additional information]

C.8 Pollutant Field Testing

C.9 Public Notification

C.10 Other Illicit Discharge Controls

Brief Description of BMP

The Village performs annual monitoring of the receiving waters as required by the ILR40 permit conditions.

Lucy Lake (IL-SGT) is identified on the IEPA's 303d list as impaired for aesthetic quality (total phosphorus) and (total suspended solids). No TMDL has been identified for this Lake in the Village.

A segment of Buffalo Creek (GST) is in an approved TMDL water quality plan (Des Plaines River/Higgins Creek Watershed TMDL Report, dated May 2013). The Village will monitor the progress of watershed work groups and the establishment of any applicable TMDLs or other Watershed Management Plans. The Village will continue the monitoring and evaluation program.

Measurable Goals, including frequencies

The goal of this activity is to monitor receiving streams for potential changes due to the discharge of stormwater and ensure compliance with applicable TMDLs and Watershed Management Plans to reduce waste load allocations.

Milestones

- Year 1: The Village will continue the monitoring program.
- Year 2: The Village will continue the monitoring program.
- Year 3: The Village will continue the monitoring program.
- Year 4: The Village will continue the monitoring program.
- Year 5: The Village will continue the monitoring program.

Additional Info

BMP Number: \_\_\_\_\_

**D. Construction Site Runoff Control**

Approximate date first implemented: March 2003 Frequency of each BMP program: Annually (at a minimum)

Qualifying Local Programs

The Village performs a variety of activities that meet the requirements of the Construction Site Runoff Control minimum control measure (MCM). This program relates to BMP numbers D.1, D.2, D.4, D.5 and D.6.

The Village also shares responsibility for the implementation of its stormwater management program with the Lake County Stormwater Management Commission (SMC). The SMC serves as a Qualifying Local Program (QLP) for Lake County MS4s and performs activities related to each of the six MCMs described in the MS4 Permit, including activities related to Construction Site Runoff Control. The SMC's QLP activities are detailed at the link provided below.

<https://www.lakecountyiil.gov/DocumentCenter/View/12591/03-QLP-Activities-042516?bidId=>

D.1 Regulatory Control Program

Brief Description of BMP

The Village and Lake County has ordinances and procedures in place that require construction site runoff controls. These procedures include review of the site development plans by qualified staff and inspection/enforcement procedures. As a certified community, the Village enforces the Lake County Watershed Development Ordinance (WDO).

Measurable Goals, including frequencies

The goal of these activities are to reduce or prevent the discharge of pollutants from construction sites to the municipal separate storm sewer system.

Milestones

- Year 1: The Village will continue the construction site runoff control program.
- Year 2: The Village will continue the construction site runoff control program.
- Year 3: The Village will continue the construction site runoff control program.
- Year 4: The Village will continue the construction site runoff control program.

Measurable Goals (include shared responsibilities)

Year 5: The Village will continue the construction site runoff control program.

Additional Info

BMP Number: \_\_\_\_\_

[Empty box for additional information]

D.2 Erosion and Sediment Control BMPs

Brief Description of BMP

The Village and Lake County have ordinances and procedures in place that require construction site runoff controls. These procedures include review of the site development plans by qualified staff and inspection/enforcement procedures. As a certified community, the Village enforces the Lake County WDO.

Measurable Goals, including frequencies

The goal of these activities are to reduce or prevent the discharge of pollutants from construction sites to the municipal separate storm sewer system.

Milestones

Year 1: The Village will continue the construction site runoff control program.

Year 2: The Village will continue the construction site runoff control program.

Year 3: The Village will continue the construction site runoff control program.

Year 4: The Village will continue the construction site runoff control program.

Year 5: The Village will continue the construction site runoff control program.

Additional Info

BMP Number: \_\_\_\_\_

[Empty box for additional information]

D.3 Other Waste Control Program

D.4 Site Plan Review Procedures

Brief Description of BMP

The Village and Lake County have ordinances and procedures in place that require construction site runoff controls. These procedures include review of the site development plans by qualified staff and inspection/enforcement procedures. As a certified community, the Village enforces the Lake County WDO.

Measurable Goals, including frequencies

The Village will continue these activities to reduce or prevent the discharge of pollutants from construction sites to the municipal separate storm sewer system.

Milestones

Year 1: The Village will continue the construction site runoff control program.

Year 2: The Village will continue the construction site runoff control program.

Year 3: The Village will continue the construction site runoff control program.

Year 4: The Village will continue the construction site runoff control program.

Year 5: The Village will continue the construction site runoff control program.

Additional Info

BMP Number: \_\_\_\_\_

D.5 Public Information Handling Procedures

Brief Description of BMP

The Village has procedures in place for addressing reports from residents related to construction site runoff as well as a link on the Village website to report a concern.

Measurable Goals, including frequencies

The Village will continue to address the reporting of problems related to construction site runoff.

Milestones

Year 1: The Village will continue the program to address reports related to construction site runoff control issues.

Year 2: The Village will continue the program to address reports related to construction site runoff control issues.

Year 3: The Village will continue the program to address reports related to construction site runoff control issues.

Year 4: The Village will continue the program to address reports related to construction site runoff control issues.

Year 5: The Village will continue the program to address reports related to construction site runoff control issues.

Additional Info

BMP Number: \_\_\_\_\_

D.6 Site Inspection/Enforcement Procedures

Brief Description of BMP

The Village and Lake County have ordinances and procedures in place that require construction site runoff controls. These procedures include review of the site development plans by qualified staff and inspection/enforcement procedures. As a certified community, the Village enforces the Lake County WDO.

Measurable Goals, including frequencies

The Village will continue these activities to reduce or prevent the discharge of pollutants from construction sites to the municipal separate storm sewer system.

Milestones

Year 1: The Village will continue the construction site runoff control program.

Year 2: The Village will continue the construction site runoff control program.

Year 3: The Village will continue the construction site runoff control program.

Year 4: The Village will continue the construction site runoff control program.

Year 5:

Additional Info

BMP Number: \_\_\_\_\_

D.7 Other Construction Site Runoff Controls

**E. Post-Construction Runoff Control**

Approximate date first implemented: March 2003 Frequency of each BMP program: Annually (at a minimum)

Qualifying Local Programs

The Village performs a variety of activities that meet the requirements of the Post-Construction Runoff Control minimum control measure (MCM). This relates to BMP numbers E.2, E.3, E.4, E.5 and E.6.

The Village also shares responsibility for the implementation of its stormwater management program with the Lake County Stormwater Management Commission (SMC). The SMC serves as a Qualifying Local Program (QLP) for Lake County MS4s and performs activities related to each of the six MCMs described in the MS4 Permit, including activities related to Post-Construction Runoff Control. The SMC's QLP activities are detailed at the link provided below.

<https://www.lakecountyil.gov/DocumentCenter/View/12591/03-QLP-Activities-042516?bidId=>

Measurable Goals (include shared responsibilities)

E.1 Community Control Strategy

E.2 Regulatory Control Program

Brief Description of BMP

The Village and Lake County have ordinances and procedures in place that protect water quality and reduce the discharge of pollutants by controlling post-construction site runoff. These procedures are amendable to modification due to climate change. These procedures include review of the BMP designs by qualified staff and inspection/enforcement during and after construction.

Measurable Goals, including frequencies

The Village will continue these activities to reduce or prevent the discharge of pollutants from construction sites to the municipal separate storm sewer system.

Milestones

Year 1:

Year 2:

Year 3:

Year 4:

Year 5:

Additional Info

BMP Number: \_\_\_\_\_

E.3 Long Term O & M Procedures

**Brief Description of BMP**

The Village and Lake County have ordinances and procedures in place that protect water quality and reduce the discharge of pollutants by controlling post-construction site runoff. These procedures include review of the BMP designs by qualified staff and inspection/enforcement during and after construction.

The Village in accordance with Lake County WDO guidelines has procedures in place requiring the identification and responsible entity for long term maintenance of post construction BMPs required for development and an ordinance in place to ensure the preservation of natural features on development sites including the preservation of depressional storage.

**Measurable Goals, including frequencies**

The Village will continue these activities during the permitting process to identify and develop long term maintenance plans of BMPs and to reduce or prevent the discharge of pollutants from construction sites to the municipal separate storm sewer system.

**Milestones**

Year 1: The Village will continue the post construction runoff control program.

Year 2: The Village will continue the post construction runoff control program.

Year 3: The Village will continue the post construction runoff control program.

Year 4: The Village will continue the post construction runoff control program.

Year 5: The Village will continue the post construction runoff control program.

**Additional Info**

BMP Number: \_\_\_\_\_

**E.4 Pre-Construction Review of BMP Designs**

**Brief Description of BMP**

The Village and Lake County have ordinances and procedures in place that protect water quality and reduce the discharge of pollutants by controlling post-construction site runoff. These procedures include review of the BMP designs by qualified staff and inspection/enforcement during and after construction.

**Measurable Goals, including frequencies**

The Village will continue these activities to reduce or prevent the discharge of pollutants from construction sites to the municipal separate storm sewer system.

**Milestones**

Year 1: The Village will continue the post construction runoff control program.

Year 2: The Village will continue the post construction runoff control program.

Year 3: The Village will continue the post construction runoff control program.

Year 4: The Village will continue the post construction runoff control program.

Year 5: The Village will continue the post construction runoff control program.

**Additional Info**

BMP Number: \_\_\_\_\_

E.5 Site Inspections During Construction

**Brief Description of BMP**

The Village and Lake County have ordinances and procedures in place that protect water quality and reduce the discharge of pollutants by controlling construction site runoff. These procedures include review of the BMP designs by qualified staff and inspection/enforcement during and after construction.

**Measurable Goals, including frequencies**

The Village will continue these activities to reduce or prevent the discharge of pollutants from construction sites to the municipal separate storm sewer system.

**Milestones**

Year 1: The Village will continue the post construction runoff control program.

Year 2: The Village will continue the post construction runoff control program.

Year 3: The Village will continue the post construction runoff control program.

Year 4: The Village will continue the post construction runoff control program.

Year 5: The Village will continue the post construction runoff control program.

**Additional Info**

BMP Number: \_\_\_\_\_

E.6 Post-Construction Inspections

**Brief Description of BMP**

The Village and Lake County have ordinances and procedures in place that protect water quality and reduce the discharge of pollutants by controlling post-construction site runoff. These procedures include review of the BMP designs by qualified staff and inspection/enforcement during and after construction.

**Measurable Goals, including frequencies**

The Village will continue these activities to reduce or prevent the discharge of pollutants from construction sites to the municipal separate storm sewer system.

**Milestones**

Year 1: The Village will continue the post construction runoff control program.

Year 2: The Village will continue the post construction runoff control program.

Year 3: The Village will continue the post construction runoff control program.

Year 4: The Village will continue the post construction runoff control program.

Year 5: The Village will continue the post construction runoff control program.

**Additional Info**

BMP Number: \_\_\_\_\_

E.7 Other Post-Construction Runoff Controls

**F. Pollution Prevention/Good Housekeeping**

Approximate date first implemented: March 2003

Frequency of each BMP program: Annually (at a minimum)

**Qualifying Local Programs**

The Village provides municipal services through the services of the Ela Township Highway Department. The Village does not own facilities from which operations are conducted. The Village performs a variety of activities that meet the requirements of the Pollution Prevention/Good Housekeeping minimum control measure (MCM) through the services of the Ela Township Highway Department. This relates to BMP numbers F.2, F.3, F.5 and F.6.

The Village also shares responsibility for the implementation of its stormwater management program with the Lake County Stormwater Management Commission (SMC). The SMC serves as a Qualifying Local Program (QLP) for Lake County MS4s and performs activities related to each of the six MCMs described in the MS4 Permit, including activities related to Pollution Prevention / Good Housekeeping. The SMC's QLP activities are detailed at the link provided below.

<https://www.lakecountyiil.gov/DocumentCenter/View/12591/03-QLP-Activities-042516?bidId=>

Measurable Goals (include shared responsibilities)

F.1 Employee Training Program

F.2 Inspection and Maintenance Program

**Brief Description of BMP**

The Village has procedures and inspection forms for the routine inspections of ponds, stream channels and storm sewer outfalls. The Village typically completes the inspection cycle once every three years or as funding allows through the services of Ela Township.

**Measurable Goals, including frequencies**

The Village, through the services of the Ela Township Highway Department will continue the inspection and maintenance program to identify and repair any stormwater issues with the municipal separate storm sewer system.

**Milestones**

Year 1: The Village will continue with the inspection and maintenance program.

Year 2: The Village will continue with the inspection and maintenance program.

Year 3: The Village will continue with the inspection and maintenance program.

Year 4: The Village will continue with the inspection and maintenance program.

Year 5: The Village will continue with the inspection and maintenance program.

**Additional Info**

BMP Number: \_\_\_\_\_

F.3 Municipal Operations Storm Water Control

**Brief Description of BMP**

The Village, through the services of the Ela Township Highway Department has procedures and policies in place to

prevent or reduce the discharge of pollutants from municipal operations and actions. The Village provides municipal services through the services of the Ela Township Highway Department. The Village does not own facilities from which operations are conducted.

Measurable Goals, including frequencies

The Village, through the services of the Ela Township Highway Department will continue to monitor the municipal operations waste control program to curtail the discharge of pollutants to storm sewer systems.

Milestones

Year 1: The Village will continue the municipal operations stormwater control program.

Year 2: The Village will continue the municipal operations stormwater control program.

Year 3: The Village will continue the municipal operations stormwater control program.

Year 4: The Village will continue the municipal operations stormwater control program.

Year 5: The Village will continue the municipal operations stormwater control program.

Additional Info

BMP Number: \_\_\_\_\_

[Empty rectangular box for additional information]

F.4 Municipal Operations Waste Disposal

F.5 Flood Management/Assess Guidelines

Brief Description of BMP

The Village and Lake County ordinances require the appropriate management of development and other uses within special flood hazard areas.

Measurable Goals, including frequencies

The Village will continue to enforce the ordinance regarding potential uses of the special flood hazard area to limit potential for the discharge of contaminants to the storm sewer system.

Milestones

Year 1: The Village will continue the special flood hazard area development and use requirements.

Year 2: The Village will continue the special flood hazard area development and use requirements.

Year 3: The Village will continue the special flood hazard area development and use requirements.

Year 4: The Village will continue the special flood hazard area development and use requirements.

Year 5: The Village will continue the special flood hazard area development and use requirements.

Additional Info

BMP Number: \_\_\_\_\_

[Empty rectangular box for additional information]

F.6 Other Municipal Operations Controls

Brief Description of BMP

The Village performs a variety of activities through the services of Ela Township Highway Department that reduce or

prevent pollutants including pesticides, herbicides, fertilizers and trash from entering the storm sewer system and to minimize exposure. These activities are part of the Ela Township Highway Department municipal operations controls and include proper storage and handling, certification, spill and leak prevention, and response procedures, street sweeping and waste recycling.

**Measurable Goals, including frequencies**

The Village will continue the municipal operations controls to reduce/minimize or prevent the discharge of pollutants to storm sewer systems by Public Works employees.

**Milestones**

Year 1: The Village will continue the municipal operations control program.

Year 2: The Village will continue the municipal operations control program.

Year 3: The Village will continue the municipal operations control program.

Year 4: The Village will continue the municipal operations control program.

Year 5: The Village will continue the municipal operations control program.

**Additional Info**

BMP Number: \_\_\_\_\_

**BMPs Currently Implemented and Proposed**

BMP Number	Location
	All BMPs described above are currently implemented and proposed structural or non-structural BMPs.

**Approximate Pollutant Reduction Resulting from each BMP**

BMP Number	Pollutant	Reduction
	*To be added upon receipt of formal guidance issued by IEPA.	

**Instream Monitoring Program**

Is there an instream monitoring program currently in place?  Yes  No

Is an instream monitoring program currently being proposed?  Yes  No

**Sediment Monitoring**

Is sediment monitoring currently taking place?  Yes  No

**Sample Monitoring of Outfalls**

Is sample monitoring of outfalls currently taking place?  Yes  No

**Other Monitoring**

Describe other types of monitoring implemented or proposed to evaluate the BMP effectiveness or water quality impact of stormwater.

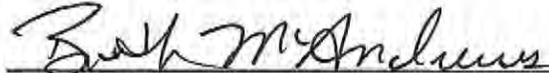
Monitoring is conducted as required by the permit.

**Part III. Certification**

*I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for knowingly submitting false information, including the possibility of fines and imprisonment.*

Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony (415 ILCS 5/44 (h)).

Beth McAndrews  
\_\_\_\_\_  
Authorized Representative Name

  
\_\_\_\_\_  
Authorized Representative Signature

Village Administrator  
\_\_\_\_\_  
Title

2/22/2021  
\_\_\_\_\_  
Date

You may complete this form online and save a copy locally before printing and signing the form. It should then be sent to:

Illinois Environmental Protection Agency  
Bureau of Water  
Division of Water Pollution Control  
Attn: Permit Section  
P.O. Box 19276  
1021 North Grand Avenue East  
Springfield, IL 62794-9276

Information required by this form must be provided to comply with 415 ILCS 5/39 (2000). Failure to do so may prevent this form from being processed and could result in your application being denied.



# ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

1021 NORTH GRAND AVENUE EAST, P.O. BOX 19276, SPRINGFIELD, ILLINOIS 62794-9276 • (217) 782-3397

BRUCE RAUNER, GOVERNOR

LISA BONNETT, DIRECTOR

217/782-0610

February 10, 2016

Re: General NPDES Permit ILR40 for Discharge from Small Municipal Separate Storm Sewer Systems (MS4)

Dear Permittee:

Enclosed with this letter is the reissued General NPDES Permit ILR40 for the discharge of storm water from small MS4s. Significant changes have been made in the final permit based on comments received by the Agency. Please review the final permit and make any necessary modifications to your storm water management program. The Agency has also provided a list of permit modifications and a summary of responses to comments received by the Agency.

Please note that the Agency will be reviewing the Notice of Intent (NOI) for all NOIs that have been received. If you have not submitted an NOI, you must submit a NOI within 90 days of the effective date of the permit. A separate permit coverage letter will be sent by the Agency to persons who have submitted a complete NOI after review of the NOI.

Should you have any questions or comments regarding this letter, please contact Melissa Parrott or Cathy Demeroukas of my staff at (217) 782-0610 or at the above address.

Sincerely,

  
Alan Keller, P.E.  
Manager, Permit Section  
Division of Water Pollution Control

SAK:1602080Ibah/MS4 NOI Letter

4302 N. Main St., Rockford, IL 61103 (815) 987-7760  
595 S. State, Elgin, IL 60123 (847) 608-3131  
2125 S. First St., Champaign, IL 61820 (217) 278-5800  
2009 Mall St., Collinsville, IL 62234 (618) 346-5120

9511 Harrison St., Des Plaines, IL 60016 (847) 294-4000  
412 SW Washington St., Suite D, Peoria, IL 61602 (309) 671-3022  
2309 W. Main St., Suite 116, Marion, IL 62959 (618) 993-7200  
100 W. Randolph, Suite 10-300, Chicago, IL 60601

**General NPDES Permit No. ILR40**

**Illinois Environmental Protection Agency**

Division of Water Pollution Control

1021 North Grand East

P.O. Box 19276

Springfield, Illinois 62794-9276

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM**

**General NPDES Permit**

**For**

**Discharges from Small Municipal Separate Storm Sewer Systems**

**Expiration Date: February 28, 2021**

**Issue Date: February 10, 2016**

**Effective Date: March 1, 2016**

In compliance with the provisions of the Illinois Environmental Protection Act, the Illinois Pollution Control Board Rules and Regulations (35 Ill. Adm. Code, Subtitle C, Chapter 1) and the Clean Water Act, the following discharges may be authorized by this permit in accordance with the conditions herein:

Discharges of only storm water from small municipal separate storm sewer systems (MS4s), as defined and limited herein. Storm water means storm water runoff, snow melt runoff, and surface runoff and drainage.

**Receiving waters:** Discharges may be authorized to any surface water of the State.

To receive authorization to discharge under this general permit, a facility operator must submit a Notice of Intent (NOI) as described in Part II of this permit to the Illinois Environmental Protection Agency (Illinois EPA). Authorization, if granted, will be by letter and include a copy of this permit.



Alan Keller, P.E.  
Manager, Permit Section  
Division of Water Pollution Control

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**PART I. COVERAGE UNDER GENERAL PERMIT ILR40****A. Permit Area**

This permit covers all areas of the State of Illinois.

**B. Eligibility**

1. This permit authorizes discharges of storm water from MS4s as defined in 40 CFR 122.26 (b)(16) as designated for permit authorizations pursuant to 40 CFR 122.32.
2. This permit authorizes the following non-storm water discharges provided they have been determined not to be substantial contributors of pollutants to a particular small MS4 applying for coverage under this permit:
  - Water line and fire hydrant flushing,
  - Landscape irrigation water,
  - Rising ground waters,
  - Ground water infiltration,
  - Pumped ground water,
  - Discharges from potable water sources, (excluding wastewater discharges from water supply treatment plants)
  - Foundation drains,
  - Air conditioning condensate,
  - Irrigation water, (except for wastewater irrigation),
  - Springs,
  - Water from crawl space pumps,
  - Footing drains,
  - Storm sewer cleaning water,
  - Water from individual residential car washing,
  - Routine external building washdown which does not use detergents,
  - Flows from riparian habitats and wetlands,
  - Dechlorinated pH neutral swimming pool discharges,
  - Residual street wash water,
  - Discharges or flows from fire fighting activities
  - Dechlorinated water reservoir discharges, and
  - Pavement washwaters where spills or leaks of toxic or hazardous materials have not occurred (unless all spilled material has been removed).
3. Any municipality covered by this general permit is also granted automatic coverage under Permit No. ILR10 for the discharge of storm water associated with construction site activities for municipal construction projects disturbing one acre or more. The permittee is granted automatic coverage 30 days after Agency receipt of a Notice of Intent to Discharge Storm Water from Construction Site Activities from the permittee. The Agency will provide public notification of the construction site activity and assign a unique permit number for each project during this period. The permittee shall comply with all the requirements of Permit ILR10 for all such construction projects.

**C. Limitations on Coverage**

The following discharges are not authorized by this permit:

1. Storm water discharges that are mixed with non-storm water or storm water associated with industrial activity unless such discharges are:
  - a. In compliance with a separate NPDES permit; or
  - b. Identified by and in compliance with Part I.B.2 of this permit.
2. Storm water discharges that the Agency determines are not appropriately covered by this general permit. This determination may include discharges identified in Part 1.B.2 or that introduce new or increased pollutant loading that may be a significant contributor of pollutants to the receiving waters.
3. Storm water discharges to any receiving water specified under 35 Ill. Adm. Code 302.105(d) (6).
4. The following non-storm water discharges are prohibited by this permit: concrete and wastewater from washout of concrete (unless managed by an appropriate control), drywall compound, wastewater from washout and cleanout of stucco, paint, form release oils, curing compounds and other construction materials, fuels, oils, or other pollutants used in vehicle and equipment operation and maintenance, soaps, solvents, or detergents, toxic or hazardous substances from a spill or other release, or any other pollutant that could cause or tend to cause water pollution.
5. Discharges from dewatering activities (including discharges from dewatering of trenches and excavations) are allowable if managed by appropriate controls as specified in a project's storm water pollution prevention plan, erosion and sediment control plan, or storm water management plan.

**D. Obtaining Authorization**

In order for storm water discharges from small MS4s to be authorized to discharge under this general permit, a discharger must:

1. Submit a Notice of Intent (NOI) in accordance with the requirements of Part II using an NOI form provided by the Agency (or a photocopy thereof).
2. Submit a new NOI in accordance with Part II within 30 days of a change in the operator or the addition of a new operator.
3. Unless notified by the Agency to the contrary, an MS4 owner submitting a complete NOI in accordance with the requirements of this permit will be authorized to discharge storm water from their small MS4s under the terms and conditions of this permit 30 days after the date that the NOI is received. Authorization will be by letter and include a copy of this permit. The Agency may deny coverage under this permit and require submittal of an application for an individual NPDES permit based on a review of the NOI or other information.

**PART II. NOTICE OF INTENT (NOI) REQUIREMENTS****A. Deadlines for Notification**

1. If an MS4 was automatically designated under 40 CFR 122.32(a)(1) to obtain permit coverage, then you were required to submit an NOI or apply for an individual permit by March 10, 2003.
2. If an MS4 has coverage under the previous general permit for storm water discharges from small MS4s, you must renew your permit coverage under this part. Unless previously submitted for this general permit, you must submit a new NOI within 90 days of the effective date of this reissued general permit for storm water discharges from small MS4s to renew your NPDES permit coverage. The permittee shall comply with any new provisions of this general permit within 180 days of the effective date of this permit and include modifications pursuant to the NPDES permit in its Annual Report.
3. If an MS4 is designated in writing by Illinois EPA under 40 CFR 122.32(a)(2) during the term of this general permit, then you are required to submit an NOI within 180 days of such notice.
4. MS4s are not prohibited from submitting an NOI after established deadlines for NOI submittals. If a late NOI is submitted, your authorization is only for discharges that occur after permit coverage is granted. Illinois EPA reserves the right to take appropriate enforcement actions against MS4s that have not submitted a timely NOI.

**B. Contents of Notice of Intent**

Dischargers seeking coverage under this permit shall submit the Illinois MS4 NOI form. The NOI shall be signed in accordance with Standard Condition 11 of this permit and shall include all of the following information:

1. The street address, county, and the latitude and longitude of the municipal office for which the notification is submitted;

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2. The name, address, and telephone number of the operator(s) filing the NOI for permit coverage and the name, address, telephone number, and email address of the person(s) responsible for implementation and compliance with the MS4 Permit; and
  3. The name and segment identification of the receiving water(s), whether any segments(s) is or are listed as impaired on the most recently approved list pursuant to Section 303(d) of the Clean Water Act or any currently applicable Total Maximum Daily Load (TMDL) or alternate water quality study, and the pollutants for which the segment(s) is or are impaired. The most recent 303(d) list may be found at <http://www.epa.state.il.us/water/water-quality/index.html>. Information regarding TMDLs may be found at <http://www.epa.state.il.us/water/tmdl/>.
  4. The following shall be provided as an attachment to the NOI:
    - a. A description of the best management practices (BMPs) to be implemented and the measurable goals for each of the storm water minimum control measures in paragraph IV. B. of this permit designed to reduce the discharge of pollutants to the maximum extent practicable;
    - b. The month and year in which you implemented any BMPs of the six minimum control measures, and the month and year in which you will start and fully implement any new minimum control measures or indicate the frequency of the action;
    - c. For existing permittees, provide adequate information or justification on any BMPs from previous NOIs that could not be implemented; and
    - d. Identification of a local qualifying program, or any partners of the program if any.
  5. For existing permittees, certification that states the permittee has implemented necessary BMPs of the six minimum control measures.
- C. All required information for the NOI shall be submitted electronically and in writing to the following addresses:

Illinois Environmental Protection Agency  
 Division of Water Pollution Control  
 Permit Section  
 Post Office Box 19276  
 Springfield, Illinois 62794-9276

[epa.ms4noipermit@illinois.gov](mailto:epa.ms4noipermit@illinois.gov)

D. Shared Responsibilities

Permittees may partner with other MS4s to develop and implement their storm water management program. Each MS4 must fill out the NOI form. MS4s may also jointly submit their individual NOI in coordination with one or more MS4s. The description of their storm water management program must clearly describe which permittees are responsible for implementing each of the control measures. Each permittee is responsible for implementation of best management practices for the Storm Water Management Program within its jurisdiction.

**PART III. SPECIAL CONDITIONS**

- A. The Permittee's discharges, alone or in combination with other sources, shall not cause or contribute to a violation of any applicable water quality standard outlined in 35 Ill. Adm. Code 302.
- B. If there is evidence indicating that the storm water discharges authorized by this permit cause, or have the reasonable potential to cause or contribute to a violation of water quality standards, you may be required to obtain an individual permit or an alternative general permit or the permit may be modified to include different limitations and/or requirements.
- C. If a TMDL allocation or watershed management plan is approved for any water body into which you discharge, you must review your storm water management program to determine whether the TMDL or watershed management plan includes requirements for control of storm water discharges. If you are not meeting the TMDL allocations, you must modify your storm water management program to implement the TMDL or watershed management plan within eighteen months of notification by the Agency of the TMDL or watershed management plan approval. Where a TMDL or watershed management plan is approved, the permittee must:
  1. Determine whether the approved TMDL is for a pollutant likely to be found in storm water discharges from your MS4.
  2. Determine whether the TMDL includes a pollutant waste load allocation (WLA) or other performance requirements specifically for storm water discharge from your MS4.
  3. Determine whether the TMDL addresses a flow regime likely to occur during periods of storm water discharge.
  4. After the determinations above have been made and if it is found that your MS4 must implement specific WLA provisions of the TMDL, assess whether the WLAs are being met through implementation of existing storm water control measures or if additional control measures are necessary.

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5. Document all control measures currently being implemented or planned to be implemented to comply with TMDL waste load allocation(s). Also include a schedule of implementation for all planned controls. Document the calculations or other evidence that shows that the WLA will be met.
  6. Describe and implement a monitoring program to determine whether the storm water controls are adequate to meet the WLA.
  7. If the evaluation shows that additional or modified controls are necessary, describe the type and schedule for the control additions/revisions.
  8. Continue requirements 4 through 7 above until monitoring from two continuous NPDES permit cycles demonstrate that the WLAs or water quality standards are being met.
  9. If an additional individual permit or alternative general permit includes implementation of work pursuant to an approved TMDL or alternate water quality management plan, the provisions of the individual or alternative general permit shall supersede the conditions of Part III.C. TMDL information may be found at <http://www.epa.state.il.us/water/tmdl/>.
- D. If the permittee performs any deicing activities that can cause or contribute to a violation of an applicable State chloride water quality standard, the permittee must participate in any watershed group(s) organized to implement control measures which will reduce the chloride concentration in any receiving stream in the watershed.
- E. Authorization: Owners or operators must submit either an NOI in accordance with the requirements of this permit or an application for an individual NPDES Permit to be authorized to discharge under this General Permit. Authorization, if granted will be by letter and include a copy of this Permit. Upon review of an NOI, the Illinois EPA may deny coverage under this permit and require submittal of an application for an individual NPDES permit.
1. Automatic Continuation of Expired General Permit: Except as provided in III.E.2 below, when this General Permit expires the conditions of this permit shall be administratively continued until the earliest of the following:
    - a. 150 days after the new General Permit is reissued;
    - b. The Permittee submits a Notice of Termination (NOT) and that notice is approved by Illinois EPA;
    - c. The Permittee is authorized for coverage under an individual permit or the renewed or reissued General Permit;
    - d. The Permittee's application for an individual permit for a discharge or NOI for coverage under the renewed or reissued General Permit is denied by the Illinois EPA; or
    - e. Illinois EPA issues a formal permit decision not to renew or reissue this General Permit. This General Permit shall be automatically administratively continued after such formal permit decision.
  2. Duty to Reapply:
    - a. If the permittee wishes to continue an activity regulated by this General Permit, the permittee must apply for permit coverage before the expiration of the administratively continued period specified in III.E.1 above.
    - b. If the permittee reapplies in accordance with the provisions of III.E.2.a above, the conditions of this General Permit shall continue in full force and effect under the provisions of 5 ILCS 100/10-65 until the Illinois EPA makes a final determination on the application or NOI.
    - c. Standard Condition 2 of Attachment H is not applicable to this General Permit.
- F. The Agency may require any person authorized to discharge by this permit to apply for and obtain either an individual NPDES permit or an alternative NPDES general permit. Any interested person may petition the Agency to take action under this paragraph. The Agency may require any owner or operator authorized to discharge under this permit to apply for an individual or alternative general NPDES permit only if the owner or operator has been notified in writing that a permit application is required. This notice shall include a brief statement of the reasons for this decision, an application form, a statement setting a deadline for the owner or operator to file the application, and a statement that on the effective date of the individual NPDES permit or the alternative general permit as it applies to the individual permittee, coverage under this general permit shall automatically terminate. The Agency may grant additional time to submit the application upon request of the applicant. If an owner or operator fails to submit in a timely manner an individual or alternative general NPDES permit application required by the Agency under this paragraph, then the applicability of this permit to the individual or alternative general NPDES permittee is automatically terminated by the date specified for application submittal.
- G. Any owner or operator authorized by this permit may request to be excluded from the coverage of this permit by applying for an individual permit. The owner or operator shall submit an individual application with reasons supporting the request, in accordance with the requirements of 40 CFR 122.28, to the Agency. The request will be granted by issuing an individual permit or an alternative general permit if the reasons cited by the owner are adequate to support the request.

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- H. When an individual NPDES permit is issued to an owner or operator otherwise subject to this permit, or the owner or operator is approved for coverage under an alternative NPDES general permit, the applicability of this permit to the individual NPDES permittee is automatically terminated on the issue date of the individual permit or the date of approval for coverage under the alternative general permit, whichever the case may be.

**PART IV. STORM WATER MANAGEMENT PROGRAMS**

A. Requirements

The permittee must develop, implement, and enforce a storm water management program designed to reduce the discharge of pollutants from their MS4 to the maximum extent practicable, to protect water quality, and to satisfy the appropriate water quality requirements of the Illinois Pollution Control Board Rules and Regulations (35 Ill. Adm. Code, Subtitle C, Chapter 1) and the Clean Water Act. The permittee's storm water management program must include the minimum control measures described in section B of this Part. For new permittees, the permittee must develop and implement specific program requirements by the date specified in the Agency's coverage letter. The U.S. Environmental Protection Agency's National Menu of Storm Water Best Management Practices (<http://cfpub.epa.gov/npdes/stormwater/menuofbmps/index.cfm>) and the most recent version of the Illinois Urban Manual should be consulted regarding the selection of appropriate BMPs.

B. Minimum Control Measures

The 6 minimum control measures to be included in the permittee's storm water management program are:

1. Public Education and Outreach on Storm Water Impacts

New permittees shall develop and implement elements of their storm water management program addressing the provisions listed below. Existing permittees renewing coverage under this permit shall maintain their current programs addressing this Minimum Control Measure, updating and enhancing their storm water management programs as necessary to comply with the terms of this section.

- a. Distribute educational materials to the community or conduct equivalent outreach activities about the impacts of storm water discharges on water bodies and the steps that the public can take to reduce pollutants in storm water runoff. The educational materials shall include information on the potential impacts and effects on storm water discharge due to climate change. Information on climate change can be found at <http://epa.gov/climatechange/>. The permittee shall incorporate the following into its education materials, at a minimum:
  - i. Information on effective pollution prevention measures to minimize the discharge of pollutants from private property and activities into the storm sewer system, on the following topics:
    - A. Storage and disposal of fuels, oils and similar materials used in the operation of or leaking from, vehicles and other equipment;
    - B. Use of soaps, solvents or detergents used in the outdoor washing of vehicles, furniture and other property,
    - C. Paint and related décor;
    - D. Lawn and garden care; and
    - E. Winter de-icing material storage and use.
  - ii. Information about green infrastructure strategies such as green roofs, rain gardens, rain barrels, bioswales, permeable piping, dry wells, and permeable pavement that mimic natural processes and direct storm water to areas where it can be infiltrated, evaporated or reused.
  - iii. Information on the benefits and costs of such strategies and provide guidance to the public on how to implement them.
- b. Define appropriate BMPs for this minimum control measure and measurable goals for each BMP. These measurable goals must ensure the reduction of all of the pollutants of concern in the permittee's storm water discharges to the maximum extent practicable; and
- c. Provide an annual evaluation of public education and outreach BMPs and measurable goals. Report on this evaluation in the Annual Report pursuant to Part V.C.1.

2. Public Involvement/Participation

New permittees shall develop and implement elements of their storm water management program addressing the provisions listed below. Existing permittees renewing coverage under this permit shall maintain their current programs addressing this Minimum Control Measure, updating and enhancing their storm water management programs as necessary to comply with the terms of this section.

- a. At a minimum, comply with State and local public notice requirements when implementing a public involvement/participation program;
- b. Define appropriate BMPs for this minimum control measure and measurable goals for each BMP, which must ensure the reduction of all of the pollutants of concern in the permittee's storm water discharges to the maximum extent practicable;

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- c. Provide a minimum of one public meeting annually for the public to provide input as to the adequacy of the permittee's MS4 program. This requirement may be met in conjunction with or as part of a regular council or board meeting;
- d. The permittee shall identify environmental justice areas within its jurisdiction and include appropriate public involvement/participation. Information on environmental justice concerns may be found at <http://www.epa.gov/environmentaljustice/>. This requirement may be met in conjunction with or as part of a regular council or board meeting; and
- e. Provide an annual evaluation of public involvement/participation BMPs and measurable goals. Report on this evaluation in the Annual Report pursuant to Part V.C.1.

### 3. Illicit Discharge Detection and Elimination

New permittees shall develop and implement elements of their storm water management program addressing the provisions listed below. Existing permittees renewing coverage under this permit shall maintain their current programs addressing this Minimum Control Measure, updating and enhancing their storm water management programs as necessary to comply with the terms of this section.

- a. Develop, implement, and enforce a program to detect and eliminate illicit connections or discharges into the permittee's small MS4;
- b. Develop, if not already completed, a storm sewer system map, showing the location of all outfalls and the names and location of all waters that receive discharges from those outfalls. Existing permittees renewing coverage under this permit shall update their storm sewer system map to include any modifications to the sewer system;
- c. To the extent allowable under state or local law, prohibit, through ordinance, or other regulatory mechanism, non-storm water discharges into the permittee's storm sewer system and implement appropriate enforcement procedures and actions, including enforceable requirements for the prompt reporting to the MS4 of all releases, spills and other unpermitted discharges to the separate storm sewer system, and a program to respond to such reports in a timely manner;
- d. Develop and implement a plan to detect and address non-storm water discharges, including illegal dumping, to the system;
- e. Inform public employees, businesses, and the general public of hazards associated with illegal discharges and improper disposal of waste and the requirements and mechanisms for reporting such discharges;
- f. Address the categories of non-storm water discharges listed in Section I.B.2 only if you identify them as significant contributor of pollutants to your small MS4 (discharges or flows from firefighting activities are excluded from the effective prohibition against non-storm water and need only be addressed where they are identified as significant sources of pollutants to waters of the United States);
- g. Define appropriate BMPs for this minimum control measure and measurable goals for each BMP. These measurable goals must ensure the reduction of all of the pollutants of concern in your storm water discharges to the maximum extent practicable;
- h. Conduct periodic inspections of the storm sewer outfalls in dry weather conditions for detection of non-storm water discharges and illegal dumping. The permittee may establish a prioritization plan for inspection of outfalls, placing priority on outfalls with the greatest potential for non-storm water discharges. Major/high priority outfalls shall be inspected at least annually; and
- i. Provide an annual evaluation of illicit discharge detection and elimination BMPs and measurable goals. Report on this evaluation in the Annual Report pursuant to Part V.C.1.

### 4. Construction Site Storm Water Runoff Control

New permittees shall develop and implement elements of their storm water management program addressing the provisions listed below. Existing permittees renewing coverage under this permit shall maintain their current programs addressing this Minimum Control Measure, updating and enhancing their storm water management programs as necessary to comply with the terms of this section.

- a. Develop, implement, and enforce a program to reduce pollutants in any storm water runoff to the permittee's small MS4 from construction activities that result in a land disturbance of greater than or equal to one acre. Control of storm water discharges from construction activity disturbing less than one acre must be included in your program if that construction activity is part of a larger common plan of development or sale that would disturb one acre or more or has been designated by the permitting authority.

At a minimum, the permittee must develop and implement the following:

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- i. An ordinance or other regulatory mechanism to require erosion and sediment controls, as well as sanctions to ensure compliance, to the extent allowable under state or local law;
  - ii. Erosion and Sediment Controls - The permittee shall ensure that construction activities regulated by the storm water program require the construction site owner/operator to design, install, and maintain effective erosion controls and sediment controls to minimize the discharge of pollutants. At a minimum, such controls must be designed, installed, and maintained to:
    - A. Control storm water volume and velocity within the site to minimize soil erosion;
    - B. Control storm water discharges, including both peak flow rates and total storm water volume, to minimize erosion at outlets and to minimize downstream channel and stream bank erosion;
    - C. Minimize the amount of soil exposed during construction activity;
    - D. Minimize the disturbance of steep slopes;
    - E. Minimize sediment discharges from the site. The design, installation and maintenance of erosion and sediment controls must address factors such as the amount, frequency, intensity and duration of precipitation, the nature of resulting storm water runoff, and soil characteristics, including the range of soil particle sizes expected to be present on the site;
    - F. Provide and maintain natural buffers around surface waters, direct storm water to vegetated areas to increase sediment removal, and maximize storm water infiltration, unless infeasible; and
    - G. Minimize soil compaction and preserve topsoil, unless infeasible.
  - iii. Requirements for construction site operators to control or prohibit non-storm water discharges that would include concrete and wastewater from washout of concrete (unless managed by an appropriate control), drywall compound, wastewater from washout and cleanout of stucco, paint, form release oils, curing compounds and other construction materials, fuels, oils, or other pollutants used in vehicle and equipment operation and maintenance, soaps, solvents, or detergents, toxic or hazardous substances from a spill or other release, or any other pollutant that could cause or tend to cause water pollution;
  - iv. Require all regulated construction sites to have a storm water pollution prevention plan that meets the requirements of Part IV of NPDES permit No. ILR10, including management practices, controls, and other provisions at least as protective as the requirements contained in the Illinois Urban Manual, 2014, or as amended including green infrastructure techniques where appropriate and practicable;
  - v. Procedures for site plan reviews which incorporate consideration of potential water quality impacts and site plan review of individual pre-construction site plans by the permittee to ensure consistency with local sediment and erosion control requirements;
  - vi. Procedures for receipt and consideration of information submitted by the public; and
  - vii. Site inspections and enforcement of ordinance provisions.
  - b. Define appropriate BMPs for this minimum control measure and measurable goals for each BMP. These measurable goals must ensure the reduction of all of the pollutants of concern in your storm water discharges to the maximum extent practicable.
  - c. Provide an annual evaluation of construction site storm water control BMPs and measurable goals in the Annual Report pursuant to Part V.C.1.
5. **Post-Construction Storm Water Management in New Development and Redevelopment**

New permittees shall develop and implement elements of their storm water management program addressing the provisions listed below. Existing permittees renewing coverage under this permit shall maintain their current programs addressing this Minimum Control Measure, updating and enhancing their storm water management programs, as necessary, to comply with the terms of this section.

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- a. Develop, implement, and enforce a program to address and minimize the volume and pollutant load of storm water runoff from projects for new development and redevelopment that disturb greater than or equal to one acre, projects less than one acre that are part of a larger common plan of development or sale or that have been designated to protect water quality, that discharge into the permittee's small MS4 within the MS4's jurisdictional control. The permittee's program must ensure that appropriate controls are in place that would protect water quality and reduce the discharge of pollutants to the maximum extent practicable. In addition, each permittee shall adopt strategies that incorporate the infiltration, reuse, and evapotranspiration of storm water into the project to the maximum extent practicable. The permittee shall also develop and implement procedures for receipt and consideration of information submitted by the public.
- b. Develop and implement strategies which include a combination of structural and/or non-structural BMPs appropriate for all projects within the permittee's jurisdiction for all new development and redevelopment that disturb greater than or equal to 1 acre (at a minimum) that will reduce the discharge of pollutants and the volume and velocity of storm water flow to the maximum extent practicable. These strategies shall include effective water quality and watershed protection elements and shall be amenable to modification due to climate change. Information on climate change can be found at <http://www.epa.gov/climatechange/>. When selecting BMPs to comply with requirements contained in this Part, the permittee shall adopt one or more of the following general strategies, listed in order of preference below. The proposal of a strategy shall include a rationale for not selecting an approach from among those with a higher preference.
  - i. Preservation of the natural features of development sites, including natural storage and infiltration characteristics;
  - ii. Preservation of existing natural streams, channels, and drainage ways;
  - iii. Minimization of new impervious surfaces;
  - iv. Conveyance of storm water in open vegetated channels;
  - v. Construction of structures that provide both quantity and quality control, with structures serving multiple sites being preferable to those serving individual sites; and
  - vi. Construction of structures that provide only quantity control, with structures serving multiple sites being preferable to those serving individual sites.
- c. If a permittee requires new or additional approval of any development, redevelopment, linear project construction, replacement or repair on existing developed sites, or other land disturbing activity covered under this Part, the permittee shall require the person responsible for that activity to develop a long term operation and maintenance plan including the adoption of one or more of the strategies identified in Part IV.B.5.b. of this permit.
- d. Develop and implement a program to minimize the volume of storm water runoff and pollutants from public highways, streets, roads, parking lots, and sidewalks (public surfaces) through the use of BMPs that alone or in combination result in physical, chemical, or biological pollutant load reduction, increased infiltration, evapotranspiration, and reuse of storm water. The program shall include, but not be limited to the following elements:
  - i. Annual Training for all MS4 employees who manage or are directly involved in (or who retain others who manage or are directly involved in) the routine maintenance, repair, or replacement of public surfaces in current green infrastructure or low impact design techniques applicable to such projects; and
  - ii. Annual Training for all contractors retained to manage or carry out routine maintenance, repair, or replacement of public surfaces in current green infrastructure or low impact design techniques applicable to such projects. Contractors may provide training to their employees for projects which include green infrastructure or low impact design techniques.
- e. Develop and implement a program to minimize the volume of storm water runoff and pollutants from existing privately owned developed property that contributes storm water to the MS4 within the MS4 jurisdictional control. Such program must be documented and may contain the following elements:
  - i. Source Identification – Establish an inventory of storm water and pollutants discharged to the MS4;
  - ii. Implementation of appropriate BMPs to accomplish the following:
    - A. Education on green infrastructure BMPs;
    - B. Evaluation of existing flood control techniques to determine the feasibility of pollution control retrofits;
    - C. Evaluation of existing flood control techniques to determine potential impacts and effects due to climate change;
    - D. Implementation of additional controls for special events expected to generate significant pollution (fairs, parades, performances);
    - E. Implementation of appropriate maintenance programs, (including maintenance agreements, for structural pollution control devices or systems);
    - F. Management of pesticides and fertilizers; and
    - G. Street cleaning in targeted areas.

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- f. Infiltration practices should not be implemented in any of the following circumstances:
- i. Areas/sites where vehicle fueling and/or maintenance occur;
  - ii. Areas/sites with shallow bedrock which allow movement of pollutants into the groundwater;
  - iii. Areas/sites near Karst features;
  - iv. Areas/sites where contaminants in soil or groundwater could be mobilized by infiltration of storm water;
  - v. Areas/sites within a delineated source water protection area for a public drinking water supply where the potential for an introduction of pollutants into the groundwater exists. Information on groundwater protection may be found at:  
  
<http://www.epa.state.il.us/water/groundwater/index.html>
  - vi. Areas/sites within 400 feet of a community water supply well if there is not a wellhead protection delineation area or within 200 feet of a private water supply well. Information on wellhead protection may be found at :  
  
<http://www.epa.state.il.us/water/groundwater/index.html>
- g. Develop and implement an ordinance or other regulatory mechanism to address post-construction runoff from new development and redevelopment projects, public surfaces, and existing developed property as set forth above to the extent allowable under state or local law.
- h. Require all regulated construction sites to have post-construction management plans that meet or exceed the requirements of Part IV.D.2.h of NPDES permit No. ILR10 including management practices, controls, and other provisions at least as protective as the requirements contained in the most recent version of the Illinois Urban Manual, 2014.
- i. Ensure adequate long-term operation and maintenance of BMPs.
- j. Define appropriate BMPs for this minimum control measure and measurable goals for each BMP. These measurable goals must ensure the reduction of all of the pollutants of concern in your storm water discharges to the maximum extent practicable.
- k. Within 3 years of the effective date of the permit, the permittee must develop and implement a process to assess the water quality impacts in the design of all new and existing flood management projects that are associated with the permittee or that discharge to the MS4. This process must include consideration of controls that can be used to minimize the impacts to site water quality and hydrology while still meeting the project objectives. This will also include assessment of any potential impacts and effects on flood management projects due to climate change.
- l. Provide an annual evaluation of post-construction storm water management BMPs and measureable goals in the Annual Report pursuant to Part V.C.1 .

#### 6. Pollution Prevention/Good Housekeeping for Municipal Operations

New permittees shall develop and implement elements of their storm water management program addressing the provisions listed below. Existing permittees renewing coverage under this permit shall maintain their current programs addressing this Minimum Control Measure, updating and enhancing their storm water management programs as necessary to comply with the terms of this section.

- a. Develop and implement an operation and maintenance program that includes an annual training component for municipal staff and contractors and is designed to prevent and reduce the discharge of pollutants to the maximum extent practicable.
- b. Pollution Prevention- The permittee shall design, install, implement, and maintain effective pollution prevention measures to minimize the discharge of pollutants from municipal properties, infrastructure, and operations. At a minimum, such measures must be designed, installed, implemented and maintained to:
  - i. Minimize the discharge of pollutants from equipment and vehicle washing, wheel wash water, and other wash waters. Wash waters must be treated in a sediment basin or alternative control that provides equivalent or better treatment prior to discharge;
  - ii. Minimize the exposure of building materials, building products, construction wastes, trash, landscape materials, fertilizers, pesticides, herbicides, chemical storage tanks, deicing material storage facilities and temporary stockpiles, detergents, sanitary waste, and other materials present on the site to precipitation and to storm water;
  - iii. Minimize the discharge of pollutants from spills and leaks and implement chemical spill and leak prevention and response procedures; and

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- iv. Provide regular inspection of municipal storm water management BMPs. Based on inspection findings, the permittee shall determine if repair, replacement, or maintenance measures are necessary in order to ensure the structural integrity, proper function, and treatment effectiveness of structural storm water BMPs. Necessary maintenance shall be completed as soon as conditions allow to prevent or reduce the discharge of pollutants to storm water.
- c. Deicing material must be stored in a permanent or temporary storage structure or seasonal tarping must be utilized. If no permanent structures are owned or operated by the Permittee, new permanent deicing material storage structures shall be constructed within two years of the effective date of this permit. Storage structures or stockpiles shall be located and managed to minimize storm water pollutant runoff from the stockpiles or loading/unloading areas of the stockpiles. Stockpiles and loading/unloading areas should be located as far as practicable from any area storm sewer drains. Fertilizer, pesticides, or other chemicals shall be stored indoors to prevent any discharge of such chemicals within the storm water runoff.
- d. Using training materials that are available from USEPA, the State of Illinois, or other organizations, the permittee's program must include annual employee training to prevent and reduce storm water pollution from activities such as park and open space maintenance, fleet and building maintenance, operation of storage yards, snow disposal, deicing material storage handling and use on roadways, new construction and land disturbances, and storm water system maintenance procedures for proper disposal of street cleaning debris and catch basin material. In addition, training should include how flood management projects impact water quality, non-point source pollution control, green infrastructure controls, and aquatic habitat.
- e. Define appropriate BMPs for this minimum control measure and measurable goals for each BMP. These measurable goals must ensure the reduction of all of the pollutants of concern in your storm water discharges to the maximum extent practicable.
- f. Provide an annual evaluation of pollution prevention/good housekeeping for municipal operations and measurable goals in the Annual Report pursuant to Part V.C.1.

#### C. Qualifying State, County, or Local Program

If an existing qualifying local program requires a permittee to implement one or more of the minimum control measures of Part IV. B. above, the permittee may follow that qualifying program's requirements rather than the requirements of Part IV.B. above. A qualifying local program is a local, county, or state municipal storm water management program that imposes, at a minimum, the relevant requirements of Part IV. B. Any qualifying local programs that permittees intend to follow shall be specified in their storm water management program.

#### D. Sharing Responsibility

1. Implementation of one or more of the minimum control measures may be shared with another entity, or the entity may fully take over the control measure. A permittee may rely on another entity only if:
  - a. The other entity implements the control measure;
  - b. The particular control measure, or component of that measure is at least as stringent as the corresponding permit requirement;
  - c. The other entity agrees to implement any minimum control measure on the permittee's behalf. A written agreement of this obligation is recommended. This obligation must be maintained as part of the description of the permittee's Storm Water Management Program. If the other entity agrees to report on the minimum control measure, the permittee must supply the other entity with the reporting requirements contained in Part V.C of this permit. If the other entity fails to implement the minimum control measure on the permittee's behalf, then the permittee remains liable for any discharges due to that failure to implement the minimum control measure.

#### E. Reviewing and Updating Storm Water Management Programs

1. Storm Water Management Program Review- The permittee must perform an annual review of its Storm Water Management Program in conjunction with preparation of the annual report required under Part V.C. The permittee must include in its annual report a plan for complying with any changes or new provisions in this permit, or in any State or federal regulations. The permittee must also include in its annual report a plan for complying with all applicable TMDL Report(s) or watershed management plan(s). Information on TMDLs may be found at:

<http://www.epa.state.il.us/water/tmdl/>.

2. Storm Water Management Program Update - The permittee may modify its Storm Water Management Program during the life of the permit in accordance with the following procedures:
  - a. Modifications adding (but not subtracting or replacing) components, controls, or requirements to the Storm Water Management Program may be made at any time upon written notification to the Agency;

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- b. Modifications replacing an ineffective or infeasible BMP specifically identified in the Storm Water Management Program with an alternate BMP may be requested at any time. Unless denied by the Agency, modifications proposed in accordance with the criteria below shall be deemed approved and may be implemented 60 days from submittal of the request. If the request is denied, the Agency will send the permittee a written response giving a reason for the decision. The permittee's modification requests must include the following:
    - i. An analysis of why the BMP is ineffective or infeasible (including cost prohibitive);
    - ii. Expectations on the effectiveness of the replacement BMP; and
    - iii. An analysis of why the replacement BMP is expected to achieve the goals of the BMP to be replaced.
  - c. Modification of any ordinances relative to the storm water management program, provided the updated ordinance is at least as stringent as the provisions stipulated in this permit; and
  - d. Modification requests or notifications must be made in writing and signed in accordance with Standard Condition II of Attachment H.
3. Storm Water Management Program Updates Required by the Agency. Modifications requested by the Agency must be made in writing, set forth the time schedule for permittees to develop the modifications, and offer permittees the opportunity to propose alternative program modifications to meet the objective of the requested modification. All modifications required by the Permitting Authority will be made in accordance with 40 CFR 124.5, 40 CFR 122.62, or as appropriate 40 CFR 122.63. The Agency may require modifications to the Storm Water Management Program as needed to:
- a. Address impacts on receiving water quality caused, or contributed to, by discharges from the MS4;
  - b. Include more stringent requirements necessary to comply with new federal or State statutory or regulatory requirements; or
  - c. Include such other conditions deemed necessary by the Agency to comply with the goals and requirements of the Clean Water Act.

### PART V. MONITORING, RECORDKEEPING, AND REPORTING

#### A. Monitoring

The permittee must develop and implement a monitoring and assessment program to evaluate the effectiveness of the BMPs being implemented to reduce pollutant loadings and water quality impacts within 180 days of the effective date of this permit. The program should be tailored to the size and characteristics of the MS4 and the watershed. The permittee shall provide a justification of its monitoring and assessment program in the Annual Report. By not later than 180 days after the effective date of this permit, the permittee shall initiate an evaluation of its storm water program. The plan for monitoring/evaluation shall be described in the Annual Report. Evaluation and/or monitoring results shall be provided in the Annual Report. The monitoring and assessment program may include evaluation of BMPs and/or direct water quality monitoring as follows:

1. An evaluation of BMPs based on estimated effectiveness from published research accompanied by an inventory of the number and location of BMPs implemented as part of the permittee's program and an estimate of pollutant reduction resulting from the BMPs, or
2. Monitoring the effectiveness of storm water control measures and progress towards the MS4's goals using one or more of the following:
  - a. MS4 permittees serving a population of less than 25,000 may conduct visual observations of the storm water discharge documenting color, odor, clarity, floating solids, settled solids, suspended solids, foam, oil sheen, or other obvious indicators of storm water pollution; or
  - b. MS4 permittees may evaluate storm water quality and impacts using one or more of the following methods:
    - i. Instream monitoring in the highest level hydrological unit code segment in the MS4 area. Monitoring shall include, at a minimum, quarterly monitoring of receiving waters upstream and downstream of the MS4 discharges in the designated stream(s).
    - ii. Measuring pollutant concentrations over time.
    - iii. Sediment monitoring.
    - iv. Short-term extensive network monitoring. Short-term sampling at the outlets of numerous drainage areas to identify water quality issues and potential storm water impacts, and may help in ranking areas for implementation priority. Data collected simultaneously across the MS4 to help characterize the geographical distribution of pollutant sources.

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- v. Site-specific monitoring. High-value resources such as swimming beaches, shellfish beds, or high-priority habitats could warrant specific monitoring to assess the status of use support. Similarly, known high-priority pollutant sources or impaired water bodies with contaminated aquatic sediments, an eroding stream channel threatening property, or a stream reach with a degraded fish population could be monitored to assess impacts of storm water discharges and/or to identify improvements that result from the implementation of BMPs.
  - vi. Assessing physical/habitat characteristics such as stream bank erosion caused by storm water discharges.
  - vii. Outfall/Discharge monitoring.
  - viii. Sewershed-focused monitoring. Monitor for pollutants in storm water produced in different areas of the MS4. For example, identify which pollutants are present in storm water from industrial areas, commercial areas, and residential areas.
  - ix. BMP performance monitoring. Monitoring of individual BMP performance to provide a direct measure of the pollutant reduction efficiency of these key components of a MS4 program.
  - x. Collaborative watershed-scale monitoring. The permittee may choose to work collaboratively with other permittees and/or a watershed group to design and implement a watershed or sub-watershed-scale monitoring program that assesses the water quality of the water bodies and the sources of pollutants. Such programs must include elements which assess the impacts of the permittee's storm water discharges and/or the effectiveness of the BMPs being implemented.
- c. If ambient water quality monitoring under 2b above is performed, the monitoring of storm water discharges and ambient monitoring intended to gauge storm water impacts shall be performed within 48 hours of a precipitation event greater than or equal to one quarter inch in a 24-hour period. At a minimum, analysis of storm water discharges or ambient water quality shall include the following parameters: total suspended solids, total nitrogen, total phosphorous, fecal coliform, chlorides, and oil and grease. In addition, monitoring shall be performed for any other pollutants associated with storm water runoff for which the receiving water is considered impaired pursuant to the most recently approved list under Section 303(d) of the Clean Water Act.

## B. Recordkeeping

The permittee must keep records required by this permit for 5 years after the expiration of this permit. Records to be kept under this Part include the permittee's NOI, storm water management plan, annual reports, and monitoring data. All records shall be kept onsite or locally available and shall be made accessible to the Agency for review at the time of an on-site inspection. Except as otherwise provided in this permit, permittees must submit records to the Agency only when specifically requested to do so. Permittees must post their NOI, storm water management program plan, and annual reports on the permittee's website. The permittee must make its records available to the public at reasonable times during regular business hours. The permittee may require a member of the public to provide advance notice, in accordance with the applicable Freedom of Information Act requirements. Storm sewer maps may be withheld for security reasons.

## C. Reporting

The permittee must submit Annual Reports to the Agency by the first day of June for each year that this permit is in effect. If the permittee maintains a website, a copy of the Annual Report shall be posted on the website by the first day of June of each year. Each Report shall cover the period from March of the previous year through March of the current year. Annual Reports shall be maintained on the permittees' website for a period of 5 years. The Report must include:

1. An assessment of the appropriateness and effectiveness of the permittee's identified BMPs and progress towards achieving the statutory goal of reducing the discharge of pollutants to the maximum extent practicable (MEP), and the permittee's identified measurable goals for each of the minimum control measures;
2. The status of compliance with permit conditions, including a description of each incidence of non-compliance with the permit, and the permittee's plan for achieving compliance with a timeline of actions taken or to be taken;
3. Results of information collected and analyzed, including monitoring data, if any, during the reporting period;
4. A summary of the storm water activities the permittee plans to undertake during the next reporting cycle, including an implementation schedule;
5. A change in any identified BMPs or measurable goals that apply to the program elements;
6. Notice that the permittee is relying on another government entity to satisfy some of the permit obligations (if applicable);
7. Provide an updated summary of any BMP or adaptive management strategy constructed or implemented pursuant to any approved TMDL or alternate water quality management study. Use the results of your monitoring program to assess whether the WLA or other performance requirements for storm water discharges from your MS4 are being met; and

8. If a qualifying local program or programs with shared responsibilities is implementing all minimum control measures on behalf of one or more entities, then the local qualifying program or programs with shared responsibilities may submit a report on behalf of itself and any entities for which it is implementing all of the minimum control measures.

The Annual Reports shall be submitted to the following office and email addresses:

Illinois Environmental Protection Agency  
 Division of Water Pollution Control  
 Compliance Assurance Section  
 Municipal Annual Inspection Report  
 1021 North Grand Avenue East  
 P.O. Box 19276  
 Springfield, Illinois 62794-9276

[epa.ms4annualinsp@illinois.gov](mailto:epa.ms4annualinsp@illinois.gov)

#### **PART VI. DEFINITIONS AND ACRONYMS**

All definitions contained in Section 502 of the Clean Water Act, 40 CFR 122, and 35 Ill. Adm. Code 309 shall apply to this permit and are incorporated herein by reference. For convenience, simplified explanations of some regulatory/statutory definitions have been provided. In the event of a conflict, the definition found in the statute or regulation takes precedence.

**Best Management Practices (BMPs)** means structural or nonstructural controls, schedules of activities, prohibitions of practices, maintenance procedures, and other management practices to prevent or reduce the pollution of waters of the state. BMPs also include treatment requirements, operating procedures, and practices to control runoff, spillage or leaks, sludge or waste disposal, or drainage from raw material storage.

**BMP** is an acronym for "Best Management Practices."

**CFR** is an acronym for "Code of Federal Regulations."

**Control Measure** as used in this permit refers to any Best Management Practice or other method used to prevent or reduce storm water runoff or the discharge of pollutants to waters of the State.

**CWA or The Act** means the Clean Water Act (formerly referred to as the Federal Water Pollution Control Act or Federal Water Pollution Control Act Amendments of 1972) Pub. L. 92-500, as amended Pub. L. 95-217, Pub. L. 95-576, Pub. L. 96-483 and Pub. L. 97-117, 33 U.S.C. 1251 ET. seq.

**Discharge** when used without a qualifier, refers to discharge of a pollutant as defined at 40 CFR 122.2.

**Environmental Justice (EJ)** means the fair treatment and meaningful involvement of all people regardless of race, color, national origin, or income with respect to the development, implementation, and enforcement of environmental laws, regulations, and policies

**Environmental Justice Area** means a community with a low-income and/or minority population greater than twice the statewide average. In addition, a community may be considered a potential EJ community if the low-income and/or minority population is less than twice the state-wide average but greater than the statewide average and it has identified itself as an EJ community. If the low-income and/or minority population percentage is equal to or less than the statewide average, the community should not be considered a potential EJ community.

**Flood management project** means any project which is intended to control, reduce or minimize high stream flows and associated damage. This may also include projects designed to mimic or improve natural conditions in the waterway.

**Green Infrastructure** means wet weather management approaches and technologies that utilize, enhance or mimic the natural hydrologic cycle processes of infiltration, evapotranspiration and reuse. Green infrastructure approaches currently in use include green roofs, trees and tree boxes, rain gardens, vegetated swales, pocket wetlands, infiltration planters, porous and permeable pavements, porous piping systems, dry wells, vegetated median strips, reforestation/revegetation, rain barrels, cisterns, and protection and enhancement of riparian buffers and floodplains.

**Illicit Connection** means any man-made conveyance connecting an illicit discharge directly to a municipal separate storm sewer.

**Illicit Discharge** is defined at 40 CFR 122.26(b)(2) and refers to any discharge to a municipal separate storm sewer that is not composed entirely of storm water, except discharges authorized under an NPDES permit (other than the NPDES permit for discharges from the MS4) and discharges resulting from fire fighting activities.

**MEP** is an acronym for "Maximum Extent Practicable," the technology-based discharge standard for Municipal Separate Storm Sewer Systems to reduce pollutants in storm water discharges that was established by CWA Section 402(p). A discussion of MEP as it applies to small MS4s is found at 40 CFR 122.34.

**MS4** is an acronym for "Municipal Separate Storm Sewer System" and is used to refer to a Large, Medium, or Small Municipal Separate Storm Sewer System (e.g. "the Dallas MS4"). The term is used to refer to either the system operated by a single entity or a group of systems within an area that are operated by multiple entities (e.g., the Houston MS4 includes MS4s operated by the city of Houston, the Texas Department of Transportation, the Harris County Flood Control District, Harris County, and others).

**Municipal Separate Storm Sewer** is defined at 40 CFR 122.26(b)(8) and means a conveyance or system of conveyances (including roads with drainage systems, municipal streets, catch basins, curbs, gutters, ditches, man-made channels, or storm drains): (i) Owned or operated by a State, city, town, borough, county, parish, district, association, or other public body (created by or pursuant to State law) having jurisdiction over disposal of sewage, industrial wastes, storm water, or other wastes, including special districts under State law such as a sewer district, flood control district or drainage district, or similar entity, or an Indian tribe or an authorized Indian tribal organization, or a designated and approved management agency under Section 208 of the CWA that discharges to waters of the United States; (ii) Designed or used for collecting or conveying storm water; (iii) Which is not a combined sewer; and (iv) Which is not part of a Publicly Owned Treatment Works (POTW) as defined at 40 CFR 122.2.

**NOI** is an acronym for "Notice of Intent" to be covered by this permit and is the mechanism used to "register" for coverage under a general permit.

**NPDES** is an acronym for "National Pollutant Discharge Elimination System."

**Outfall** is defined at 40 CFR 122.26(b) (9) and means a point source as defined by 40 CFR 122.2 at the point where a municipal separate storm sewer discharges to waters of the United States and does not include open conveyances connecting two municipal storm sewers, or pipes, tunnels or other conveyances which connect segments of the same stream or other waters of the United States and are used to convey waters of the United States.

**Owner or Operator** is defined at 40 CFR 122.2 and means the owner or operator of any "facility or activity" subject to regulation under the NPDES program.

**Permitting Authority** means the Illinois EPA.

**Point Source** is defined at 40 CFR 122.2 and means any discernable, confined and discrete conveyance, including but not limited to, any pipe, ditch, channel, tunnel, conduit, well, discrete fissure, container, rolling stock, concentrated animal feeding operation, landfill leachate collection system, vessel or other floating craft from which pollutants are or may be discharged. This term does not include return flows from irrigated agriculture or agricultural storm water runoff.

**Pollutants of Concern** means pollutants identified in a TMDL waste load allocation (WLA) or on the Section 303(d) list for the receiving water, and any of the pollutants for which water monitoring is required in Part V.A. of this permit.

**Qualifying Local Program** is defined at 40 CFR 122.34(c) and means a local, state, or Tribal municipal storm water management program that imposes, at a minimum, the relevant requirements of paragraph (b) of Section 122.34.

**Small Municipal Separate Storm Sewer System** is defined at 40 CFR 122.26(b)(16) and refers to all separate storm sewers that are owned or operated by the United States, a State [sic], city, town, borough, county, parish, district, association, or other public body (created by or pursuant to State [sic] law) having jurisdiction over disposal of sewage, industrial wastes, storm water, or other wastes, including special districts under State law such as a sewer district, flood control district or drainage district, or similar entity, or an Indian tribe or an authorized Indian tribal organization, or a designated and approved management agency under Section 208 of the CWA that discharges to waters of the United States, but is not defined as "large" or "medium" municipal separate storm sewer system. This term includes systems similar to separate storm sewer systems in municipalities, such as systems at military bases, large hospital or prison complexes, and highways and other thoroughfares. The term does not include separate storm sewers in very discrete areas, such as individual buildings.

**Storm Water** is defined at 40 CFR 122.26(b) (13) and means storm water runoff, snowmelt runoff, and surface runoff and drainage.

**Storm Water Management Program (SWMP)** refers to a comprehensive program to manage the quality of storm water discharged from the municipal separate storm sewer system.

**SWMP** is an acronym for "Storm Water Management Program."

**TMDL** is an acronym for "Total Maximum Daily Load."

**Waters** (also referred to as waters of the state or receiving water) is defined at Section 301.440 of Title 35: Subtitle C: Chapter I of the Illinois Pollution Control Board Regulations and means all accumulations of water, surface and underground, natural, and artificial, public and private, or parts thereof, which are wholly or partially within, flow through, or border upon the State of Illinois, except that sewers and treatment works are not included except as specially mentioned; provided, that nothing herein contained shall authorize the use of natural or otherwise protected waters as sewers or treatment works except that in-stream aeration under Agency permit is allowable.

**"You" and "Your"** as used in this permit is intended to refer to the permittee, the operator, or the discharger as the context indicates and that party's responsibilities (e.g., the city, the county, the flood control district, the U.S. Air Force, etc.).

**Attachment H**

**Standard Conditions**

**Definitions**

**Act** means the Illinois Environmental Protection Act, 415 ILCS 5 as Amended.

**Agency** means the Illinois Environmental Protection Agency.

**Board** means the Illinois Pollution Control Board.

**Clean Water Act** (formerly referred to as the Federal Water Pollution Control Act) means Pub. L 92-500, as amended. 33 U.S.C. 1251 et seq.

**NPDES** (National Pollutant Discharge Elimination System) means the national program for issuing, modifying, revoking and reissuing, terminating, monitoring and enforcing permits, and imposing and enforcing pretreatment requirements, under Sections 307, 402, 318 and 405 of the Clean Water Act.

**USEPA** means the United States Environmental Protection Agency.

**Daily Discharge** means the discharge of a pollutant measured during a calendar day or any 24-hour period that reasonably represents the calendar day for purposes of sampling. For pollutants with limitations expressed in units of mass, the "daily discharge" is calculated as the total mass of the pollutant discharged over the day. For pollutants with limitations expressed in other units of measurements, the "daily discharge" is calculated as the average measurement of the pollutant over the day.

**Maximum Daily Discharge Limitation** (daily maximum) means the highest allowable daily discharge.

**Average Monthly Discharge Limitation** (30 day average) means the highest allowable average of daily discharges over a calendar month, calculated as the sum of all daily discharges measured during a calendar month divided by the number of daily discharges measured during that month.

**Average Weekly Discharge Limitation** (7 day average) means the highest allowable average of daily discharges over a calendar week, calculated as the sum of all daily discharges measured during a calendar week divided by the number of daily discharges measured during that week.

**Best Management Practices** (BMPs) means schedules of activities, prohibitions of practices, maintenance procedures, and other management practices to prevent or reduce the pollution of waters of the State. BMPs also include treatment requirements, operating procedures, and practices to control plant site runoff, spillage or leaks, sludge or waste disposal, or drainage from raw material storage.

**Aliquot** means a sample of specified volume used to make up a total composite sample.

**Grab Sample** means an individual sample of at least 100 milliliters collected at a randomly-selected time over a period not exceeding 15 minutes.

**24-Hour Composite Sample** means a combination of at least 8 sample aliquots of at least 100 milliliters, collected at periodic intervals during the operating hours of a facility over a 24-hour period.

**8-Hour Composite Sample** means a combination of at least 3 sample aliquots of at least 100 milliliters, collected at periodic intervals during the operating hours of a facility over an 8-hour period.

**Flow Proportional Composite Sample** means a combination of sample aliquots of at least 100 milliliters collected at periodic intervals such that either the time interval between each aliquot or the volume of each aliquot is proportional to either the stream flow at the time of sampling or the total stream flow since the collection of the previous aliquot.

- (1) **Duty to comply.** The permittee must comply with all conditions of this permit. Any permit noncompliance constitutes a violation of the Act and is grounds for enforcement action, permit termination, revocation and reissuance, modification, or for denial of a permit renewal application. The permittee shall comply with effluent standards or prohibitions established under Section 307(a) of the Clean Water Act for toxic pollutants within the time provided in the regulations that establish these standards or prohibitions, even if the permit has not yet been modified to incorporate the requirements.
- (2) **Duty to reapply.** If the permittee wishes to continue an activity regulated by this permit after the expiration date of this permit, the permittee must apply for and obtain a new permit. If the permittee submits a proper application as required by the Agency no later than 180 days prior to the expiration date, this permit shall continue in full force and effect until the final Agency decision on the application has been made.
- (3) **Need to halt or reduce activity not a defense.** It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit.
- (4) **Duty to mitigate.** The permittee shall take all reasonable steps to minimize or prevent any discharge in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment.
- (5) **Proper operation and maintenance.** The permittee shall at all times properly operate and maintain all facilities and systems of treatment and control (and related appurtenances) which are installed or used by the permittee to achieve compliance with conditions of this permit. Proper operation and maintenance includes effective performance, adequate funding, adequate operator staffing and training, and adequate laboratory and process controls, including appropriate quality assurance procedures. This provision requires the operation of back-up, or auxiliary facilities, or similar systems only when necessary to achieve compliance with the conditions of the permit.
- (6) **Permit actions.** This permit may be modified, revoked and reissued, or terminated for cause by the Agency pursuant to 40 CFR 122.62 and 40 CFR 122.63. The filing of a request by the permittee for a permit modification, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance, does not stay any permit condition.
- (7) **Property rights.** This permit does not convey any property rights of any sort, or any exclusive privilege.
- (8) **Duty to provide information.** The permittee shall furnish to the Agency within a reasonable time, any information which the Agency may request to determine whether cause exists for modifying, revoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also furnish to the Agency upon request, copies of records required to be kept by this permit.
- (9) **Inspection and entry.** The permittee shall allow an authorized representative of the Agency or USEPA (including an authorized contractor acting as a representative of the Agency or USEPA), upon the presentation of credentials and other documents as may be required by law, to:
  - (a) Enter upon the permittee's premises where a regulated

- facility or activity is located or conducted, or where records must be kept under the conditions of this permit;
- (b) Have access to and copy, at reasonable times, any records that must be kept under the conditions of this permit;
  - (c) Inspect at reasonable times any facilities, equipment (including monitoring and control equipment), practices, or operations regulated or required under this permit; and
  - (d) Sample or monitor at reasonable times, for the purpose of assuring permit compliance, or as otherwise authorized by the Act, any substances or parameters at any location.
- (10) **Monitoring and records.**
- (a) Samples and measurements taken for the purpose of monitoring shall be representative of the monitored activity.
  - (b) The permittee shall retain records of all monitoring information, including all calibration and maintenance records, and all original strip chart recordings for continuous monitoring instrumentation, copies of all reports required by this permit, and records of all data used to complete the application for this permit, for a period of at least 3 years from the date of this permit, measurement, report or application. Records related to the permittee's sewage sludge use and disposal activities shall be retained for a period of at least five years (or longer as required by 40 CFR Part 503). This period may be extended by request of the Agency or USEPA at any time.
  - (c) Records of monitoring information shall include:
    - (1) The date, exact place, and time of sampling or measurements;
    - (2) The individual(s) who performed the sampling or measurements;
    - (3) The date(s) analyses were performed;
    - (4) The individual(s) who performed the analyses;
    - (5) The analytical techniques or methods used; and
    - (6) The results of such analyses.
  - (d) Monitoring must be conducted according to test procedures approved under 40 CFR Part 136, unless other test procedures have been specified in this permit. Where no test procedure under 40 CFR Part 136 has been approved, the permittee must submit to the Agency a test method for approval. The permittee shall calibrate and perform maintenance procedures on all monitoring and analytical instrumentation at intervals to ensure accuracy of measurements.
- (11) **Signatory requirement.** All applications, reports or information submitted to the Agency shall be signed and certified.
- (a) **Application.** All permit applications shall be signed as follows:
    - (1) For a corporation: by a principal executive officer of at least the level of vice president or a person or position having overall responsibility for environmental matters for the corporation;
    - (2) For a partnership or sole proprietorship: by a general partner or the proprietor, respectively; or
    - (3) For a municipality, State, Federal, or other public agency: by either a principal executive officer or ranking elected official.
  - (b) **Reports.** All reports required by permits, or other information requested by the Agency shall be signed by a person described in paragraph (a) or by a duly authorized representative of that person. A person is a duly authorized representative only if:
    - (1) The authorization is made in writing by a person described in paragraph (a); and
    - (2) The authorization specifies either an individual or a position responsible for the overall operation of the facility, from which the discharge originates, such as a plant manager, superintendent or person of equivalent responsibility; and
    - (3) The written authorization is submitted to the Agency.
  - (c) **Changes of Authorization.** If an authorization under (b) is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, a new authorization satisfying the requirements of (b) must be submitted to the Agency prior to or together with any reports, information, or applications to be signed by an authorized representative.
  - (d) **Certification.** Any person signing a document under paragraph (a) or (b) of this section shall make the following certification:
 

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.
- (12) **Reporting requirements.**
- (a) **Planned changes.** The permittee shall give notice to the Agency as soon as possible of any planned physical alterations or additions to the permitted facility. Notice is required when:
    - (1) The alteration or addition to a permitted facility may meet one of the criteria for determining whether a facility is a new source pursuant to 40 CFR 122.29 (b); or
    - (2) The alteration or addition could significantly change the nature or increase the quantity of pollutants discharged. This notification applies to pollutants which are subject neither to effluent limitations in the permit, nor to notification requirements pursuant to 40 CFR 122.42 (a)(1).
    - (3) The alteration or addition results in a significant change in the permittee's sludge use or disposal practices, and such alteration, addition, or change may justify the application of permit conditions that are different from or absent in the existing permit, including notification of additional use or disposal sites not reported during the permit application process or not reported pursuant to an approved land application plan.
  - (b) **Anticipated noncompliance.** The permittee shall give advance notice to the Agency of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements.
  - (c) **Transfers.** This permit is not transferable to any person except after notice to the Agency.
  - (d) **Compliance schedules.** Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule of this permit shall be submitted no later than 14 days following each schedule date.
  - (e) **Monitoring reports.** Monitoring results shall be reported at the intervals specified elsewhere in this permit.
    - (1) Monitoring results must be reported on a Discharge Monitoring Report (DMR).

- (2) If the permittee monitors any pollutant more frequently than required by the permit, using test procedures approved under 40 CFR 136 or as specified in the permit, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.
- (3) Calculations for all limitations which require averaging of measurements shall utilize an arithmetic mean unless otherwise specified by the Agency in the permit.
- (f) **Twenty-four hour reporting.** The permittee shall report any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24-hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within 5 days of the time the permittee becomes aware of the circumstances. The written submission shall contain a description of the noncompliance and its cause; the period of noncompliance, including exact dates and time; and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent reoccurrence of the noncompliance. The following shall be included as information which must be reported within 24-hours:
- (1) Any unanticipated bypass which exceeds any effluent limitation in the permit.
  - (2) Any upset which exceeds any effluent limitation in the permit.
  - (3) Violation of a maximum daily discharge limitation for any of the pollutants listed by the Agency in the permit or any pollutant which may endanger health or the environment.  
The Agency may waive the written report on a case-by-case basis if the oral report has been received within 24-hours.
- (g) **Other noncompliance.** The permittee shall report all instances of noncompliance not reported under paragraphs (12) (d), (e), or (f), at the time monitoring reports are submitted. The reports shall contain the information listed in paragraph (12) (f).
- (h) **Other information.** Where the permittee becomes aware that it failed to submit any relevant facts in a permit application, or submitted incorrect information in a permit application, or in any report to the Agency, it shall promptly submit such facts or information.
- (13) **Bypass.**
- (a) **Definitions.**
    - (1) Bypass means the intentional diversion of waste streams from any portion of a treatment facility.
    - (2) Severe property damage means substantial physical damage to property, damage to the treatment facilities which causes them to become inoperable, or substantial and permanent loss of natural resources which can reasonably be expected to occur in the absence of a bypass. Severe property damage does not mean economic loss caused by delays in production.
  - (b) Bypass not exceeding limitations. The permittee may allow any bypass to occur which does not cause effluent limitations to be exceeded, but only if it also is for essential maintenance to assure efficient operation. These bypasses are not subject to the provisions of paragraphs (13)(c) and (13)(d).
  - (c) **Notice.**
    - (1) Anticipated bypass. If the permittee knows in advance of the need for a bypass, it shall submit prior notice, if possible at least ten days before the date of the bypass.
    - (2) Unanticipated bypass. The permittee shall submit notice of an unanticipated bypass as required in paragraph (12)(f) (24-hour notice).
  - (d) Prohibition of bypass.
    - (1) Bypass is prohibited, and the Agency may take enforcement action against a permittee for bypass, unless:
      - (i) Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage;
      - (ii) There were no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance; and
      - (iii) The permittee submitted notices as required under paragraph (13)(c).
    - (2) The Agency may approve an anticipated bypass, after considering its adverse effects, if the Agency determines that it will meet the three conditions listed above in paragraph (13)(d)(1).
- (14) **Upset.**
- (a) **Definition.** Upset means an exceptional incident in which there is unintentional and temporary noncompliance with technology based permit effluent limitations because of factors beyond the reasonable control of the permittee. An upset does not include noncompliance to the extent caused by operational error, improperly designed treatment facilities, inadequate treatment facilities, lack of preventive maintenance, or careless or improper operation.
  - (b) **Effect of an upset.** An upset constitutes an affirmative defense to an action brought for noncompliance with such technology based permit effluent limitations if the requirements of paragraph (14)(c) are met. No determination made during administrative review of claims that noncompliance was caused by upset, and before an action for noncompliance, is final administrative action subject to judicial review.
  - (c) **Conditions necessary for a demonstration of upset.** A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed, contemporaneous operating logs, or other relevant evidence that:
    - (1) An upset occurred and that the permittee can identify the cause(s) of the upset;
    - (2) The permitted facility was at the time being properly operated; and
    - (3) The permittee submitted notice of the upset as required in paragraph (12)(f)(2) (24-hour notice).
    - (4) The permittee complied with any remedial measures required under paragraph (4).
  - (d) **Burden of proof.** In any enforcement proceeding the permittee seeking to establish the occurrence of an upset has the burden of proof.
- (15) **Transfer of permits.** Permits may be transferred by modification or automatic transfer as described below:
- (a) **Transfers by modification.** Except as provided in paragraph (b), a permit may be transferred by the permittee to a new owner or operator only if the permit has been modified or revoked and reissued pursuant to 40 CFR 122.62 (b) (2), or a minor modification made pursuant to 40 CFR 122.63 (d), to identify the new permittee and incorporate such other requirements as may be necessary under the Clean Water Act.
  - (b) **Automatic transfers.** As an alternative to transfers under paragraph (a), any NPDES permit may be automatically transferred to a new permittee if:

- (1) The current permittee notifies the Agency at least 30 days in advance of the proposed transfer date;
  - (2) The notice includes a written agreement between the existing and new permittees containing a specified date for transfer of permit responsibility, coverage and liability between the existing and new permittees; and
  - (3) The Agency does not notify the existing permittee and the proposed new permittee of its intent to modify or revoke and reissue the permit. If this notice is not received, the transfer is effective on the date specified in the agreement.
- (16) All manufacturing, commercial, mining, and silvicultural dischargers must notify the Agency as soon as they know or have reason to believe:
- (a) That any activity has occurred or will occur which would result in the discharge of any toxic pollutant identified under Section 307 of the Clean Water Act which is not limited in the permit, if that discharge will exceed the highest of the following notification levels:
    - (1) One hundred micrograms per liter (100 ug/l);
    - (2) Two hundred micrograms per liter (200 ug/l) for acrolein and acrylonitrile; five hundred micrograms per liter (500 ug/l) for 2,4-dinitrophenol and for 2-methyl-4,6 dinitrophenol; and one milligram per liter (1 mg/l) for antimony.
    - (3) Five (5) times the maximum concentration value reported for that pollutant in the NPDES permit application; or
    - (4) The level established by the Agency in this permit.
  - (b) That they have begun or expect to begin to use or manufacture as an intermediate or final product or byproduct any toxic pollutant which was not reported in the NPDES permit application.
- (17) All Publicly Owned Treatment Works (POTWs) must provide adequate notice to the Agency of the following:
- (a) Any new introduction of pollutants into that POTW from an indirect discharge which would be subject to Sections 301 or 306 of the Clean Water Act if it were directly discharging those pollutants; and
  - (b) Any substantial change in the volume or character of pollutants being introduced into that POTW by a source introducing pollutants into the POTW at the time of issuance of the permit.
  - (c) For purposes of this paragraph, adequate notice shall include information on (i) the quality and quantity of effluent introduced into the POTW, and (ii) any anticipated impact of the change on the quantity or quality of effluent to be discharged from the POTW.
- (18) If the permit is issued to a publicly owned or publicly regulated treatment works, the permittee shall require any industrial user of such treatment works to comply with federal requirements concerning:
- (a) User charges pursuant to Section 204 (b) of the Clean Water Act, and applicable regulations appearing in 40 CFR 35;
  - (b) Toxic pollutant effluent standards and pretreatment standards pursuant to Section 307 of the Clean Water Act; and
  - (c) Inspection, monitoring and entry pursuant to Section 308 of the Clean Water Act.
- (19) If an applicable standard or limitation is promulgated under Section 301(b)(2)(C) and (D), 304(b)(2), or 307(a)(2) and that effluent standard or limitation is more stringent than any effluent limitation in the permit, or controls a pollutant not limited in the permit, the permit shall be promptly modified or revoked, and reissued to conform to that effluent standard or limitation.
  - (20) Any authorization to construct issued to the permittee pursuant to 35 Ill. Adm. Code 309.154 is hereby incorporated by reference as a condition of this permit.
  - (21) The permittee shall not make any false statement, representation or certification in any application, record, report, plan or other document submitted to the Agency or the USEPA, or required to be maintained under this permit.
  - (22) The Clean Water Act provides that any person who violates a permit condition implementing Sections 301, 302, 306, 307, 308, 318, or 405 of the Clean Water Act is subject to a civil penalty not to exceed \$25,000 per day of such violation. Any person who willfully or negligently violates permit conditions implementing Sections 301, 302, 306, 307, 308, 318 or 405 of the Clean Water Act is subject to a fine of not less than \$2,500 nor more than \$25,000 per day of violation, or by imprisonment for not more than one year, or both. Additional penalties for violating these sections of the Clean Water Act are identified in 40 CFR 122.41 (a)(2) and (3).
  - (23) The Clean Water Act provides that any person who falsifies, tampers with, or knowingly renders inaccurate any monitoring device or method required to be maintained under this permit shall, upon conviction, be punished by a fine of not more than \$10,000, or by imprisonment for not more than 2 years, or both. If a conviction of a person is for a violation committed after a first conviction of such person under this paragraph, punishment is a fine of not more than \$20,000 per day of violation, or by imprisonment of not more than 4 years, or both.
  - (24) The Clean Water Act provides that any person who knowingly makes any false statement, representation, or certification in any record or other document submitted or required to be maintained under this permit, including monitoring reports or reports of compliance or non-compliance shall, upon conviction, be punished by a fine of not more than \$10,000 per violation, or by imprisonment for not more than 6 months per violation, or by both.
  - (25) Collected screening, slurries, sludges, and other solids shall be disposed of in such a manner as to prevent entry of those wastes (or runoff from the wastes) into waters of the State. The proper authorization for such disposal shall be obtained from the Agency and is incorporated as part hereof by reference.
  - (26) In case of conflict between these standard conditions and any other condition(s) included in this permit, the other condition(s) shall govern.
  - (27) The permittee shall comply with, in addition to the requirements of the permit, all applicable provisions of 35 Ill. Adm. Code, Subtitle C, Subtitle D, Subtitle E, and all applicable orders of the Board or any court with jurisdiction.
  - (28) The provisions of this permit are severable, and if any provision of this permit, or the application of any provision of this permit is held invalid, the remaining provisions of this permit shall continue in full force and effect.

(Rev. 7-9-2010 bah)

## **Appendix 2 – Physical Indicators of Outfall Visual Inspections**

# Visual Inspection of Outfalls

## Physical Conditions

Observed Conditions	Possible Problems	Possible Causes
<b>Color</b>		
Muddy, Cloudy	Indicates elevated levels of suspended solids giving the water a muddy or cloudy appearance	Erosion is the most common source. Land use associated with soil erosion include mining, farming, construction, and unpaved roads
Dark Reds, Purple, Blues, Blacks	May indicate organic dye pollution	Originating from clothing manufacture or textile mills
Orange-Red	May indicate the presence of copper or iron	Copper can be both a pollutant and naturally occurring
Blue	May indicate the presence of copper which can cause skin irritations and death of fish	Copper is sometimes used as a pesticide in which case an acrid (sharp) odor might also be present
Foam	May indicate the presence of soap or detergent	<u>Excessive</u> foam is usually the result of soap and detergent pollution. Moderate levels of foam can also result from decaying algae, which indicates nutrient pollution.
Multi-colored (oily sheen)	Indicates the presence of oil or gasoline floating on the surface of the water. Oil and gasoline can cause poisoning, internal burning of the gastrointestinal tract and stomach ulcers	Oil and gasoline pollution can be caused by leaks in fuel lines and underground tanks, automotive junk yards, nearby service stations, wastes from boats, or runoff from roads and parking lots.
No Unusual Color	Not necessarily an indicator of clean water	Many pesticides, herbicides, chemicals, and other pollutants are colorless or produce no visible signs of contamination
<b>Odors</b>		
Sulfur (rotten eggs)	May indicate the presence of organic pollution	Possible domestic or industrial waste.
Musty	May indicate presence of organic pollution	Possible sewage discharge, livestock waste, decaying algae, or decomposition of other organic pollution
Harsh	May indicate presence of chemicals	Possible industrial or pesticide pollution
Chlorine	May indicate the presence of over chlorinated effluent	Sewage treatment plant or a chemical industry
No unusual smell	Not necessarily an indicator of clean water	Many pesticides and herbicides from agriculture and forestry runoff are colorless and odorless as are many chemicals discharged by industry
<b>Vegetation</b>		
Excessive plant growth	Overgrown area	Fertilizers from residential or farm areas; nutrients from food wastes
Inhibited plant growth	Dead, dying plants	Industrial discharges; High or Low pH water; scour from high flows (not pollution)

# Guidelines for Visual Inspections Of Stormwater Outfalls

Visual inspections for signs of storm water contamination should be performed routinely. Flows and outfalls should be observed during dry periods to determine the presence of any stains, sludge, odors, and other abnormal conditions.

It is also useful for visual inspections to be made at all stormwater outfall locations during the first hour of a storm event, once runoff has reached its maximum flow rate. Inspectors should examine the discharge for the presence of floating and suspended materials, oil and grease, discoloration, turbidity, foam and odor.

Specific Parameters to look for in completing a visual inspection include the following:

**Odor:** Discharge odors can vary widely. Some may indicate the source of the contamination. Industrial discharges may smell like a particular spoiled product, oil, gasoline, a specific chemical, or a solvent. For example, the decomposition of organic wastes in a discharge will release sulfide compounds creating an intense smell of rotten eggs. Significant sanitary wastewater contributions will also cause pronounced and distinctive odors.

**Color:** Color may indicate inappropriate discharges especially from industrial sources. Industrial discharges may be any color. Dark colors, such as brown, gray or black are most common. For instance, flow contaminated by meat processing industries is usually a deep reddish brown.

**Turbidity:** Turbidity is often affected by the degree of gross contamination. Industrial flows can be cloudy or opaque (highly turbid). Sanitary wastewater is also often cloudy in nature. Erosion is the most common source of cloudy water.

**Floatable Matter:** A contaminated flow may also contain floatable solids or liquids. Identifying floatables can often aid in finding the source of the contamination because these substances are usually direct products or byproducts of a manufacturing process or sanitary system. Examples of floatables are animal fats, spoiled food products, oils, plant parts, solvents, sawdust, foams, packing materials and fuel.

**Deposits and Stains:** Deposits and stains (residues) are any type of coating that remains after a non-storm water discharge has ceased. Deposits or stains usually are of a dark color and usually cover the area surrounding the storm discharge. They often contain fragments of floatable substances and at times take the form of a crystalline or amorphous powder. An example is the coating of white crystalline powder formed on sewer outfalls by nitrogenous fertilizer wastes.

**Vegetation:** Stormwater discharges often affect surrounding vegetation. Industrial pollutants can cause a substantial alteration in the chemical composition and pH of the discharge water, which can affect plant growth even when the source of the contamination is intermittent. For example, nutrients from various food product wastes increase plant growth. In contrast, the discharge of chemical dyes and inorganic pigments from textile mills may decrease vegetation as these discharges are often very acidic. Even when the pollution source is gone the vegetation surrounding the discharge will continue to show the effects of the contamination. In order to accurately judge if the vegetation surrounding a discharge is normal, the observer must take into account recent weather conditions as well as the time of year. Increased or inhibited plant growth near storm water outfalls as well as dead and decaying plants is often a sign of pollution. However, it is important to distinguish whether plant damage is caused by contamination or by the physical effects of increased flows, such as scour.

**Structural Damage:** Structural damage is also a sign of industrial discharge contamination. Cracked or deteriorated concrete or peeling surface paint at an outfall usually indicates the presence of severely contaminated discharges. Contaminants causing this type of damage are usually very acidic or basic and are usually industrial in nature. For instance, discharges from primary metal industries may cause structural damage because their batch dumps are highly acidic.

References:

*EPA Stormwater Management Fact Sheet. Visual Inspection*

*Global Rivers Environmental Education Network*

## **Appendix 3 – Outfall Inspection Checklist**

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed:		Outfall ID:	
Today's date:		Time (Military):	
Investigators:		Form completed by:	
Temperature (°F):	Rainfall (in.):	Last 24 hours:	Last 48 hours:
Latitude:	Longitude:	GPS Unit:	GPS LMK #:
Camera:		Photo #s:	
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 type="checkbox"/> Suburban Residential		Other: _____	
<input type="checkbox"/> Commercial		Known Industries: _____	
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input type="checkbox"/> 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"/> Other: _____	<input type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <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
<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: _____	
<input type="checkbox"/> In-Stream	(applicable when collecting samples)			
Flow Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	____' ____"	Ft, In	Tape measure
	Measured length	____' ____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No (If No, Skip to Section 5)

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 – Faint	<input type="checkbox"/> 2 – Easily detected	<input type="checkbox"/> 3 – Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 – Faint colors in sample bottle	<input type="checkbox"/> 2 – Clearly visible in sample bottle	<input type="checkbox"/> 3 – Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 – Slight cloudiness	<input type="checkbox"/> 2 – Cloudy	<input type="checkbox"/> 3 – Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 – Few/slight; origin not obvious	<input type="checkbox"/> 2 – Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 – Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No (If No, Skip to Section 6)

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
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"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely   
  Potential (presence of two or more indicators)   
  Suspect (one or more indicators with a severity of 3)   
  Obvious

### Section 7: Data Collection

1. Sample for the lab?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. If yes, collected from:	<input type="checkbox"/> Flow	<input type="checkbox"/> Pool
3. Intermittent flow trap set?	<input type="checkbox"/> Yes	<input type="checkbox"/> No    If Yes, type: <input type="checkbox"/> OBM <input type="checkbox"/> Caulk dam

### Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

**Appendix 4 – Completed Outfall Inspection Checklists and Photographs**

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <u>Flint Creek</u>		Outfall ID: <u>1</u>	
Today's date: <u>7/21/21</u>		Time (Military): <u>10:48</u>	
Investigators: <u>Lily Dempsey, Jeff Van Spankeren</u>		Form completed by: <u>Lily Dempsey, Jeff Van Spankeren</u>	
Temperature (°F): <u>70</u>	Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u>		
Latitude: <u>42.182691</u>	Longitude: <u>-88.109131</u>	GPS Unit:	GPS LMK #:
Camera: <u>iphone</u>	Photo #: <u>8137</u>		
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: _____		
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input 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: <u>30"</u> In Water: <input type="checkbox"/> No <input checked="" 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: _____	
<input type="checkbox"/> In-Stream	<b>(applicable when collecting samples)</b>			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	____' ____"	Ft, In	Tape measure
	Measured length	____' ____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No (If No, Skip to Section 5)

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint <input type="checkbox"/> 2 - Easily detected <input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle <input type="checkbox"/> 2 - Clearly visible in sample bottle <input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness <input type="checkbox"/> 2 - Cloudy <input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious <input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen) <input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No (If No, Skip to Section 6)

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Corrosion	
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"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

- Sample for the lab?  Yes  No
- If yes, collected from:  Flow  Pool
- Intermittent flow trap set?  Yes  No If Yes, type:  OBM  Caulk dam

### Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Flint Creek Watershed - Outfall 1

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <i>Flint Creek</i>		Outfall ID: <i>2</i>	
Today's date: <i>7/21/21</i>		Time (Military): <i>1052</i>	
Investigators: <i>Lily Dempsey, Jeff Van Spankeren</i>		Form completed by: <i>Lily Dempsey, Jeff Van Spankeren</i>	
Temperature (°F): <i>68</i>	Rainfall (in.): Last 24 hours: <i>0</i> Last 48 hours: <i>0</i>		
Latitude: <i>42.181385</i>	Longitude: <i>-88.109529</i>	GPS Unit:	GPS LMK #:
Camera: <i>iphone</i>	Photo #: <i>8138</i>		
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: _____		
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED	
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input 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: <div style="text-align: center; font-size: 1.2em;"><i>30"</i></div> Depth: _____ Top Width: _____ Bottom Width: _____	In Water: <input type="checkbox"/> No <input checked="" 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: _____		
<input type="checkbox"/> In-Stream	<b>(applicable when collecting samples)</b>				
Flow Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial				

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume	Liter	Bottle	
	Time to fill	Sec		
<input type="checkbox"/> Flow #2	Flow depth	In	Tape measure	
	Flow width	____', ____"	Tape measure	
	Measured length	____', ____"	Tape measure	
	Time of travel		Stop watch	
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No (If No, Skip to Section 5)

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
			1 - Faint	2 - Easily detected	3 - Noticeable from a distance
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No (If No, Skip to Section 6)

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
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 checked="" type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input checked="" type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?  Yes  No

2. If yes, collected from:  Flow  Pool

3. Intermittent flow trap set?  Yes  No If Yes, type:  OBM  Caulk dam

### Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Flint Creek Watershed - Outfall 2

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <u>Flint Creek</u>		Outfall ID: <u>3</u>	
Today's date: <u>7/21/21</u>		Time (Military): <u>1019</u>	
Investigators: <u>Lily Dempsey, Jeff Van Spankeren</u>		Form completed by: <u>Lily Dempsey, Jeff Van Spankeren</u>	
Temperature (°F): <u>68°</u>	Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u>		
Latitude: <u>42.182117</u>	Longitude: <u>-88.095839</u>	GPS Unit:	GPS LMK #:
Camera: <u>iphone</u>	Photo #: <u>8126</u>		
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: _____		
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED	
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input 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: <u>36"</u>  Depth: _____ Top Width: _____ Bottom Width: _____	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: _____		
<input type="checkbox"/> In-Stream	<b>(applicable when collecting samples)</b>				
Flow Present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, Skip to Section 5</i>				
Flow Description (If present)	<input type="checkbox"/> Trickle <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Substantial				

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	____' ____"	Ft, In	Tape measure
	Measured length	____' ____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No (If No, Skip to Section 5)

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint <input type="checkbox"/> 2 - Easily detected <input type="checkbox"/> 3 - Noticeable from a distance
Color	<input checked="" type="checkbox"/>	<input type="checkbox"/> Clear <input checked="" type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle <input checked="" type="checkbox"/> 2 - Clearly visible in sample bottle <input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness <input type="checkbox"/> 2 - Cloudy <input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious <input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen) <input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No (If No, Skip to Section 6)

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
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"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?  Yes  No

2. If yes, collected from:  Flow  Pool

3. Intermittent flow trap set?  Yes  No If Yes, type:  OBM  Caulk dam

### Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Flint Creek Watershed - Outfall 3

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <i>Flint Creek</i>		Outfall ID: <i>4</i>	
Today's date: <i>7/21/21</i>		Time (Military): <i>1015</i>	
Investigators: <i>Lily Dempsey, Jeff Van Spankeren</i>		Form completed by: <i>Lily Dempsey, Jeff Van Spankeren</i>	
Temperature (°F): <i>68°</i>	Rainfall (in.): Last 24 hours: <i>∅</i> Last 48 hours: <i>∅</i>		
Latitude: <i>42.179102</i>	Longitude: <i>-88.095195</i>	GPS Unit:	GPS LMK #:
Camera: <i>iphone</i>		Photo #: <i>8125</i>	
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: _____	
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED	
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input 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: <div style="text-align: center; font-size: 1.2em;"><i>18"</i></div> Depth: _____ Top Width: _____ Bottom Width: _____	In Water: <input type="checkbox"/> No <input checked="" 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: _____		
<input type="checkbox"/> In-Stream	<b>(applicable when collecting samples)</b>				
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>				
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial				

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume	Liter	Bottle	
	Time to fill	Sec		
<input type="checkbox"/> Flow #2	Flow depth	In	Tape measure	
	Flow width	____', ____"	Tape measure	
	Measured length	____', ____"	Tape measure	
	Time of travel		Stop watch	
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
Deposits/Stains	<input type="checkbox"/>	<input type="checkbox"/> Only <input type="checkbox"/> Flow Line <input type="checkbox"/> Paint <input type="checkbox"/> Other: <input type="checkbox"/> Excessive <input type="checkbox"/> Inhibited	
Abnormal Vegetation	<input type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Poor pool quality	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>		

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?  Yes  No

2. If yes, collected from:  Flow  Pool

3. Intermittent flow trap set?  Yes  No If Yes, type:  OBM  Caulk dam

### Section 8: Any Non-Illlicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Flint Creek Watershed - Outfall 4

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <i>Flint Creek</i>		Outfall ID: <i>5</i>	
Today's date: <i>7/21/21</i>		Time (Military): <i>1042</i>	
Investigators: <i>Lily Dempsey, Jeff Van Spankeren</i>		Form completed by: <i>Lily Dempsey, Jeff Van Spankeren</i>	
Temperature (°F): <i>68</i>	Rainfall (in.): Last 24 hours: $\emptyset$ Last 48 hours: $\emptyset$		
Latitude: <i>42.178615</i>	Longitude: <i>-88.109084</i>	GPS Unit:	GPS LMK #:
Camera: <i>iphone</i>	Photo #: <i>8135</i>		
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: _____		
Notes (e.g., origin of outfall, if known): <i>APPEARS TO BE NEW INSTALLATION</i>			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED	
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input 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: <i>15"</i>  Depth: _____ Top Width: _____ Bottom Width: _____	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: _____		
<input type="checkbox"/> In-Stream	<b>(applicable when collecting samples)</b>				
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial				

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume	Liter	Bottle	
	Time to fill	Sec		
<input type="checkbox"/> Flow #2	Flow depth	In	Tape measure	
	Flow width	____', ____"	Tape measure	
	Measured length	____', ____"	Tape measure	
	Time of travel		Stop watch	
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No (If No, Skip to Section 5)

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Sulfide <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Green <input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Suds <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No (If No, Skip to Section 6)

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"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Suds <input type="checkbox"/> Colors <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?  Yes  No

2. If yes, collected from:  Flow  Pool

3. Intermittent flow trap set?  Yes  No If Yes, type:  OBM  Caulk dam

### Section 8: Any Non-Illlicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Flint Creek Watershed - Outfall 5

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <i>Flint Creek</i>		Outfall ID: <i>6</i>	
Today's date: <i>7/21/21</i>		Time (Military): <i>1040</i>	
Investigators: <i>Lily Dempsey, Jeff Van Spaankeren</i>		Form completed by: <i>Lily Dempsey, Jeff Van Spaankeren</i>	
Temperature (°F): <i>68°</i>	Rainfall (in.): Last 24 hours: <i>∅</i> Last 48 hours: <i>∅</i>		
Latitude: <i>42.178735</i>	Longitude: <i>-88.169300</i>	GPS Unit:	GPS LMK #:
Camera: <i>iphone</i>		Photo #: <i>8134</i>	
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: _____	
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input 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 checked="" type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	Diameter/Dimensions: <i>15"</i>	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: _____	
<input type="checkbox"/> In-Stream	<b>(applicable when collecting samples)</b>			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<i>If No, Skip to Section 5</i>	
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume	Liter	Bottle	
	Time to fill	Sec		
<input type="checkbox"/> Flow #2	Flow depth	In	Tape measure	
	Flow width	____' ____"	Tape measure	
	Measured length	____' ____"	Tape measure	
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input checked="" type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	SEPARATED PIPE SEAMENTS
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"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?  Yes  No

2. If yes, collected from:  Flow  Pool

3. Intermittent flow trap set?  Yes  No If Yes, type:  OBM  Caulk dam

### Section 8: Any Non-Illlicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Flint Creek Watershed - Outfall 6

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <u>Flint Creek</u>		Outfall ID: <u>7</u>	
Today's date: <u>7/21/21</u>		Time (Military): <u>0953</u>	
Investigators: <u>Lily Dempsey, Jeff Van Spankeren</u>		Form completed by: <u>Lily Dempsey, Jeff Van Spankeren</u>	
Temperature (°F): <u>68°</u>	Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u>		
Latitude: <u>42.176136</u>	Longitude: <u>-88.099836</u>	GPS Unit:	GPS LMK #:
Camera: <u>iphone</u>		Photo #: <u>8123</u>	
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: _____	
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED	
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input 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: <u>18"</u> Depth: _____ Top Width: _____ Bottom Width: _____	In Water: <input type="checkbox"/> No <input checked="" 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: _____		
<input type="checkbox"/> In-Stream	(applicable when collecting samples)				
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<i>If No, Skip to Section 5</i>		
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial				

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume	Liter	Bottle	
	Time to fill	Sec		
<input type="checkbox"/> Flow #2	Flow depth	In	Tape measure	
	Flow width	____', ____"	Tape measure	
	Measured length	____', ____"	Tape measure	
	Time of travel		Stop watch	
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint <input type="checkbox"/> 2 - Easily detected <input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle <input type="checkbox"/> 2 - Clearly visible in sample bottle <input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness <input type="checkbox"/> 2 - Cloudy <input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious <input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen) <input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
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 checked="" type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input checked="" type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?  Yes  No
2. If yes, collected from:  Flow  Pool
3. Intermittent flow trap set?  Yes  No If Yes, type:  OBM  Caulk dam

### Section 8: Any Non-Ilicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Flint Creek Watershed - Outfall 7

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <i>Flint Creek</i>		Outfall ID: <i>8</i>	
Today's date: <i>7/21/21</i>		Time (Military): <i>1002</i>	
Investigators: <i>Lily Dempsey, Jeff Van Spankeren</i>		Form completed by: <i>Lily Dempsey, Jeff Van Spankeren</i>	
Temperature (°F): <i>68°</i>	Rainfall (in.): Last 24 hours: <i>0</i> Last 48 hours: <i>0</i>		
Latitude: <i>42.175964</i>	Longitude: <i>-88.094876</i>	GPS Unit:	GPS LMK #:
Camera: <i>iphone</i>		Photo #: <i>8/24</i>	
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 type="checkbox"/> Suburban Residential		Other: _____	
<input checked="" type="checkbox"/> Commercial		Known Industries: _____	
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input 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: <div style="text-align: center; font-size: 1.2em;"><i>18"</i></div> In Water: <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully  With Sediment: <input type="checkbox"/> No <input checked="" 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: _____	
<input type="checkbox"/> In-Stream	<b>(applicable when collecting samples)</b>			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume	Liter	Bottle	
	Time to fill	Sec		
<input type="checkbox"/> Flow #2	Flow depth	In	Tape measure	
	Flow width	Ft, In	Tape measure	
	Measured length	Ft, In	Tape measure	
	Time of travel	S	Stop watch	
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No (If No, Skip to Section 5)

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Sulfide <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Other: Petroleum/gas	<input type="checkbox"/> 1 - Faint <input type="checkbox"/> 2 - Easily detected <input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Green <input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle <input type="checkbox"/> 2 - Clearly visible in sample bottle <input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness <input type="checkbox"/> 2 - Cloudy <input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Suds <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious <input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen) <input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No (If No, Skip to Section 6)

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"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Suds <input type="checkbox"/> Colors <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?  Yes  No

2. If yes, collected from:  Flow  Pool

3. Intermittent flow trap set?  Yes  No If Yes, type:  OBM  Caulk dam

### Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Flint Creek Watershed - Outfall 8

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <i>flint creek</i>		Outfall ID: <i>11</i>	
Today's date: <i>07/19/21</i>		Time (Military): <i>1520</i>	
Investigators: <i>Lily Dempsey, Jeff Van Spankeren</i>		Form completed by: <i>Lily Dempsey, Jeff Van Spankeren</i>	
Temperature (°F): <i>88°</i>	Rainfall (in.): Last 24 hours: <i>0</i>	Last 48 hours: <i>0</i>	
Latitude: <i>42.168288</i>	Longitude: <i>-88.067514</i>	GPS Unit:	GPS LMK #:
Camera: <i>iphone</i>	Photo #: <i>8099</i>		
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: _____		
Notes (e.g., origin of outfall, if known):			

### 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: <div style="text-align: center; font-size: 1.2em;"><i>15"</i></div> Depth: _____ Top Width: _____ Bottom Width: _____	In Water: <input type="checkbox"/> No <input checked="" 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: _____		
<input type="checkbox"/> In-Stream	<b>(applicable when collecting samples)</b>				
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial				

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	____' ____"	Ft, In	Tape measure
	Measured length	____' ____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No (If No, Skip to Section 5)

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Sulfide <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Green <input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include 'Trash!!'	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Suds <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No (If No, Skip to Section 6)

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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Excessive <input type="checkbox"/> Inhibited	
Poor pool quality	<input type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Suds <input type="checkbox"/> Colors <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If yes, collected from:	<input type="checkbox"/> Flow <input type="checkbox"/> Pool
3. Intermittent flow trap set?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, type: <input type="checkbox"/> OBM <input type="checkbox"/> Caulk dam

### Section 8: Any Non-Illlicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Flint Creek Watershed - Outfall 11

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <u>Buffalo Creek</u>		Outfall ID: <u>12</u>	
Today's date: <u>7/19/21</u>		Time (Military): <u>12:06</u>	
Investigators: <u>Lily Dempsey, Jeff Van Spaankeren</u>		Form completed by: <u>Lily Dempsey, Jeff Van Spaankeren</u>	
Temperature (°F): <u>81</u>	Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u>		
Latitude: <u>42.169564</u>	Longitude: <u>88.070130</u>	GPS Unit:	GPS LMK #:
Camera: <u>iPhone</u>	Photo #: <u>8081</u>		
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 type="checkbox"/> Suburban Residential	Other: _____		
<input checked="" type="checkbox"/> Commercial	Known Industries: _____		
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED	
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input 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: <u>15"</u>  Depth: _____ Top Width: _____ Bottom Width: _____	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: _____		
<input type="checkbox"/> In-Stream	<b>(applicable when collecting samples)</b>				
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial				

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume	Liter	Bottle	
	Time to fill	Sec		
<input type="checkbox"/> Flow #2	Flow depth	In	Tape measure	
	Flow width	____', ____"	Tape measure	
	Measured length	____', ____"	Tape measure	
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No (If No, Skip to Section 5)

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
			1 - Faint	2 - Easily detected	3 - Noticeable from a distance
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include 'Trash!!'	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No (If No, Skip to Section 6)

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
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 checked="" type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input checked="" type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?  Yes  No

2. If yes, collected from:  Flow  Pool

3. Intermittent flow trap set?  Yes  No If Yes, type:  OBM  Caulk dam

### Section 8: Any Non-Illlicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Buffalo Creek Watershed - Outfall 12

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <u>Buffalo Creek</u>		Outfall ID: <u>13</u>	
Today's date: <u>7/11/21</u>		Time (Military): <u>11:59</u>	
Investigators: <u>Lily Dempsey, Jeff Van Sparkeren</u>		Form completed by: <u>Lily Dempsey, Jeff Van Sparkeren</u>	
Temperature (°F): <u>81</u>	Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u>		
Latitude: <u>42.169248</u>	Longitude: <u>-88.069949</u>	GPS Unit:	GPS LMK #:
Camera: <u>iPhone</u>	Photo #: <u>8079</u>		
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 type="checkbox"/> Suburban Residential		Other: _____	
<input checked="" type="checkbox"/> Commercial		Known Industries: _____	
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input 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 checked="" type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	Diameter/Dimensions: <u>24"</u>	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: _____	
<input type="checkbox"/> In-Stream	<b>(applicable when collecting samples)</b>			
Flow Present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input checked="" type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume	Liter	Bottle	
	Time to fill	Sec		
<input type="checkbox"/> Flow #2	Flow depth	In	Tape measure	
	Flow width	____', ____"	Tape measure	
	Measured length	____', ____"	Tape measure	
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No (If No, Skip to Section 5)

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Sulfide <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Green <input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Suds <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No (If No, Skip to Section 6)

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Corrosion <input type="checkbox"/> Peeling Paint	
Deposits/Stains	<input type="checkbox"/>	<input type="checkbox"/> Only <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 checked="" type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Suds <input checked="" type="checkbox"/> Excessive Algae <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?  Yes  No

2. If yes, collected from:  Flow  Pool

3. Intermittent flow trap set?  Yes  No If Yes, type:  OBM  Caulk dam

### Section 8: Any Non-Illlicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Buffalo Creek Watershed - Outfall 13

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <u>Buffalo Creek</u>		Outfall ID: <u>15</u>	
Today's date: <u>7/19/21</u>		Time (Military): <u>12:03</u>	
Investigators: <u>Lily Dempsey, Jeff Van Spankeren</u>		Form completed by: <u>Lily Dempsey, Jeff Van Spankeren</u>	
Temperature (°F): <u>81</u>	Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u>		
Latitude: <u>42.169412</u>	Longitude: <u>-88.069731</u>	GPS Unit:	GPS LMK #:
Camera: <u>iPhone</u>		Photo #: <u>8080</u>	
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 type="checkbox"/> Suburban Residential		Other: _____	
<input checked="" type="checkbox"/> Commercial		Known Industries: _____	
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED	
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input 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: <u>24"</u>  Depth: _____ Top Width: _____ Bottom Width: _____	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: _____		
<input type="checkbox"/> In-Stream	<b>(applicable when collecting samples)</b>				
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>				
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial				

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	____' ____"	Ft, In	Tape measure
	Measured length	____' ____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
			1 - Faint	2 - Easily detected	3 - Noticeable from a distance
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
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"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?  Yes  No

2. If yes, collected from:  Flow  Pool

3. Intermittent flow trap set?  Yes  No If Yes, type:  OBM  Caulk dam

### Section 8: Any Non-Illlicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Buffalo Creek Watershed - Outfall 15

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <u>Buffalo Creek</u>		Outfall ID: <u>16</u>	
Today's date: <u>7/19/12</u>		Time (Military): <u>12:12</u>	
Investigators: <u>Lily Dempsey, Jeff Van Spankeren</u>		Form completed by: <u>Lily Dempsey, Jeff Van Spankeren</u>	
Temperature (°F): <u>81</u>	Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u>		
Latitude: <u>42.168686</u>	Longitude: <u>-88.069471</u>	GPS Unit:	GPS LMK #:
Camera: <u>iphone</u>	Photo #: <u>8082, 8083</u>		
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 type="checkbox"/> Suburban Residential	Other: _____		
<input checked="" type="checkbox"/> Commercial	Known Industries: _____		
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED	
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input 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: <u>21"</u>  Depth: _____ Top Width: _____ Bottom Width: _____	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: _____		
<input type="checkbox"/> In-Stream	<b>(applicable when collecting samples)</b>				
Flow Present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, Skip to Section 5</i>				
Flow Description (If present)	<input checked="" type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial				

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	____' ____"	Ft, In	Tape measure
	Measured length	____' ____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
			<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Sulfide <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Green <input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Suds <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Corrosion <input type="checkbox"/> Peeling Paint	split pipe (shown in photos)
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Excessive <input type="checkbox"/> Inhibited	
Poor pool quality	<input checked="" type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Suds <input type="checkbox"/> Colors <input checked="" type="checkbox"/> Excessive Algae <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

- Sample for the lab?  Yes  No
- If yes, collected from:  Flow  Pool
- Intermittent flow trap set?  Yes  No If Yes, type:  OBM  Caulk dam

### Section 8: Any Non-Illlicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Buffalo Creek Watershed - Outfall 16

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Buffalo Creek - Outfall 16

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <u>Flint Creek</u>		Outfall ID: <u>17</u>	
Today's date: <u>7/21/21</u>		Time (Military): <u>0832</u>	
Investigators: <u>Lily Dempsey, Jeff Van Saunheren</u>		Form completed by: <u>Lily Dempsey, Jeff Van Saunheren</u>	
Temperature (°F): <u>66°</u>	Rainfall (in.): Last 24 hours: <u>0</u>	Last 48 hours: <u>0</u>	
Latitude: <u>42.166417</u>	Longitude: <u>-88.099893</u>	GPS Unit:	GPS LMK #:
Camera: <u>iphone</u>		Photo #: <u>8112</u>	
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: _____	
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED	
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input checked="" 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: <u>15"</u>  Depth: _____ Top Width: _____ Bottom Width: _____	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: _____		
<input type="checkbox"/> In-Stream	(applicable when collecting samples)				
Flow Present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, Skip to Section 5</i>				
Flow Description (If present)	<input checked="" type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial				

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	____' ____"	Ft, In	Tape measure
	Measured length	____' ____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

**Section 4: Physical Indicators for Flowing Outfalls Only**  
 Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight, origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

**Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls**  
 Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
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"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

**Section 6: Overall Outfall Characterization**

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

**Section 7: Data Collection**

1. Sample for the lab?  Yes  No

2. If yes, collected from:  Flow  Pool

3. Intermittent flow trap set?  Yes  No  OBM  Caulk dam

**Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?**

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Flint Creek Watershed - Outfall 17

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <u>Flint Creek</u>		Outfall ID: <u>18</u>	
Today's date: <u>7/21/21</u>		Time (Military): <u>0830</u>	
Investigators: <u>Lily Dempsey, Jeff Van Sparkeren</u>		Form completed by: <u>Lily Dempsey, Jeff Van Sparkeren</u>	
Temperature (°F): <u>66°</u>	Rainfall (in.): Last 24 hours: <u>0</u>	Last 48 hours: <u>0</u>	
Latitude: <u>42.14320</u>	Longitude: <u>-88.099900</u>	GPS Unit:	GPS LMK #:
Camera: <u>iphone</u>		Photo #: <u>8111</u>	
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: _____	
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input checked="" 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: <u>18"</u> 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: _____	
<input type="checkbox"/> In-Stream	<b>(applicable when collecting samples)</b>			
Flow Present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input checked="" type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	____' ____"	Ft, In	Tape measure
	Measured length	____' ____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No (If No, Skip to Section 5)

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No (If No, Skip to Section 6)

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
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"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

- Sample for the lab?  Yes  No
- If yes, collected from:  Flow  Pool
- Intermittent flow trap set?  Yes  No If Yes, type:  OBM  Caulk dam

### Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Flint Creek Watershed - Outfall 18

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <u>Flint Creek</u>		Outfall ID: <u>19</u>	
Today's date: <u>7/2/21</u>		Time (Military): <u>0825</u>	
Investigators: <u>Lily Dempsey, Jeff Van Spankeren</u>		Form completed by: <u>Lily Dempsey, Jeff Van Spankeren</u>	
Temperature (°F): <u>66°</u>	Rainfall (in.): Last 24 hours: <u>∅</u> Last 48 hours: <u>∅</u>		
Latitude: <u>42.166084</u>	Longitude: <u>-88.098021</u>	GPS Unit:	GPS LMK #:
Camera: <u>iphone</u>		Photo #: <u>8110</u>	
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: _____	
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input checked="" 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: <u>15"</u>  In Water: <input type="checkbox"/> No <input checked="" 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: _____	
<input type="checkbox"/> In-Stream	(applicable when collecting samples)			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	____' ____"	Ft, In	Tape measure
	Measured length	____' ____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
			1 - Paint	2 - Easily detected	3 - Noticeable from a distance
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Paint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
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"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If yes, collected from:	<input type="checkbox"/> Flow <input type="checkbox"/> Pool
3. Intermittent flow trap set?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> OBM <input type="checkbox"/> Caulk dam

### Section 8: Any Non-Ilicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Flint Creek Watershed - Outfall 19

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <i>Flint Creek</i>		Outfall ID: <i>20</i>	
Today's date: <i>7/21/21</i>		Time (Military): <i>0820</i>	
Investigators: <i>Lily Dempsey, Jeff Van Spankeren</i>		Form completed by: <i>Lily Dempsey, Jeff Van Spankeren</i>	
Temperature (°F): <i>64°</i>	Rainfall (in.): Last 24 hours: <i>∅</i> Last 48 hours: <i>∅</i>		
Latitude: <i>42.165362</i>	Longitude: <i>-88.097226</i>	GPS Unit:	GPS LMK #:
Camera: <i>iphone</i>		Photo #: <i>8109</i>	
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: _____	
Notes (e.g., origin of outfall, if known): <i>BACK PETCHED</i>			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input checked="" 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: <i>12"</i> 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: _____	
<input type="checkbox"/> In-Stream	(applicable when collecting samples)			
Flow Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume	Liter	Bottle	
	Time to fill	Sec		
<input type="checkbox"/> Flow #2	Flow depth	In	Tape measure	
	Flow width	____' ____"	Tape measure	
	Measured length	____' ____"	Tape measure	
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
			1 - Faint	2 - Easily detected	3 - Noticeable from a distance
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
Deposits/Stains	<input type="checkbox"/>	<input type="checkbox"/> Oily <input type="checkbox"/> Flow Line <input type="checkbox"/> Paint <input type="checkbox"/> Other: <input type="checkbox"/> Excessive <input type="checkbox"/> Inhibited	
Abnormal Vegetation	<input type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If yes, collected from:	<input type="checkbox"/> Flow <input type="checkbox"/> Pool
3. Intermittent flow trap set?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, type: <input type="checkbox"/> OBM <input type="checkbox"/> Caulk dam</i>

### Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Flint Creek Watershed - Outfall 20

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <i>Flint Creek</i>		Outfall ID: <i>21</i>	
Today's date: <i>7/21/21</i>		Time (Military): <i>0314</i>	
Investigators: <i>Lily Dempsey, Jeff Van Spankeren</i>		Form completed by: <i>Lily Dempsey, Jeff Van Spankeren</i>	
Temperature (°F): <i>64°</i>	Rainfall (in.): Last 24 hours: <i>∅</i> Last 48 hours: <i>∅</i>		
Latitude: <i>42.164821</i>	Longitude: <i>-88.097555</i>	GPS Unit:	GPS LMK #:
Camera: <i>iphone</i>		Photo #: <i>8108</i>	
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: _____		
Notes (e.g., origin of outfall, if known): <i>DOUBLE 4" HDPE COMING OUT OF OUTFALL</i>			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input checked="" 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: <i>15"</i> 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: _____	
<input type="checkbox"/> In-Stream	(applicable when collecting samples)			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	____' ____"	Ft, In	Tape measure
	Measured length	____' ____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Sulfide <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Green <input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Suds <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

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 checked="" type="checkbox"/>	<input type="checkbox"/> Excessive <input checked="" type="checkbox"/> Inhibited	
Poor pool quality	<input type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Suds <input type="checkbox"/> Colors <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?  Yes  No
2. If yes, collected from:  Flow  Pool
3. Intermittent flow trap set?  Yes  No If Yes, type:  OBM  Caulk dam

### Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Flint Creek Watershed - Outfall 21

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <i>Flint Creek</i>		Outfall ID: <i>22</i>	
Today's date: <i>7/19/21</i>		Time (Military): <i>1547</i>	
Investigators: <i>Lily Dempsey, Jeff Van Spankeren</i>		Form completed by: <i>Lily Dempsey, Jeff Van Spankeren</i>	
Temperature (°F): <i>88°</i>	Rainfall (in.): Last 24 hours: <i>∅</i>		Last 48 hours: <i>∅</i>
Latitude: <i>42.165273</i>	Longitude: <i>-88.094440</i>	GPS Unit:	GPS LMK #:
Camera: <i>iphone</i>		Photo #: <i>8102, 8103</i>	
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: _____		
Notes (e.g., origin of outfall, if known): <i>NEARBY STRUCTURE SURCHARGING (shown in photos)</i>			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input 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 checked="" type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: <i>18"</i>	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: _____	
<input type="checkbox"/> In-Stream	(applicable when collecting samples)			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	____' ____"	Ft, In	Tape measure
	Measured length	____' ____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
			1 - Faint	2 - Easily detected	3 - Noticeable from a distance
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
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"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If yes, collected from:	<input type="checkbox"/> Flow <input type="checkbox"/> Pool
3. Intermittent flow trap set?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> OBM <input type="checkbox"/> Caulk dam

### Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Flint Creek Watershed - Outfall 22

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Flint Creek - Outfall 22

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <i>Flint Creek</i>		Outfall ID: <i>23</i>	
Today's date: <i>7/19/21</i>		Time (Military): <i>1541</i>	
Investigators: <i>Lily Dempsey, Jeff Van Spankeren</i>		Form completed by: <i>Lily Dempsey, Jeff Van Spankeren</i>	
Temperature (°F): <i>87°</i>	Rainfall (in.): Last 24 hours: <i>∅</i> Last 48 hours: <i>∅</i>		
Latitude: <i>42.167242</i>	Longitude: <i>-88.094768</i>	GPS Unit:	GPS LMK #:
Camera: <i>iPhone</i>	Photo #: <i>8101</i>		
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: _____		
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input checked="" 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: <div style="text-align: center; font-size: 1.2em;"><i>15"</i></div> 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: _____	
<input type="checkbox"/> In-Stream	(applicable when collecting samples)			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume	Liter	Bottle	
	Time to fill	Sec		
<input type="checkbox"/> Flow #2	Flow depth	In	Tape measure	
	Flow width	Ft, In	Tape measure	
	Measured length	Ft, In	Tape measure	
	Time of travel	S	Stop watch	
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
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"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If yes, collected from:	<input type="checkbox"/> Flow <input type="checkbox"/> Pool
3. Intermittent flow trap set?	<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">If Yes, type: <input type="checkbox"/> OBM <input type="checkbox"/> Caulk dam</span>

### Section 8: Any Non-Ilicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Flint Creek Watershed - Outfall 23

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <u>Buffalo Creek</u>		Outfall ID: <u>24</u>	
Today's date: <u>7/19/21</u>		Time (Military): <u>1442</u>	
Investigators: <u>Lily Dempsey, Jeff Van Spankeren</u>		Form completed by: <u>Lily Dempsey, Jeff Van Spankeren</u>	
Temperature (°F): <u>83°</u>	Rainfall (in.): Last 24 hours: <u>∅</u>	Last 48 hours: <u>∅</u>	
Latitude: <u>42.164688</u>	Longitude: <u>-88.084726</u>	GPS Unit:	GPS LMK #:
Camera: <u>iphone</u>	Photo #: <u>8097</u>		
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: _____		
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input 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 checked="" type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	Diameter/Dimensions: <u>36"</u>	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: _____	
<input type="checkbox"/> In-Stream	(applicable when collecting samples)			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (if present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	____' ____"	Ft, In	Tape measure
	Measured length	____' ____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/sight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  No  Yes *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
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"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?  Yes  No

2. If yes, collected from:  Flow  Pool

3. Intermittent flow trap set?  Yes  No If Yes, type:  OBM  Caulk dam

### Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Buffalo Creek Watershed - Outfall 24

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <u>Buffalo Creek</u>		Outfall ID: <u>25</u>	
Today's date: <u>7/19/21</u>		Time (Military): <u>19.34</u>	
Investigators: <u>Lily Dempsey, Jeff Van Spankeren</u>		Form completed by: <u>Lily Dempsey, Jeff Van Spankeren</u>	
Temperature (°F): <u>84</u>	Rainfall (in.): Last 24 hours: <u>∅</u> Last 48 hours: <u>∅</u>		
Latitude: <u>42.164882</u>	Longitude: <u>-88.080393</u>	GPS Unit:	GPS LMK #:
Camera: <u>iphone</u>		Photo #: <u>8095</u>	
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: _____		
Notes (e.g., origin of outfall, if known):			

### 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: <u>18"</u>  Depth: _____ Top Width: _____ Bottom Width: _____	In Water: <input type="checkbox"/> No <input checked="" 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: _____		
<input type="checkbox"/> In-Stream	(applicable when collecting samples)				
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>				
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial				

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume	Liter	Bottle	
	Time to fill	Sec		
<input type="checkbox"/> Flow #2	Flow depth	In	Tape measure	
	Flow width	____' ____"	Tape measure	
	Measured length	____' ____"	Tape measure	
	Time of travel		Stop watch	
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Sulfide <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint <input type="checkbox"/> 2 - Easily detected <input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Green <input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle <input type="checkbox"/> 2 - Clearly visible in sample bottle <input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness <input type="checkbox"/> 2 - Cloudy <input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Suds <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious <input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen) <input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

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"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?  Yes  No
2. If yes, collected from:  Flow  Pool
3. Intermittent flow trap set?  Yes  No If Yes, type:  OBM  Caulk dam

### Section 8: Any Non-Ilicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Buffalo Creek - Outfall 25

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <u>Buffalo Creek</u>		Outfall ID: <u>26</u>	
Today's date: <u>7/19/21</u>		Time (Military): <u>1338</u>	
Investigators: <u>Lily Dempsey, Jeff Van Spankeren</u>		Form completed by: <u>Lily Dempsey, Jeff Van Spankeren</u>	
Temperature (°F): <u>84°</u>	Rainfall (in.): Last 24 hours: <u>∅</u> Last 48 hours: <u>∅</u>		
Latitude: <u>42.167633</u>	Longitude: <u>-88.074582</u>	GPS Unit:	GPS LMK #:
Camera: <u>iphone</u>	Photo #: <u>8090</u>		
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: _____		
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input 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 checked="" type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: <u>15"</u>	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: _____	
<input type="checkbox"/> In-Stream	(applicable when collecting samples)			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	____' ____"	Ft, In	Tape measure
	Measured length	____' ____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

**Section 4: Physical Indicators for Flowing Outfalls Only**  
 Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Sulfide <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Green <input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Suds <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

**Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls**  
 Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Excessive <input checked="" type="checkbox"/> Inhibited	
Poor pool quality	<input type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Suds <input type="checkbox"/> Colors <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

**Section 6: Overall Outfall Characterization**

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

**Section 7: Data Collection**

1. Sample for the lab?  Yes  No

2. If yes, collected from:  Flow  Pool

3. Intermittent flow trap set?  Yes  No If Yes, type:  OBM  Caulk dam

**Section 8: Any Non-Illlicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?**

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Buffalo Creek Watershed - Outfall 26

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <u>Buffalo Creek</u>		Outfall ID: <u>27</u>	
Today's date: <u>7/19/21</u>		Time (Military): <u>1237</u>	
Investigators: <u>Lily Dempsey, Jeff Van Spankeren</u>		Form completed by: <u>Lily Dempsey, Jeff Van Spankeren</u>	
Temperature (°F): <u>82</u>	Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u>		
Latitude: <u>42.164348</u>	Longitude: <u>-88.074979</u>	GPS Unit:	GPS LMK #:
Camera: <u>iphone</u>	Photo #: <u>8086</u>		
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: _____		
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input 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 checked="" type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: <u>15"</u>	In Water: <input type="checkbox"/> No <input checked="" 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: _____	
<input type="checkbox"/> In-Stream	<b>(applicable when collecting samples)</b>			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume	Liter	Bottle	
	Time to fill	Sec		
<input type="checkbox"/> Flow #2	Flow depth	In	Tape measure	
	Flow width	Ft, In	Tape measure	
	Measured length	Ft, In	Tape measure	
	Time of travel	S	Stop watch	
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight, origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Excessive <input type="checkbox"/> Inhibited	
Poor pool quality	<input type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?  Yes  No

2. If yes, collected from:  Flow  Pool

3. Intermittent flow trap set?  Yes  No If Yes, type:  OBM  Caulk dam

### Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Buffalo Creek Watershed - Outfall 27

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <i>Buffalo Creek</i>		Outfall ID: <i>28</i>	
Today's date: <i>7/19/21</i>		Time (Military): <i>1144</i>	
Investigators: <i>Lily Dempsey, Jeff Van Spankeren</i>		Form completed by: <i>Lily Dempsey, Jeff Van Spankeren</i>	
Temperature (°F):	Rainfall (in.): Last 24 hours: <i>0</i> Last 48 hours: <i>0</i>		
Latitude: <i>42.164581</i>	Longitude: <i>-88.068240</i>	GPS Unit:	GPS LMK #:
Camera: <i>iphone</i>	Photo #: <i>8078</i>		
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: _____		
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED	
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input 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: <i>30"</i> Depth: _____ Top Width: _____ Bottom Width: _____	In Water: <input type="checkbox"/> No <input checked="" 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: _____		
<input type="checkbox"/> In-Stream	(applicable when collecting samples)				
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>				
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial				

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume	Liter	Bottle	
	Time to fill	Sec		
<input type="checkbox"/> Flow #2	Flow depth	In	Tape measure	
	Flow width	____' ____"	Tape measure	
	Measured length	____' ____"	Tape measure	
	Time of travel		Stop watch	
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No (If No, Skip to Section 5)

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
			1 - Faint	2 - Easily detected	3 - Noticeable from a distance
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No (If No, Skip to Section 6)

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	OUTLET SEPARATING FROM MAIN LINE
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 checked="" type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input checked="" type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?  Yes  No

2. If yes, collected from:  Flow  Pool

3. Intermittent flow trap set?  Yes  No If Yes, type:  OBM  Caulk dam

### Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Buffalo Creek - Outfall 28

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <b>FLINT CREEK</b>		Outfall ID: <b>29</b>	
Today's date: <b>7/21/21</b>		Time (Military): <b>0653</b>	
Investigators: <b>LILY DEMPSEY, JEFF VAN SPANKEREN</b>		Form completed by: <b>JEFF VAN SPANKEREN</b>	
Temperature (°F): <b>70°</b>	Rainfall (in.): Last 24 hours: <b>∅</b> Last 48 hours: <b>∅</b>		
Latitude: <b>42.161612</b>	Longitude: <b>-88.099573</b>	GPS Unit:	GPS LMK #:
Camera: <b>IPHONE</b>		Photo #s:	
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: _____	
Notes (e.g., origin of outfall, if known): <b>TO THE EAST OF OUTFALL 30</b>			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input 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: <b>18"</b> 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: _____	
<input type="checkbox"/> In-Stream	(applicable when collecting samples)			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume	Liter	Bottle	
	Time to fill	Sec		
<input type="checkbox"/> Flow #2	Flow depth	In	Tape measure	
	Flow width	____' ____"	Tape measure	
	Measured length	____' ____"	Tape measure	
	Time of travel		Stop watch	
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No (If No, Skip to Section 5)

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
			1 - Faint	2 - Easily detected	3 - Noticeable from a distance
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables - Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g. possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g. obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No (If No, Skip to Section 6)

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
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"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?  Yes  No

2. If yes, collected from:  Flow  Pool

3. Intermittent flow trap set?  Yes  No If Yes, type:  OBM  Caulk dam

### Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Flint Creek Watershed - Outfall 29

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <u>FLINT CREEK</u>		Outfall ID: <u>30</u>	
Today's date: <u>07/21/21</u>		Time (Military): <u>0658</u>	
Investigators: <u>JEFF VAN SPANKEREN, LILY DEMPSEY</u>		Form completed by: <u>JEFF VAN SPANKEREN</u>	
Temperature (°F): <u>70°</u>	Rainfall (in.): Last 24 hours: <u>0</u>	Last 48 hours: <u>0</u>	
Latitude: <u>42.161789</u>	Longitude: <u>-88.099697</u>	GPS Unit:	GPS LMK #:
Camera: <u>IPHONE</u>		Photo #s:	
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: _____		
Notes (e.g., origin of outfall, if known): <u>TO THE WEST OF OUTFALL 29, PVC ENCASED IN CONCRETE</u>			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED	
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input checked="" 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 type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: <u>6"</u>  Depth: _____ Top Width: _____ Bottom Width: _____	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: _____		
<input type="checkbox"/> In-Stream	(applicable when collecting samples)				
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>				
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial				

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	____' ____"	Ft, In	Tape measure
	Measured length	____' ____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

**Section 4: Physical Indicators for Flowing Outfalls Only**  
 Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint <input type="checkbox"/> 2 - Easily detected <input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle <input type="checkbox"/> 2 - Clearly visible in sample bottle <input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness <input type="checkbox"/> 2 - Cloudy <input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight, origin not obvious <input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen) <input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

**Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls**

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

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"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

**Section 6: Overall Outfall Characterization**

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

**Section 7: Data Collection**

1. Sample for the lab?  Yes  No

2. If yes, collected from:  Flow  Pool

3. Intermittent flow trap set?  Yes  No *If Yes, type:  OBM  Caulk dam*

**Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?**

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Flint Creek Watershed - Outfall 30

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <u>Buffalo Creek</u>		Outfall ID: <u>31</u>	
Today's date: <u>7/19/21</u>		Time (Military): <u>1244</u>	
Investigators: <u>Lily Dempsey, Jeff Van Spankeren</u>		Form completed by: <u>Lily Dempsey, Jeff Van Spankeren</u>	
Temperature (°F): <u>82°</u>	Rainfall (in.): Last 24 hours: <u>∅</u> Last 48 hours: <u>∅</u>		
Latitude: <u>42.163502</u>	Longitude: <u>-88.075015</u>	GPS Unit:	GPS LMK #:
Camera: <u>iphone</u>	Photo #: <u>8088</u>		
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: _____		
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED	
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input 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: <u>18"</u>  Depth: _____ Top Width: _____ Bottom Width: _____	In Water: <input type="checkbox"/> No <input checked="" 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: _____		
<input type="checkbox"/> In-Stream	(applicable when collecting samples)				
Flow Present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, Skip to Section 5</i>				
Flow Description (If present)	<input checked="" type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial				

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume	Liter	Bottle	
	Time to fill	Sec		
<input type="checkbox"/> Flow #2	Flow depth	In	Tape measure	
	Flow width	Ft, In	Tape measure	
	Measured length	Ft, In	Tape measure	
	Time of travel	S	Stop watch	
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No (If No, Skip to Section 5)

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
			<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Sulfide <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Suds <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No (If No, Skip to Section 6)

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input checked="" type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Corrosion <input type="checkbox"/> Peeling Paint	Separating outlet
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 checked="" type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Suds <input checked="" type="checkbox"/> Excessive Algae <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

- Sample for the lab?  Yes  No
- If yes, collected from:  Flow  Pool
- Intermittent flow trap set?  Yes  No If Yes, type:  OBM  Caulk dam

### Section 8: Any Non-Ilicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Buffalo Creek Watershed - Outfall 31

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <i>Buffalo Creek</i>		Outfall ID: <i>32</i>	
Today's date: <i>7/19/21</i>		Time (Military): <i>12 41</i>	
Investigators: <i>Lily Dempsey, Jeff Van Spankeren</i>		Form completed by: <i>Lily Dempsey, Jeff Van Spankeren</i>	
Temperature (°F): <i>83°</i>	Rainfall (in.): Last 24 hours: $\emptyset$ Last 48 hours: $\emptyset$		
Latitude: <i>42.163509</i>	Longitude: <i>-88.075021</i>	GPS Unit:	GPS LMK #:
Camera: <i>iphone</i>		Photo #: <i>8087</i>	
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: _____	
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input 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 checked="" type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	Diameter/Dimensions: <i>18"</i>	In Water: <input type="checkbox"/> No <input checked="" 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: _____	
<input type="checkbox"/> In-Stream	<b>(applicable when collecting samples)</b>			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	____' ____"	Ft, In	Tape measure
	Measured length	____' ____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
			<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
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"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If yes, collected from:	<input type="checkbox"/> Flow <input type="checkbox"/> Pool
3. Intermittent flow trap set?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> OBM <input type="checkbox"/> Caulk dam

### Section 8: Any Non-Ilicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Buffalo Creek Watershed - Outfall 32

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <u>Buffalo Creek</u>		Outfall ID: <u>33</u>	
Today's date: <u>7/19/21</u>		Time (Military): <u>1249</u>	
Investigators: <u>Lily Dempsey, Jeff Van Spankeren</u>		Form completed by: <u>Lily Dempsey, Jeff Van Spankeren</u>	
Temperature (°F): <u>82°</u>	Rainfall (in.): Last 24 hours: <u>Ø</u>	Last 48 hours: <u>Ø</u>	
Latitude: <u>42.162430</u>	Longitude: <u>-88.075164</u>	GPS Unit:	GPS LMK #:
Camera: <u>iphone</u>	Photo #: <u>8089</u>		
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: _____		
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED	
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input 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: <u>12"</u>  Depth: _____ Top Width: _____ Bottom Width: _____	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: _____		
<input type="checkbox"/> In-Stream	(applicable when collecting samples)				
Flow Present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, Skip to Section 5</i>				
Flow Description (If present)	<input checked="" type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial				

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	____' ____"	Ft, In	Tape measure
	Measured length	____' ____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

**Section 4: Physical Indicators for Flowing Outfalls Only**  
 Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
			1 - Faint	2 - Easily detected	3 - Noticeable from a distance
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables - Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Suds <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheet)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

**Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls**  
 Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

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 checked="" type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input checked="" type="checkbox"/> Excessive Algae <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

**Section 6: Overall Outfall Characterization**

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

**Section 7: Data Collection**

1. Sample for the lab?  Yes  No

2. If yes, collected from:  Flow  Pool

3. Intermittent flow trap set?  Yes  No If Yes, type:  OBM  Caulk dam

**Section 8: Any Non-Ilicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?**

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Buffalo Creek Watershed - Outfall 33

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <u>Buffalo Creek</u>		Outfall ID: <u>35</u>	
Today's date: <u>7/7/21</u>		Time (Military): <u>09:55</u>	
Investigators: <u>Lily Demsey, Jeff Van Spankeren</u>		Form completed by: <u>Lily Demsey, Jeff Van Spankeren</u>	
Temperature (°F): <u>82</u>	Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u>		
Latitude: <u>42.160854</u>	Longitude: <u>-88.057042</u>	GPS Unit:	GPS LMK #:
Camera: <u>iPhone</u>	Photo #: <u>7984</u>		
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 type="checkbox"/> Suburban Residential	Other: _____		
<input checked="" type="checkbox"/> Commercial	Known Industries: _____		
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED	
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input 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: <u>36"</u>  Depth: _____ Top Width: _____ Bottom Width: _____	In Water: <input type="checkbox"/> No <input checked="" 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: _____		
<input type="checkbox"/> In-Stream	(applicable when collecting samples)				
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>				
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial				

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume	Liter	Bottle	
	Time to fill	Sec		
<input type="checkbox"/> Flow #2	Flow depth	In	Tape measure	
	Flow width	____' ____"	Tape measure	
	Measured length	____' ____"	Tape measure	
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 – Faint	<input type="checkbox"/> 2 – Easily detected	<input type="checkbox"/> 3 – Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 – Faint colors in sample bottle	<input type="checkbox"/> 2 – Clearly visible in sample bottle	<input type="checkbox"/> 3 – Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 – Slight cloudiness	<input type="checkbox"/> 2 – Cloudy	<input type="checkbox"/> 3 – Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 – Few/slight; origin not obvious	<input type="checkbox"/> 2 – Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 – Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
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"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?  Yes  No

2. If yes, collected from:  Flow  Pool

3. Intermittent flow trap set?  Yes  No *If Yes, type:  OBM  Caulk dam*

### Section 8: Any Non-Ilicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Buffalo Creek Watershed - Outfall 35

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <u>Buffalo Creek</u>		Outfall ID: <u>36</u>	
Today's date: <u>7/7/21</u>		Time (Military): <u>09:53</u>	
Investigators: <u>Lily Dempsey, Jeff Van Spankeren</u>		Form completed by: <u>Lily Dempsey, Jeff Van Spankeren</u>	
Temperature (°F): <u>82</u>	Rainfall (in.): Last 24 hours: <u>0</u>	Last 48 hours: <u>0</u>	
Latitude: <u>42.160617</u>	Longitude: <u>-88.056506</u>	GPS Unit:	GPS LMK #:
Camera: <u>iphone</u>	Photo #: <u>7983</u>		
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 type="checkbox"/> Suburban Residential	Other: _____		
<input checked="" type="checkbox"/> Commercial	Known Industries: _____		
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input 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"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	Diameter/Dimensions: <u>12"</u>	In Water: <input type="checkbox"/> No <input checked="" 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: _____	
<input type="checkbox"/> In-Stream	<b>(applicable when collecting samples)</b>			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	____' ____"	Ft, In	Tape measure
	Measured length	____' ____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

**Section 4: Physical Indicators for Flowing Outfalls Only**  
 Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

**Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls**

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
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"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

**Section 6: Overall Outfall Characterization**

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

**Section 7: Data Collection**

1. Sample for the lab?  Yes  No
2. If yes, collected from:  Flow  Pool
3. Intermittent flow trap set?  Yes  No If Yes, type:  OBM  Caulk dam

**Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?**

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Buffalo Creek Watershed - Outfall 36

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <u>Buffalo Creek</u>		Outfall ID: <u>37</u>	
Today's date: <u>7/1/21</u>		Time (Military): <u>0950</u>	
Investigators: <u>Lily Dempsey, Jeff Van Spankeren</u>		Form completed by: <u>Lily Dempsey, Jeff Van Spankeren</u>	
Temperature (°F): <u>82°</u>	Rainfall (in.): Last 24 hours: <u>∅</u>	Last 48 hours: <u>∅</u>	
Latitude: <u>42.161134</u>	Longitude: <u>-88.056423</u>	GPS Unit:	GPS LMK #:
Camera: <u>IPHONE</u>	Photo #: <u>7982</u>		
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 type="checkbox"/> Suburban Residential	Other: _____		
<input checked="" type="checkbox"/> Commercial	Known Industries: _____		
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input 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 checked="" type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	Diameter/Dimensions: <u>12"</u>	In Water: <input type="checkbox"/> No <input checked="" type="checkbox"/> Partially <input type="checkbox"/> Fully  With Sediment: <input type="checkbox"/> No <input checked="" 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: _____	
<input type="checkbox"/> In-Stream	(applicable when collecting samples)			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>If No, Skip to Section 5</i>		
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	____' ____"	Ft, In	Tape measure
	Measured length	____' ____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
			1 - Faint	2 - Easily detected	3 - Noticeable from a distance
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
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 checked="" type="checkbox"/>	<input type="checkbox"/> Excessive <input checked="" type="checkbox"/> Inhibited	STICK & LEAF BUILDUP
Poor pool quality	<input type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If yes, collected from:	<input type="checkbox"/> Flow <input type="checkbox"/> Pool
3. Intermittent flow trap set?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> OBM <input type="checkbox"/> Caulk dam

### Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Buffalo Creek Watershed - Outfall 37

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <u>Buffalo Creek</u>		Outfall ID: <u>38</u>	
Today's date: <u>07/07/2021</u>		Time (Military): <u>0946</u>	
Investigators: <u>Lily Dempsey, Jeff Van Spankeren</u>		Form completed by: <u>Lily Dempsey, Jeff Van Spankeren</u>	
Temperature (°F): <u>82°</u>	Rainfall (in.): Last 24 hours: <u>∅</u> Last 48 hours: <u>∅</u>		
Latitude: <u>42.161137</u>	Longitude: <u>-88.056445</u>	GPS Unit:	GPS LMK #:
Camera: <u>iPhone</u>	Photo #: <u>7981</u>		
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 type="checkbox"/> Suburban Residential	Other: _____		
<input checked="" type="checkbox"/> Commercial	Known Industries: _____		
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input 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 checked="" type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	Diameter/Dimensions: <u>12"</u>	In Water: <input type="checkbox"/> No <input checked="" type="checkbox"/> Partially <input type="checkbox"/> Fully  With Sediment: <input type="checkbox"/> No <input checked="" 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: _____	
<input type="checkbox"/> In-Stream	(applicable when collecting samples)			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<i>If No, Skip to Section 5</i>	
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	____' ____"	Ft, In	Tape measure
	Measured length	____' ____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Sulfide <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Other: <input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	See severity <input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
Deposits/Stains	<input type="checkbox"/>	<input type="checkbox"/> Oily <input type="checkbox"/> Flow Line <input type="checkbox"/> Paint <input type="checkbox"/> Other: <input type="checkbox"/> Excessive <input type="checkbox"/> Inhibited	
Abnormal Vegetation	<input type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Poor pool quality	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>		

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?  Yes  No

2. If yes, collected from:  Flow  Pool

3. Intermittent flow trap set?  Yes  No If Yes, type:  OBM  Caulk dam

### Section 8: Any Non-Illlicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Buffalo Creek Watershed - Outfall 38

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <i>Buffalo Creek</i>		Outfall ID: <i>39</i>	
Today's date: <i>7/7/21</i>		Time (Military): <i>0944</i>	
Investigators: <i>Lily Dempsey, Jeff Van Spankeren</i>		Form completed by: <i>Lily Dempsey, Jeff Van Spankeren</i>	
Temperature (°F): <i>82°</i>	Rainfall (in.): Last 24 hours: <input checked="" type="checkbox"/> Last 48 hours: <input checked="" type="checkbox"/>		
Latitude: <i>42.60172</i>	Longitude: <i>-88.056390</i>	GPS Unit:	GPS LMK #:
Camera: <i>iPhone</i>	Photo #: <i>7980</i>		
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 type="checkbox"/> Suburban Residential	Other: _____		
<input checked="" type="checkbox"/> Commercial	Known Industries: _____		
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED	
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input 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: <i>72"</i> Depth: _____ Top Width: _____ Bottom Width: _____	In Water: <input type="checkbox"/> No <input checked="" 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: _____		
<input type="checkbox"/> In-Stream	(applicable when collecting samples)				
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>				
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial				

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume	Liter	Bottle	
	Time to fill	Sec		
<input type="checkbox"/> Flow #2	Flow depth	In	Tape measure	
	Flow width	____' ____"	Tape measure	
	Measured length	____' ____"	Tape measure	
	Time of travel		Stop watch	
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
			<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
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"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?  Yes  No

2. If yes, collected from:  Flow  Pool

3. Intermittent flow trap set?  Yes  No If Yes, type:  OBM  Caulk dam

### Section 8: Any Non-Ilicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Buffalo Creek Watershed - Outfall 39

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <u>Buffalo Creek</u>		Outfall ID: <u>39a</u>	
Today's date: <u>7/1/21</u>		Time (Military): <u>09:37</u>	
Investigators: <u>Lily Dempsey, Jeff Van Spankeren</u>		Form completed by: <u>Lily Dempsey, Jeff Van Spankeren</u>	
Temperature (°F): <u>82</u>	Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u>		
Latitude: <u>42.159827</u>	Longitude: <u>-88.056388</u>	GPS Unit:	GPS LMK #:
Camera: <u>iPhone</u>		Photo #: <u>7978</u>	
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 type="checkbox"/> Suburban Residential		Other: _____	
<input checked="" type="checkbox"/> Commercial		Known Industries: _____	
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input 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: <u>24"</u> In Water/ <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully With Sediment: <input type="checkbox"/> No <input checked="" 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: _____	
<input type="checkbox"/> In-Stream	<b>(applicable when collecting samples)</b>			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	____' ____"	Ft, In	Tape measure
	Measured length	____' ____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Sulfide <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Green <input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Suds <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

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 checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Suds <input type="checkbox"/> Colors <input type="checkbox"/> Excessive Algae <input checked="" type="checkbox"/> Floatables <input checked="" type="checkbox"/> Oil Sheen <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?  Yes  No

2. If yes, collected from:  Flow  Pool

3. Intermittent flow trap set?  Yes  No If Yes, type:  OBM  Caulk dam

### Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Buffalo Creek Watershed - Outfall 39a

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <u>Buffalo Creek</u>		Outfall ID: <u>396</u>	
Today's date: <u>7/1/21</u>		Time (Military): <u>0939</u>	
Investigators: <u>Lily Dempsey, Jeff Van Spenkere</u>		Form completed by: <u>Lily Dempsey, Jeff Van Spenkere</u>	
Temperature (°F): <u>82°</u>	Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u>		
Latitude: <u>42.160231</u>	Longitude: <u>-88.056623</u>	GPS Unit:	GPS LMK #:
Camera: <u>IPHONE</u>	Photo #: <u>7979</u>		
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 type="checkbox"/> Suburban Residential		Other: _____	
<input checked="" type="checkbox"/> Commercial		Known Industries: _____	
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input 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 checked="" type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	Diameter/Dimensions: <u>12"</u>	In Water: <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully  With Sediment: <input type="checkbox"/> No <input checked="" 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: _____	
<input type="checkbox"/> In-Stream	(applicable when collecting samples)			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume	Liter	Bottle	
	Time to fill	Sec		
<input type="checkbox"/> Flow #2	Flow depth	In	Tape measure	
	Flow width	____' ____"	Tape measure	
	Measured length	____' ____"	Tape measure	
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight, origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
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"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?  Yes  No
2. If yes, collected from:  Flow  Pool
3. Intermittent flow trap set?  Yes  No If Yes, type:  OBM  Caulk dam

### Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Buffalo Creek Watershed - Outfall 39b

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <u>Buffalo Creek</u>		Outfall ID: <u>40</u>	
Today's date: <u>7/7/21</u>		Time (Military): <u>10:06</u>	
Investigators: <u>Lily Dempsey, Jeff Van Spankeren</u>		Form completed by: <u>Lily Dempsey, Jeff Van Spankeren</u>	
Temperature (°F): <u>82°</u>		Rainfall (in.): Last 24 hours: <u>∅</u> Last 48 hours: <u>∅</u>	
Latitude: <u>42.162976</u>	Longitude: <u>-88.053114</u>	GPS Unit:	GPS LMK #:
Camera:		Photo #: <u>7985</u>	
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 type="checkbox"/> Suburban Residential		Other: _____	
<input checked="" type="checkbox"/> Commercial		Known Industries: _____	
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other: _____	<input type="checkbox"/> Circular <input type="checkbox"/> Elliptical <input checked="" 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: <u>24" x 24"</u> In Water: <input type="checkbox"/> No <input checked="" type="checkbox"/> Partially <input type="checkbox"/> Fully With Sediment: <input type="checkbox"/> No <input checked="" 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: _____	
<input type="checkbox"/> In-Stream	(applicable when collecting samples)			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	____' ____"	Ft, In	Tape measure
	Measured length	____' ____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 – Faint	<input type="checkbox"/> 2 – Easily detected	<input type="checkbox"/> 3 – Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 – Faint colors in sample bottle	<input type="checkbox"/> 2 – Clearly visible in sample bottle	<input type="checkbox"/> 3 – Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 – Slight cloudiness	<input type="checkbox"/> 2 – Cloudy	<input type="checkbox"/> 3 – Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 – Few/slight; origin not obvious	<input type="checkbox"/> 2 – Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 – Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
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"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?  Yes  No
2. If yes, collected from:  Flow  Pool
3. Intermittent flow trap set?  Yes  No If Yes, type:  OBM  Caulk dam

### Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Buffalo Creek Watershed - Outfall 40

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <u>Flint Creek</u>		Outfall ID: <u>41</u>	
Today's date: <u>7/21/21</u>		Time (Military): <u>0901</u>	
Investigators: <u>Lily Dempsey, Jeff Van Spankeren</u>		Form completed by: <u>Lily Dempsey, Jeff Van Spankeren</u>	
Temperature (°F): <u>66°</u>	Rainfall (in.): Last 24 hours: <input checked="" type="checkbox"/> Last 48 hours: <input checked="" type="checkbox"/>		
Latitude: <u>42.159398</u>	Longitude: <u>-88.098890</u>	GPS Unit:	GPS LMK #:
Camera: <u>iphone</u>		Photo #: <u>8115</u>	
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: _____	
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input checked="" 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: <u>9"</u> In Water: <input type="checkbox"/> No <input type="checkbox"/> Partially <input checked="" 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: _____	
<input type="checkbox"/> In-Stream	(applicable when collecting samples)			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	____' ____"	Ft, In	Tape measure
	Measured length	____' ____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
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"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?  Yes  No
2. If yes, collected from:  Flow  Pool
3. Intermittent flow trap set?  Yes  No If Yes, type:  OBM  Caulk dam

### Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Flint Creek Watershed - Outfall 41

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <u>Flint Creek</u>		Outfall ID: <u>43</u>	
Today's date: <u>7/21/21</u>		Time (Military): <u>0852</u>	
Investigators: <u>Lily Dempsey, Jeff Van Spankeren</u>		Form completed by: <u>Lily Dempsey, Jeff Van Spankeren</u>	
Temperature (°F): <u>66°</u>	Rainfall (in.): Last 24 hours: <u>∅</u> Last 48 hours: <u>∅</u>		
Latitude: <u>42.160255</u>	Longitude: <u>-88.097050</u>	GPS Unit:	GPS LMK #:
Camera: <u>iphone</u>		Photo #: <u>8114</u>	
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: _____	
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input 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: <u>24"</u> 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: _____	
<input type="checkbox"/> In-Stream	(applicable when collecting samples)			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	____' ____"	Ft, In	Tape measure
	Measured length	____' ____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

**Section 4: Physical Indicators for Flowing Outfalls Only**  
 Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Sulfide <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Green <input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Suds <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

**Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls**  
 Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

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"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Suds <input type="checkbox"/> Colors <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

**Section 6: Overall Outfall Characterization**

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

**Section 7: Data Collection**

1. Sample for the lab?  Yes  No

2. If yes, collected from:  Flow  Pool

3. Intermittent flow trap set?  Yes  No If Yes, type:  OBM  Caulk dam

**Section 8: Any Non-Illlicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?**

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Flint Creek Watershed - Outfall 42

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <i>Flint Creek</i>		Outfall ID: <i>43</i>	
Today's date: <i>7/21/21</i>		Time (Military): <i>0844</i>	
Investigators: <i>Lily Dempsey, Jeff Van Spankeren</i>		Form completed by: <i>Lily Dempsey, Jeff Van Spankeren</i>	
Temperature (°F): <i>66°</i>	Rainfall (in.): Last 24 hours: $\emptyset$ Last 48 hours: $\emptyset$		
Latitude: <i>42.160351</i>	Longitude: <i>-88.096162</i>	GPS Unit:	GPS LMK #:
Camera: <i>iphone</i>		Photo #: <i>8113</i>	
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: _____	
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Circular <input checked="" type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: <i>18"</i>	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: _____	
<input type="checkbox"/> In-Stream	<b>(applicable when collecting samples)</b>			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	____' ____"	Ft, In	Tape measure
	Measured length	____' ____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
			1 - Faint	2 - Easily detected	3 - Noticeable from a distance
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
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"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If yes, collected from:	<input type="checkbox"/> Flow <input type="checkbox"/> Pool
3. Intermittent flow trap set?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, type: <input type="checkbox"/> OBM <input type="checkbox"/> Caulk dam

### Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Flint Creek Watershed - Outfall 43

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <i>Buffalo Creek</i>		Outfall ID: <i>44</i>	
Today's date: <i>7/21/21</i>		Time (Military): <i>0938</i>	
Investigators: <i>Lily Dempsey, Jeff Van Spankeren</i>		Form completed by: <i>Lily Dempsey, Jeff Van Spankeren</i>	
Temperature (°F): <i>68°</i>	Rainfall (in.): Last 24 hours: <i>0</i> Last 48 hours: <i>0</i>		
Latitude: <i>42.158809</i>	Longitude: <i>-88.087739</i>	GPS Unit:	GPS LMK #:
Camera: <i>iphone</i>		Photo #: <i>8122</i>	
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: _____	
Notes (e.g., origin of outfall, if known):			

### 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: <div style="text-align: center; font-size: 1.5em;"><i>9"</i></div> 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: _____	
<input type="checkbox"/> In-Stream	(applicable when collecting samples)			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	____' ____"	Ft, In	Tape measure
	Measured length	____' ____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input checked="" type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input checked="" 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"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

- Sample for the lab?  Yes  No
- If yes, collected from:  Flow  Pool
- Intermittent flow trap set?  Yes  No If Yes, type:  OBM  Caulk dam

### Section 8: Any Non-Illlicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Buffalo Creek Watershed - Outfall 44

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <u>Buffalo Creek</u>		Outfall ID: <u>45</u>	
Today's date: <u>7/21/21</u>		Time (Military): <u>0914</u>	
Investigators: <u>Lily Dempsey, Jeff Van Spankeren</u>		Form completed by: <u>Lily Dempsey, Jeff Van Spankeren</u>	
Temperature (°F): <u>68°</u>	Rainfall (in.): Last 24 hours: <u>0</u>	Last 48 hours: <u>0</u>	
Latitude: <u>42.156899</u>	Longitude: <u>-88.091322</u>	GPS Unit:	GPS LMK #:
Camera: <u>iphone</u>	Photo #: <u>8/17</u>		
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: _____		
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input 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: <u>24" I</u> 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: _____	
<input type="checkbox"/> In-Stream	(applicable when collecting samples)			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<i>If No, Skip to Section 5</i>	
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	____' ____"	Ft, In	Tape measure
	Measured length	____' ____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint <input type="checkbox"/> 2 - Easily detected <input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle <input type="checkbox"/> 2 - Clearly visible in sample bottle <input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness <input type="checkbox"/> 2 - Cloudy <input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Suds <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious <input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen) <input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

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 checked="" type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Excessive Algae <input checked="" type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

- Sample for the lab?  Yes  No
- If yes, collected from:  Flow  Pool
- Intermittent flow trap set?  Yes  No If Yes, type:  OBM  Caulk dam

### Section 8: Any Non-Ilicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Buffalo Creek Watershed - Outfall 45

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <u>Buffalo Creek</u>		Outfall ID: <u>46</u>	
Today's date: <u>7/21/21</u>		Time (Military): <u>0910</u>	
Investigators: <u>Lily Dempsey, Jeff Van Spankeren</u>		Form completed by: <u>Lily Dempsey, Jeff Van Spankeren</u>	
Temperature (°F): <u>66°</u>	Rainfall (in.): Last 24 hours: <u>0</u>	Last 48 hours: <u>0</u>	
Latitude: <u>42.156849</u>	Longitude: <u>-88.091532</u>	GPS Unit:	GPS LMK #:
Camera: <u>iphone</u>		Photo #s: <u>8116</u>	
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: _____		
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input 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 checked="" type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	Diameter/Dimensions: <u>12"</u>	In Water: <input type="checkbox"/> No <input checked="" 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: _____	
<input type="checkbox"/> In-Stream	<b>(applicable when collecting samples)</b>			
Flow Present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input checked="" type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	____' ____"	Ft, In	Tape measure
	Measured length	____' ____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Sulfide <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input checked="" type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Green <input checked="" type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Other:	<input checked="" type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Suds <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

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 checked="" type="checkbox"/>	<input type="checkbox"/> Oily <input checked="" type="checkbox"/> Flow Line <input type="checkbox"/> Paint <input type="checkbox"/> Other:	
Abnormal Vegetation	<input checked="" type="checkbox"/>	<input type="checkbox"/> Excessive <input checked="" type="checkbox"/> Inhibited	
Poor pool quality	<input checked="" type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Suds <input checked="" type="checkbox"/> Excessive Algae <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If yes, collected from:	<input type="checkbox"/> Flow <input type="checkbox"/> Pool
3. Intermittent flow trap set?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, type: <input type="checkbox"/> OBM <input type="checkbox"/> Caulk dam

### Section 8: Any Non-Illlicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Buffalo Creek Watershed - Outfall 46

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <u>Buffalo Creek</u>		Outfall ID: <u>47</u>	
Today's date: <u>7/21/21</u>		Time (Military): <u>0917</u>	
Investigators: <u>Lily Dempsey, Jeff Van Spankeren</u>		Form completed by: <u>Lily Dempsey, Jeff Van Spankeren</u>	
Temperature (°F): <u>68°</u>	Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u>		
Latitude: <u>42.157512</u>	Longitude: <u>-88.091469</u>	GPS Unit:	GPS LMK #:
Camera: <u>iphone</u>	Photo #: <u>8118</u>		
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: _____		
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input 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: <u>15"</u> In Water: <input type="checkbox"/> No <input checked="" 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: _____	
<input type="checkbox"/> In-Stream	(applicable when collecting samples)			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	____' ____"	Ft, In	Tape measure
	Measured length	____' ____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight, origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
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"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?  Yes  No

2. If yes, collected from:  Flow  Pool

3. Intermittent flow trap set?  Yes  No If Yes, type:  OBM  Caulk dam

### Section 8: Any Non-Illlicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Buffalo Creek Watershed - Outfall 47

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <u>Buffalo Creek</u>		Outfall ID: <u>48</u>	
Today's date: <u>7/21/21</u>		Time (Military) <u>0919</u>	
Investigators: <u>Lily Dempsey, Jeff Van Spankeren</u>		Form completed by: <u>Lily Dempsey, Jeff Van Spankeren</u>	
Temperature (°F): <u>68°</u>	Rainfall (in.): Last 24 hours: <u>Ø</u> Last 48 hours: <u>Ø</u>		
Latitude: <u>42.157754</u>	Longitude: <u>-88.091501</u>	GPS Unit:	GPS LMK #:
Camera: <u>iphone</u>		Photo #s: <u>8120</u>	
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: _____	
Notes (e.g., origin of outfall, if known):			

### 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: <u>15"</u> 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: _____	
<input type="checkbox"/> In-Stream	(applicable when collecting samples)			
Flow Present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input checked="" type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	____' ____"	Ft, In	Tape measure
	Measured length	____' ____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No (If No, Skip to Section 5)

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
			1 - Faint	2 - Easily detected	3 - Noticeable from a distance
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No (If No, Skip to Section 6)

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input checked="" type="checkbox"/> Corrosion	<i>CORROSION SEE PHOTO</i>
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"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?  Yes  No

2. If yes, collected from:  Flow  Pool

3. Intermittent flow trap set?  Yes  No If Yes, type:  OBM  Caulk dam

### Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Buffalo Creek Watershed - Outfall 48

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <i>Buffalo Creek</i>		Outfall ID: <i>50</i>	
Today's date: <i>7/1/21</i>		Time (Military): <i>14:14</i>	
Investigators: <i>Lily Dempsey, Jeff Van Spankeren</i>		Form completed by: <i>Lily Dempsey, Jeff Van Spankeren</i>	
Temperature (°F): <i>84</i>	Rainfall (in.): Last 24 hours: <i>0</i> Last 48 hours: <i>0</i>		
Latitude: <i>42.159672</i>	Longitude: <i>-88.079980</i>	GPS Unit:	GPS LMK #:
Camera: <i>iphone</i>	Photo #: <i>8094</i>		
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: _____		
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED	
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input 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: <div style="text-align: center; font-size: 1.2em;"><i>12"</i></div> Depth: _____ Top Width: _____ Bottom Width: _____	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: _____		
<input type="checkbox"/> In-Stream	<b>(applicable when collecting samples)</b>				
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>				
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial				

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume	Liter	Bottle	
	Time to fill	Sec		
<input type="checkbox"/> Flow #2	Flow depth	In	Tape measure	
	Flow width	____' ____"	Tape measure	
	Measured length	____' ____"	Tape measure	
	Time of travel		Stop watch	
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
			1 - Faint	2 - Easily detected	3 - Noticeable from a distance
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
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"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?  Yes  No

2. If yes, collected from:  Flow  Pool

3. Intermittent flow trap set?  Yes  No *If Yes, type:  OBM  Caulk dam*

### Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Buffalo Creek Watershed - Outfall 50

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <u>Buffalo Creek</u>		Outfall ID: <u>51</u>	
Today's date: <u>7/19/21</u>		Time (Military): <u>1406</u>	
Investigators: <u>Lily Dempsey, Jeff Van Spankeren</u>		Form completed by: <u>Lily Dempsey, Jeff Van Spankeren</u>	
Temperature (°F): <u>83°</u>	Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u>		
Latitude: <u>42.157362</u>	Longitude: <u>-88.079903</u>	GPS Unit:	GPS LMK #:
Camera: <u>iphone</u>		Photo #: <u>8093</u>	
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: _____	
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input 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 checked="" type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: <u>24"</u>	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: _____	
<input type="checkbox"/> In-Stream	(applicable when collecting samples)			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	____' ____"	Ft, In	Tape measure
	Measured length	____' ____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
			<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
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"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If yes, collected from:	<input type="checkbox"/> Flow <input type="checkbox"/> Pool
3. Intermittent flow trap set?	<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="margin-left: 20px;">If Yes, type: <input type="checkbox"/> OBM <input type="checkbox"/> Caulk dam</span>

### Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Buffalo Creek Watershed - Outfall 51

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <u>Buffalo Creek</u>		Outfall ID: <u>52</u>	
Today's date: <u>7/19/21</u>		Time (Military): <u>11:36</u>	
Investigators: <u>Lily Dempsey, Jeff Van Spaankeren</u>		Form completed by: <u>Lily Dempsey, Jeff Van Spaankeren</u>	
Temperature (°F): <u>81</u>	Rainfall (in.): Last 24 hours: <input checked="" type="checkbox"/>	Last 48 hours: <input checked="" type="checkbox"/>	
Latitude: <u>42.158256</u>	Longitude: <u>-88.068553</u>	GPS Unit:	GPS LMK #:
Camera: <u>iphone</u>		Photo #s: <u>8077</u>	
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: _____		
Notes (e.g., origin of outfall, if known):			

### 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 checked="" type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: <u>24"</u>	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: _____	
<input type="checkbox"/> In-Stream	(applicable when collecting samples)			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume	Liter	Bottle	
	Time to fill	Sec		
<input type="checkbox"/> Flow #2	Flow depth	In	Tape measure	
	Flow width	Ft, In	Tape measure	
	Measured length	Ft, In	Tape measure	
	Time of travel	S	Stop watch	
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
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"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?  Yes  No

2. If yes, collected from:  Flow  Pool

3. Intermittent flow trap set?  Yes  No If Yes, type:  OBM  Caulk dam

### Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Buffalo Creek Watershed - Outfall 52

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <u>Buffalo Creek</u>		Outfall ID: <u>53</u>	
Today's date: <u>7/19/21</u>		Time (Military): <u>11:33</u>	
Investigators: <u>Lily Dempsey, Jeff Van Spankeren</u>		Form completed by: <u>Lily Dempsey, Jeff Van Spankeren</u>	
Temperature (°F): <u>81</u>	Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u>		
Latitude: <u>42.158334</u>	Longitude: <u>-88.067814</u>	GPS Unit:	GPS LMK #:
Camera: <u>iphone</u>	Photo #s: <u>8075</u>		
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: _____	
Notes (e.g., origin of outfall, if known):			

### 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 checked="" type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: <u>12"</u>	In Water: <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully  With Sediment: <input type="checkbox"/> No <input checked="" 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: _____	
<input type="checkbox"/> In-Stream	(applicable when collecting samples)			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	____' ____"	Ft, In	Tape measure
	Measured length	____' ____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
			1 - Faint	2 - Easily detected	3 - Noticeable from a distance
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other: <input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	See severity <input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>		<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>		<input type="checkbox"/> 1 - Few/slight, origin not obvious	<input type="checkbox"/> 2 - Some, indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present? →  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	chipping (see photo)
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"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If yes, collected from:	<input type="checkbox"/> Flow <input type="checkbox"/> Pool
3. Intermittent flow trap set?	<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="margin-left: 20px;">If Yes, type: <input type="checkbox"/> OBM <input type="checkbox"/> Caulk dam</span>

### Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Buffalo Creek Watershed - Outfall 53

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <u>Buffalo Creek</u>		Outfall ID: <u>54</u>	
Today's date: <u>7/19/21</u>		Time (Military): <u>1122</u>	
Investigators: <u>Lily Dempsey, Jeff Van Spankeren</u>		Form completed by: <u>Lily Dempsey, Jeff Van Spankeren</u>	
Temperature (°F): <u>81°</u>	Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u>		
Latitude: <u>42.58187</u>	Longitude: <u>-88.060205</u>	GPS Unit:	GPS LMK #:
Camera: <u>iphone</u>		Photo #: <u>8074</u>	
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 type="checkbox"/> Suburban Residential		Other: _____	
<input checked="" type="checkbox"/> Commercial		Known Industries: _____	
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input 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 checked="" type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: <u>18"</u>	In Water: <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully  With Sediment: <input type="checkbox"/> No <input checked="" 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: _____	
<input type="checkbox"/> In-Stream	<b>(applicable when collecting samples)</b>			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	____' ____"	Ft, In	Tape measure
	Measured length	____' ____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
			1 - Faint	2 - Easily detected	3 - Noticeable from a distance
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Suds <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight, origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

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"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

- Sample for the lab?  Yes  No
- If yes, collected from:  Flow  Pool
- Intermittent flow trap set?  Yes  No If Yes, type:  OBM  Caulk dam

### Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Buffalo Creek Watershed - Outfall 54

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <u>Buffalo Creek</u>		Outfall ID: <u>55</u>	
Today's date: <u>7/19/21</u>		Time (Military): <u>1353</u>	
Investigators: <u>Lily Dempsey, Jeff Van Spankeren</u>		Form completed by: <u>Lily Dempsey, Jeff Van Spankeren</u>	
Temperature (°F): <u>84°</u>	Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u>		
Latitude: <u>42.155428</u>	Longitude: <u>-88.079158</u>	GPS Unit:	GPS LMK #:
Camera: <u>iphone</u>		Photo #: <u>8092</u>	
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: _____	
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input 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 checked="" type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: <u>15"</u>	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: _____	
<input type="checkbox"/> In-Stream	<b>(applicable when collecting samples)</b>			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	____' ____"	Ft, In	Tape measure
	Measured length	____' ____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint <input type="checkbox"/> 2 - Easily detected <input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle <input type="checkbox"/> 2 - Clearly visible in sample bottle <input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness <input type="checkbox"/> 2 - Cloudy <input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious <input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen) <input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
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"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If yes, collected from:	<input type="checkbox"/> Flow <input type="checkbox"/> Pool
3. Intermittent flow trap set?	<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">If Yes, type: <input type="checkbox"/> OBM <input type="checkbox"/> Caulk dam</span>

### Section 8: Any Non-Ilicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Buffalo Creek Watershed - Outfall 55

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <i>Salt Creek</i>		Outfall ID: <i>56</i>	
Today's date: <i>7/19/21</i>		Time (Military): <i>1347</i>	
Investigators: <i>Lily Dempsey, Jeff Van Spankeren</i>		Form completed by: <i>Lily Dempsey, Jeff Van Spankeren</i>	
Temperature (°F): <i>84</i>	Rainfall (in.): Last 24 hours: <input checked="" type="checkbox"/> Last 48 hours: <input checked="" type="checkbox"/>		
Latitude: <i>42.155597</i>	Longitude: <i>-88.074189</i>	GPS Unit:	GPS LMK #:
Camera: <i>iPhone</i>		Photo #: <i>8091</i>	
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: _____	
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input 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: <i>18"</i> 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: _____	
<input type="checkbox"/> In-Stream	(applicable when collecting samples)			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume	Liter	Bottle	
	Time to fill	Sec		
<input type="checkbox"/> Flow #2	Flow depth	In	Tape measure	
	Flow width	____' ____"	Tape measure	
	Measured length	____' ____"	Tape measure	
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
			<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
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"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?  Yes  No

2. If yes, collected from:  Flow  Pool

3. Intermittent flow trap set?  Yes  No If Yes, type:  OBM  Caulk dam

### Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Salt Creek Watershed - Outfall 56

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <u>Buffalo Creek</u>		Outfall ID: <u>57</u>	
Today's date: <u>7/7/21</u>		Time (Military): <u>0915</u>	
Investigators: <u>Lily Dempsey, Jeff Van Spankeren</u>		Form completed by: <u>Lily Dempsey, Jeff Van Spankeren</u>	
Temperature (°F): <u>82°</u>	Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u>		
Latitude: <u>42.155123</u>	Longitude: <u>-88.056083</u>	GPS Unit:	GPS LMK #:
Camera:	Photo #: <u>7977</u>		
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: _____		
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input 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: <u>12"</u>  In Water: <input type="checkbox"/> No <input checked="" type="checkbox"/> Partially <input type="checkbox"/> Fully  With Sediment: <input 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: _____	
<input type="checkbox"/> In-Stream	<b>(applicable when collecting samples)</b>			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	____' ____"	Ft, In	Tape measure
	Measured length	____' ____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
			1 - Faint	2 - Easily detected	3 - Noticeable from a distance
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
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"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If yes, collected from:	<input type="checkbox"/> Flow <input type="checkbox"/> Pool
3. Intermittent flow trap set?	<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="margin-left: 20px;">If Yes, type: <input type="checkbox"/> OBM <input type="checkbox"/> Caulk dam</span>

### Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Buffalo Creek Watershed - Outfall 57

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <u>Buffalo Creek</u>		Outfall ID: <u>58</u>	
Today's date: <u>7/7/21</u>		Time (Military): <u>0912</u>	
Investigators: <u>Lily Dempsey, Jeff Van Spankeren</u>		Form completed by: <u>Lily Dempsey, Jeff Van Spankeren</u>	
Temperature (°F): <u>82</u>	Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u>		
Latitude: <u>42.154804</u>	Longitude: <u>-88.055770</u>	GPS Unit:	GPS LMK #:
Camera: <u>IPHONE</u>	Photo #: <u>7976</u>		
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 type="checkbox"/> Suburban Residential		Other: _____	
<input checked="" type="checkbox"/> Commercial		Known Industries: _____	
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input 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 checked="" type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	Diameter/Dimensions: <u>36" I</u>	In Water: <input type="checkbox"/> No <input checked="" type="checkbox"/> Partially <input type="checkbox"/> Fully  With Sediment: <input 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: _____	
<input type="checkbox"/> In-Stream	<b>(applicable when collecting samples)</b>			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	____' ____"	Ft, In	Tape measure
	Measured length	____' ____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Sulfide <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Green <input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Suds <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight, origin not obvious	<input type="checkbox"/> 2 - Some, indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

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"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Suds <input type="checkbox"/> Colors <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If yes, collected from:	<input type="checkbox"/> Flow <input type="checkbox"/> Pool
3. Intermittent flow trap set?	<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="margin-left: 100px;">If Yes, type: <input type="checkbox"/> OBM <input type="checkbox"/> Caulk dam</span>

### Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Buffalo Creek Watershed - Outfall 58

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <i>Salt Creek</i>		Outfall ID: <i>59</i>	
Today's date: <i>7/21/21</i>		Time (Military): <i>0930</i>	
Investigators: <i>Lily Dempsey, Jeff Van Spankeren</i>		Form completed by: <i>Lily Dempsey, Jeff Van Spankeren</i>	
Temperature (°F): <i>68°</i>	Rainfall (in.): Last 24 hours: <i>0</i> Last 48 hours: <i>0</i>		
Latitude: <i>42.154172</i>	Longitude: <i>-88.088451</i>	GPS Unit:	GPS LMK #:
Camera: <i>iphone</i>		Photo #: <i>B121</i>	
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 type="checkbox"/> Suburban Residential	Other: _____		
<input type="checkbox"/> Commercial	Known Industries: _____		
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input 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 checked="" type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	Diameter/Dimensions: <i>18"</i>	In Water: <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully  With Sediment: <input type="checkbox"/> No <input checked="" 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: _____	
<input type="checkbox"/> In-Stream	<b>(applicable when collecting samples)</b>			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	____' ____"	Ft, In	Tape measure
	Measured length	____' ____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Excessive <input checked="" type="checkbox"/> Inhibited	
Poor pool quality	<input type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?  Yes  No

2. If yes, collected from:  Flow  Pool

3. Intermittent flow trap set?  Yes  No If Yes, type:  OBM  Caulk dam

### Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

**TRASH IN OUTLET**

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Salt Creek Watershed - Outfall 59

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <u>Buffalo Creek</u>		Outfall ID: <u>60</u>	
Today's date: <u>7/7/21</u>		Time (Military): <u>0901</u>	
Investigators: <u>Lily Dempsey, Jeff Van Spankeren</u>		Form completed by: <u>JEFF VAN SPANKEREN</u>	
Temperature (°F): <u>81°</u>	Rainfall (in.): Last 24 hours: <u>∅</u> Last 48 hours: <u>∅</u>		
Latitude: <u>42-155220</u>	Longitude: <u>-88.052949</u>	GPS Unit:	GPS LMK #:
Camera: <u>iphone</u>		Photo #: <u>7975</u>	
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 type="checkbox"/> Suburban Residential	Other: _____		
<input checked="" type="checkbox"/> Commercial	Known Industries: _____		
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input 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"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	Diameter/Dimensions: <u>24"</u>	In Water: <input type="checkbox"/> No <input checked="" 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: _____	
<input type="checkbox"/> In-Stream	<b>(applicable when collecting samples)</b>			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	____' ____"	Ft, In	Tape measure
	Measured length	____' ____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 – Faint	<input type="checkbox"/> 2 – Easily detected	<input type="checkbox"/> 3 – Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 – Faint colors in sample bottle	<input type="checkbox"/> 2 – Clearly visible in sample bottle	<input type="checkbox"/> 3 – Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 – Slight cloudiness	<input type="checkbox"/> 2 – Cloudy	<input type="checkbox"/> 3 – Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 – Few/slight; origin not obvious	<input type="checkbox"/> 2 – Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 – Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
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"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If yes, collected from:	<input type="checkbox"/> Flow <input type="checkbox"/> Pool
3. Intermittent flow trap set?	<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">If Yes, type: <input type="checkbox"/> OBM <input type="checkbox"/> Caulk dam</span>

### Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Buffalo Creek Watershed - Outfall 60

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <u>Buffalo Creek</u>		Outfall ID: <u>62</u>	
Today's date: <u>7/7/21</u>		Time (Military): <u>08:53</u>	
Investigators: <u>Lily Dempsey, Jeff Van Spankeren</u>		Form completed by: <u>Lily Dempsey, Jeff Van Spankeren</u>	
Temperature (°F): <u>79</u>	Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u>		
Latitude: <u>42.156586</u>	Longitude: <u>-88.052082</u>	GPS Unit:	GPS LMK #:
Camera: <u>phone</u>	Photo #: <u>7974</u>		
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 type="checkbox"/> Suburban Residential	Other: _____		
<input checked="" type="checkbox"/> Commercial	Known Industries: _____		
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input 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 checked="" type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: <u>48" <sup>11</sup></u>	In Water: <input type="checkbox"/> No <input checked="" 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: _____	
<input type="checkbox"/> In-Stream	(applicable when collecting samples)			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	____' ____"	Ft, In	Tape measure
	Measured length	____' ____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
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 checked="" type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input checked="" type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If yes, collected from:	<input type="checkbox"/> Flow <input type="checkbox"/> Pool
3. Intermittent flow trap set?	<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">If Yes, type: <input type="checkbox"/> OBM <input type="checkbox"/> Caulk dam</span>

### Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Buffalo Creek Watershed - Outfall 62

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <u>Buffalo Creek</u>		Outfall ID: <u>63</u>	
Today's date: <u>7/7/21</u>		Time (Military): <u>8:48</u>	
Investigators: <u>Lily Dempsey, Jeff Van Spankeren</u>		Form completed by: <u>Lily Dempsey, Jeff Van Spankeren</u>	
Temperature (°F): <u>79</u>	Rainfall (in.): Last 24 hours: <u>∅</u> Last 48 hours: <u>∅</u>		
Latitude: <u>42.156002</u>	Longitude: <u>-88.051756</u>	GPS Unit:	GPS LMK #:
Camera: <u>iphone</u>	Photo #: <u>7973</u>		
Land Use in Drainage Area (Check all that apply):			
<input checked="" type="checkbox"/> Industrial	<input type="checkbox"/> Open Space		
<input type="checkbox"/> Ultra-Urban Residential	<input type="checkbox"/> Institutional		
<input type="checkbox"/> Suburban Residential	Other: _____		
<input type="checkbox"/> Commercial	Known Industries: _____		
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input 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: <u>24"</u>  In Water: <input type="checkbox"/> No <input checked="" 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: _____	
<input type="checkbox"/> In-Stream	(applicable when collecting samples)			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	____' ____"	Ft, In	Tape measure
	Measured length	____' ____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
			1 - Faint	2 - Easily detected	3 - Noticeable from a distance
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
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 checked="" type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input checked="" type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If yes, collected from:	<input type="checkbox"/> Flow <input type="checkbox"/> Pool
3. Intermittent flow trap set?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> OBM <input type="checkbox"/> Caulk dam

### Section 8: Any Non-Ilicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Buffalo Creek Watershed - Outfall 63

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <u>Buffalo Creek</u>		Outfall ID: <u>64</u>	
Today's date: <u>7/1/21</u>		Time (Military): <u>0844</u>	
Investigators: <u>Lily Dempsey, Jeff Van Spankeren</u>		Form completed by: <u>Lily Dempsey, Jeff Van Spankeren</u>	
Temperature (°F): <u>79°</u>	Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u>		
Latitude: <u>42.156421</u>	Longitude: <u>-88.050720</u>	GPS Unit:	GPS LMK #:
Camera: <u>iPhone</u>	Photo #: <u>7972</u>		
Land Use in Drainage Area (Check all that apply):			
<input checked="" type="checkbox"/> Industrial	<input type="checkbox"/> Open Space		
<input type="checkbox"/> Ultra-Urban Residential	<input type="checkbox"/> Institutional		
<input type="checkbox"/> Suburban Residential	Other: _____		
<input type="checkbox"/> Commercial	Known Industries: _____		
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input 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 checked="" type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: <u>18"</u>	In Water: <input type="checkbox"/> No <input checked="" 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: _____	
<input type="checkbox"/> In-Stream	(applicable when collecting samples)			
Flow Present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input checked="" type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	____', ____"	Ft, In	Tape measure
	Measured length	____', ____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

**Section 4: Physical Indicators for Flowing Outfalls Only**  
 Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
			1 - Faint	2 - Easily detected	3 - Noticeable from a distance
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Sulfide <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Green <input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Suds <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls**  
 Are physical indicators that are not related to flow present?  No  Yes *(If No, Skip to Section 6)*

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"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Suds <input type="checkbox"/> Colors <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

**Section 6: Overall Outfall Characterization**

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

**Section 7: Data Collection**

1. Sample for the lab?  Yes  No

2. If yes, collected from:  Flow  Pool

3. Intermittent flow trap set?  Yes  No *If Yes, type:  OBM  Caulk dam*

**Section 8: Any Non-Illlicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?**

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Buffalo Creek Watershed - Outfall 64

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <u>Buffalo Creek</u>		Outfall ID: <u>67</u>	
Today's date: <u>7/7/21</u>		Time (Military): <u>0752</u>	
Investigators: <u>Lily Dempsey, Jeff Van Spankeren</u>		Form completed by: <u>Lily Dempsey, Jeff Van Spankeren</u>	
Temperature (°F): <u>75°</u>	Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u>		
Latitude: <u>42.154787</u>	Longitude: <u>-88.045312</u>	GPS Unit:	GPS LMK #:
Camera: <u>iphone</u>	Photo #: <u>7971</u>		
Land Use in Drainage Area (Check all that apply):			
<input checked="" type="checkbox"/> Industrial	<input type="checkbox"/> Open Space		
<input type="checkbox"/> Ultra-Urban Residential	<input type="checkbox"/> Institutional		
<input type="checkbox"/> Suburban Residential	Other: _____		
<input type="checkbox"/> Commercial	Known Industries: _____		
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input type="checkbox"/> 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"/> 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
<input checked="" type="checkbox"/> Open drainage	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input checked="" type="checkbox"/> rip-rap <input type="checkbox"/> Other: _____	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input checked="" type="checkbox"/> Other: <u>ground level</u>	Depth: _____ Top Width: <u>48"</u> Bottom Width: _____	
<input type="checkbox"/> In-Stream	(applicable when collecting samples)			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume	Liter	Bottle	
	Time to fill	Sec		
<input type="checkbox"/> Flow #2	Flow depth	In	Tape measure	
	Flow width	Ft, In	Tape measure	
	Measured length	Ft, In	Tape measure	
	Time of travel	S	Stop watch	
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 – Faint	<input type="checkbox"/> 2 – Easily detected	<input type="checkbox"/> 3 – Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 – Faint colors in sample bottle	<input type="checkbox"/> 2 – Clearly visible in sample bottle	<input type="checkbox"/> 3 – Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 – Slight cloudiness	<input type="checkbox"/> 2 – Cloudy	<input type="checkbox"/> 3 – Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 – Few/slight; origin not obvious	<input type="checkbox"/> 2 – Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 – Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
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"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If yes, collected from:	<input type="checkbox"/> Flow <input type="checkbox"/> Pool
3. Intermittent flow trap set?	<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">If Yes, type: <input type="checkbox"/> OBM <input type="checkbox"/> Caulk dam</span>

### Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Buffalo Creek Watershed - Outfall 67

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <u>Buffalo Creek</u>		Outfall ID: <u>69</u>	
Today's date: <u>7/17/2021</u>		Time (Military): <u>07:49</u>	
Investigators: <u>Lily Dempsey, Jeff Van Spankeren</u>		Form completed by: <u>Lily Dempsey, Jeff Van Spankeren</u>	
Temperature (°F): <u>75°F</u>	Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u>		
Latitude: <u>42.154654</u>	Longitude: <u>-88.044737</u>	GPS Unit:	GPS LMK #:
Camera: <u>iPhone</u>		Photo #s: <u>7970</u>	
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 type="checkbox"/> Suburban Residential		Other: _____	
<input checked="" type="checkbox"/> Commercial		Known Industries: _____	
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED	
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input 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: <u>24"</u>  Depth: _____ Top Width: _____ Bottom Width: _____	In Water: <input type="checkbox"/> No <input checked="" 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: _____		
<input type="checkbox"/> In-Stream	(applicable when collecting samples)				
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>				
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial				

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume	Liter	Bottle	
	Time to fill	Sec		
<input type="checkbox"/> Flow #2	Flow depth	In	Tape measure	
	Flow width	____', ____"	Tape measure	
	Measured length	____', ____"	Tape measure	
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Sulfide <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint <input type="checkbox"/> 2 - Easily detected <input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle <input type="checkbox"/> 2 - Clearly visible in sample bottle <input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness <input type="checkbox"/> 2 - Cloudy <input type="checkbox"/> 3 - Opaque
Floatables - Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Suds <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight, origin not obvious <input type="checkbox"/> 2 - Some, indications of origin (e.g., possible suds or oil sheen) <input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

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"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

- Sample for the lab?  Yes  No
- If yes, collected from:  Flow  Pool
- Intermittent flow trap set?  Yes  No  
 If Yes, type:  OBM  Caulk dam

### Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Buffalo Creek Watershed - Outfall 69

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <u>Buffalo Creek</u>		Outfall ID: <u>70</u>	
Today's date: <u>7/19/21</u>		Time (Military): <u>1113</u>	
Investigators: <u>Lily Dempsey, Jeff Van Spankere</u>		Form completed by: <u>Lily Dempsey, Jeff Van Spankere</u>	
Temperature (°F): <u>30°</u>	Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u>		
Latitude: <u>42.160453</u>	Longitude: <u>88.061675</u>	GPS Unit:	GPS LMK #:
Camera: <u>iphone</u>		Photo #: <u>8073</u>	
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: _____	
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED	
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input 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: <u>24"</u>  Depth: _____ Top Width: _____ Bottom Width: _____	In Water: <input checked="" 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
<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: _____		
<input type="checkbox"/> In-Stream	<b>(applicable when collecting samples)</b>				
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>				
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial				

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume	Liter	Bottle	
	Time to fill	Sec		
<input type="checkbox"/> Flow #2	Flow depth	In	Tape measure	
	Flow width	____' ____"	Tape measure	
	Measured length	____' ____"	Tape measure	
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No (If No, Skip to Section 5)

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include 'Trash!!'	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No (If No, Skip to Section 6)

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
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 checked="" type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input checked="" type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?  Yes  No
2. If yes, collected from:  Flow  Pool
3. Intermittent flow trap set?  Yes  No If Yes, type:  OBM  Caulk dam

### Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Buffalo Creek Watershed - Outfall 70

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <u>Buffalo Creek</u>		Outfall ID: <u>71</u>	
Today's date: <u>7/7/21</u>		Time (Military): <u>10:24</u>	
Investigators: <u>Lily Dempsey, Jeff Van Spankeren</u>		Form completed by: <u>Lily Dempsey, Jeff Van Spankeren</u>	
Temperature (°F): <u>82</u>	Rainfall (in.): Last 24 hours: <input checked="" type="checkbox"/> Last 48 hours: <input checked="" type="checkbox"/>		
Latitude: <u>42.163443</u>	Longitude: <u>-88.056288</u>	GPS Unit:	GPS LMK #:
Camera: <u>iPhone</u>	Photo #: <u>7987</u>		
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 type="checkbox"/> Suburban Residential	Other: _____		
<input checked="" type="checkbox"/> Commercial	Known Industries: _____		
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input 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: <u>24"</u> In Water: <input type="checkbox"/> No <input checked="" type="checkbox"/> Partially <input type="checkbox"/> Fully With Sediment: <input type="checkbox"/> No <input checked="" 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: _____	
<input type="checkbox"/> In-Stream	(applicable when collecting samples)			
Flow Present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>If No, Skip to Section 5</i>		
Flow Description (If present)	<input checked="" type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume	Liter	Bottle	
	Time to fill	Sec		
<input type="checkbox"/> Flow #2	Flow depth	In	Tape measure	
	Flow width	____' ____"	Tape measure	
	Measured length	____' ____"	Tape measure	
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No (If No, Skip to Section 5)

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No (If No, Skip to Section 6)

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
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"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?  Yes  No

2. If yes, collected from:  Flow  Pool

3. Intermittent flow trap set?  Yes  No If Yes, type:  OBM  Caulk dam

### Section 8: Any Non-Illlicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Buffalo Creek Watershed - Outfall 71

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <u>Buffalo Creek</u>		Outfall ID: <u>72</u>	
Today's date: <u>7/7/21</u>		Time (Military): <u>1020</u>	
Investigators: <u>Lily Dempsey, Jeff Van Spankeren</u>		Form completed by: <u>Lily Dempsey, Jeff Van Spankeren</u>	
Temperature (°F): <u>83°</u>	Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u>		
Latitude: <u>42.164356</u>	Longitude: <u>-88.038091</u>	GPS Unit:	GPS LMK #:
Camera: <u>iphone</u>		Photo #: <u>7986</u>	
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 type="checkbox"/> Suburban Residential		Other: _____	
<input checked="" type="checkbox"/> Commercial		Known Industries: _____	
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input 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 checked="" type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: <u>24"</u>	In Water: <input type="checkbox"/> No <input checked="" 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: _____	
<input type="checkbox"/> In-Stream	<b>(applicable when collecting samples)</b>			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume	Liter	Bottle	
	Time to fill	Sec		
<input type="checkbox"/> Flow #2	Flow depth	In	Tape measure	
	Flow width	____' ____"	Tape measure	
	Measured length	____' ____"	Tape measure	
	Time of travel		Stop watch	
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
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"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?  Yes  No
2. If yes, collected from:  Flow  Pool
3. Intermittent flow trap set?  Yes  No If Yes, type:  OBM  Caulk dam

### Section 8: Any Non-Illlicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Buffalo Creek Watershed - Outfall 72

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <u>BUFFALO CREEK</u>		Outfall ID: <u>73</u>	
Today's date: <u>7/19/21</u>		Time (Military): <u>1454</u>	
Investigators: <u>L. DEMPSEY, J. VAN SPANKEREN</u>		Form completed by: <u>J. VAN SPANKEREN</u>	
Temperature (°F): <u>83°</u>	Rainfall (in.): Last 24 hours: <u>0</u>		Last 48 hours: <u>0</u>
Latitude: <u>42.159229</u>	Longitude: <u>-88.085386</u>	GPS Unit:	GPS LMK #:
Camera: <u>iphone</u>		Photo #: <u>8098</u>	
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: _____		
Notes (e.g., origin of outfall, if known):			

### 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"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: <u>24"</u>	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: _____	
<input type="checkbox"/> In-Stream	(applicable when collecting samples)			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	____' ____"	Ft, In	Tape measure
	Measured length	____' ____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint <input type="checkbox"/> 2 - Easily detected <input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle <input type="checkbox"/> 2 - Clearly visible in sample bottle <input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness <input type="checkbox"/> 2 - Cloudy <input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious <input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen) <input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
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"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If yes, collected from:	<input type="checkbox"/> Flow <input type="checkbox"/> Pool
3. Intermittent flow trap set?	<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">If Yes, type: <input type="checkbox"/> OBM <input type="checkbox"/> Caulk dam</span>

### Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Buffalo Creek Watershed - Outfall 73

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <u>BUFFALO CREEK</u>		Outfall ID: <u>74</u>	
Today's date: <u>7/24/21</u>		Time (Military): <u>0715</u>	
Investigators: <u>LILY DEMPSEY, JEFF VAN SPANCKEREN</u>		Form completed by: <u>JEFF VAN SPANCKEREN</u>	
Temperature (°F): <u>70°</u>	Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u>		
Latitude: <u>42.154540</u>	Longitude: <u>-88.097011</u>	GPS Unit:	GPS LMK #:
Camera: <u>IPHONE</u>		Photo #s:	
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: _____	
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input 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 checked="" type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: <u>15"</u>	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: _____	
<input type="checkbox"/> In-Stream	(applicable when collecting samples)			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	____' ____"	Ft, In	Tape measure
	Measured length	____' ____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

**Section 4: Physical Indicators for Flowing Outfalls Only**  
 Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight, origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

**Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls**  
 Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
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 checked="" type="checkbox"/>	<input type="checkbox"/> Excessive <input checked="" type="checkbox"/> Inhibited	LONG GRASS
Poor pool quality	<input type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

**Section 6: Overall Outfall Characterization**

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

**Section 7: Data Collection**

1. Sample for the lab?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If yes, collected from:	<input type="checkbox"/> Flow <input type="checkbox"/> Pool
3. Intermittent flow trap set?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, type: <input type="checkbox"/> OBM <input type="checkbox"/> Caulk dam</i>

**Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?**

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Buffalo Creek Watershed - Outfall 74

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <u>Flint Creek</u>		Outfall ID: <u>75</u>	
Today's date: <u>7/19/21</u>		Time (Military): <u>1528</u>	
Investigators: <u>Lily Dempsey, Jeff Van Spankeren</u>		Form completed by: <u>Lily Dempsey, Jeff Van Spankeren</u>	
Temperature (°F): <u>83°</u>	Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u>		
Latitude: <u>42.170190</u>	Longitude: <u>-88.090710</u>	GPS Unit:	GPS LMK #:
Camera: <u>iPhone</u>		Photo #: <u>8100</u>	
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: _____		
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input 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 checked="" type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: <u>36"</u>	In Water: <input type="checkbox"/> No <input checked="" 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: _____	
<input type="checkbox"/> In-Stream	<b>(applicable when collecting samples)</b>			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	____' ____"	Ft, In	Tape measure
	Measured length	____' ____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
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"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If yes, collected from:	<input type="checkbox"/> Flow <input type="checkbox"/> Pool
3. Intermittent flow trap set?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, type: <input type="checkbox"/> OBM <input type="checkbox"/> Caulk dam

### Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Flint Creek Watershed - Outfall 75

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <u>Buffalo Creek</u>		Outfall ID: <u>76</u>	
Today's date: <u>7/19/21</u>		Time (Military): <u>1234</u>	
Investigators: <u>Lily Dempsey, Jeff Van Spankeren</u>		Form completed by: <u>Lily Dempsey, Jeff Van Spankeren</u>	
Temperature (°F): <u>82</u>	Rainfall (in.): Last 24 hours: <u>0</u>		Last 48 hours: <u>0</u>
Latitude: <u>42.163275</u>	Longitude: <u>-88.074983</u>	GPS Unit:	GPS LMK #:
Camera: <u>iphone</u>		Photo #: <u>8085</u>	
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: _____	
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED	
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input checked="" 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: <u>15"</u>  Depth: _____ Top Width: _____ Bottom Width: _____	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: _____		
<input type="checkbox"/> In-Stream	<b>(applicable when collecting samples)</b>				
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>				
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial				

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume	Liter	Bottle	
	Time to fill	Sec		
<input type="checkbox"/> Flow #2	Flow depth	In	Tape measure	
	Flow width	Ft, In	Tape measure	
	Measured length	Ft, In	Tape measure	
	Time of travel	S	Stop watch	
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No (If No, Skip to Section 5)

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No (If No, Skip to Section 6)

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
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"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?  Yes  No

2. If yes, collected from:  Flow  Pool

3. Intermittent flow trap set?  Yes  No If Yes, type:  OBM  Caulk dam

### Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Buffalo Creek Watershed - Outfall 76

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <u>Buffalo Creek</u>		Outfall ID: <u>77</u>	
Today's date: <u>7/19/21</u>		Time (Military): <u>1227</u>	
Investigators: <u>Lily Dempsey, Jeff Van Spankeren</u>		Form completed by: <u>Lily Dempsey, Jeff Van Spankeren</u>	
Temperature (°F): <u>82°</u>	Rainfall (in.): Last 24 hours: <u>∅</u> Last 48 hours: <u>∅</u>		
Latitude: <u>42.165029</u>	Longitude: <u>-88.073482</u>	GPS Unit:	GPS LMK #:
Camera: <u>iphone</u>	Photo #: <u>8084</u>		
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: _____		
Notes (e.g., origin of outfall, if known): <u>BACKWARDS FLOW</u>			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input 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 checked="" type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: <u>18"</u>	In Water: <input type="checkbox"/> No <input checked="" 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: _____	
<input type="checkbox"/> In-Stream	<b>(applicable when collecting samples)</b>			
Flow Present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (if present)	<input checked="" type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	____' ____"	Ft, In	Tape measure
	Measured length	____' ____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

**Section 4: Physical Indicators for Flowing Outfalls Only**  
 Are Any Physical Indicators Present in the flow?  Yes  No (If No, Skip to Section 5)

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Sulfide <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Green <input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Suds <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

**Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls**  
 Are physical indicators that are not related to flow present?  Yes  No (If No, Skip to Section 6)

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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Excessive <input type="checkbox"/> Inhibited	
Poor pool quality	<input type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Suds <input type="checkbox"/> Colors <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

**Section 6: Overall Outfall Characterization**

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

**Section 7: Data Collection**

1. Sample for the lab?  Yes  No
2. If yes, collected from:  Flow  Pool
3. Intermittent flow trap set?  Yes  No If Yes, type:  OBM  Caulk dam

**Section 8: Any Non-Illlicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?**

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Buffalo Creek Watershed - Outfall 77

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <u>Buffalo Creek</u>		Outfall ID: <u>78</u>	
Today's date: <u>7/21/21</u>		Time (Military): <u>1024</u>	
Investigators: <u>Lily Dempsey, Jeff Van Spankeren</u>		Form completed by: <u>Lily Dempsey, Jeff Van Spankeren</u>	
Temperature (°F): <u>68°</u>	Rainfall (in.): Last 24 hours: <u>Ø</u>	Last 48 hours: <u>Ø</u>	
Latitude: <u>42.182376</u>	Longitude: <u>-88.101152</u>	GPS Unit:	GPS LMK #:
Camera: <u>iphone</u>	Photo #: <u>8127</u>		
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: _____		
Notes (e.g., origin of outfall, if known): <u>under a gate in photo</u>			

### 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: <u>18"</u>  Depth: _____ Top Width: _____ Bottom Width: _____	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: _____		
<input type="checkbox"/> In-Stream	(applicable when collecting samples)				
Flow Present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, Skip to Section 5</i>				
Flow Description (If present)	<input type="checkbox"/> Trickle <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Substantial				

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	____' ____"	Ft, In	Tape measure
	Measured length	____' ____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
			1 - Faint	2 - Easily detected	3 - Noticeable from a distance
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
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"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If yes, collected from:	<input type="checkbox"/> Flow <input type="checkbox"/> Pool
3. Intermittent flow trap set?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> OBM <input type="checkbox"/> Caulk dam

### Section 8: Any Non-Ilicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Flint Creek Watershed - Outfall 78

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <i>Flint Creek</i>		Outfall ID: <i>79</i>	
Today's date: <i>7/21/21</i>		Time (Military): <i>1034</i>	
Investigators: <i>Lily Dempsey, Jeff Van Spankeren</i>		Form completed by: <i>Lily Dempsey, Jeff Van Spankeren</i>	
Temperature (°F): <i>68°</i>	Rainfall (in.): Last 24 hours: <i>∅</i>	Last 48 hours: <i>∅</i>	
Latitude: <i>42.179376</i>	Longitude: <i>-88.110826</i>	GPS Unit:	GPS LMK #:
Camera: <i>iphone</i>		Photo #: <i>8129</i>	
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: _____		
Notes (e.g., origin of outfall, if known):			
<i>FURTHEST WEST</i>			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other: _____	<input type="checkbox"/> Circular <input checked="" 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: <i>30" tall</i> 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: _____	
<input type="checkbox"/> In-Stream	(applicable when collecting samples)			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>If No, Skip to Section 5</i>		
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume	Liter	Bottle	
	Time to fill	Sec		
<input type="checkbox"/> Flow #2	Flow depth	In	Tape measure	
	Flow width	____' ____"	Tape measure	
	Measured length	____' ____"	Tape measure	
	Time of travel		Stop watch	
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Sulfide <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Green <input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Suds <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input checked="" type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Corrosion <input type="checkbox"/> Peeling Paint	<i>separated outlet</i>
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"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Suds <input type="checkbox"/> Colors <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?  Yes  No

2. If yes, collected from:  Flow  Pool

3. Intermittent flow trap set?  Yes  No  
 If Yes, type:  OBM  Caulk dam

### Section 8: Any Non-Ilicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Flint Creek Watershed - Outfall 79

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <i>Flint Creek</i>		Outfall ID: <i>80</i>	
Today's date: <i>7/21/21</i>		Time (Military): <i>1035</i>	
Investigators: <i>Lily Dempsey, Jeff Van Spankeren</i>		Form completed by: <i>Lily Dempsey, Jeff Van Spankeren</i>	
Temperature (°F): <i>68°</i>	Rainfall (in.): Last 24 hours: <i>0</i>	Last 48 hours: <i>0</i>	
Latitude: <i>42.179376</i>	Longitude: <i>-88.110826</i>	GPS Unit:	GPS LMK #:
Camera: <i>iphone</i>	Photo #: <i>8131</i>		
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: _____		
Notes (e.g., origin of outfall, if known): <i>middle of 3</i>			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED	
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other: _____	<input type="checkbox"/> Circular <input checked="" 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: <i>30" tall</i>  Depth: _____ Top Width: _____ Bottom Width: _____	In Water: <input checked="" 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
<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: _____		
<input type="checkbox"/> In-Stream	(applicable when collecting samples)				
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>				
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial				

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume	Liter	Bottle	
	Time to fill	Sec		
<input type="checkbox"/> Flow #2	Flow depth	In	Tape measure	
	Flow width	____' ____"	Tape measure	
	Measured length	____' ____"	Tape measure	
	Time of travel	S	Stop watch	
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
			<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Paint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
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"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

- Sample for the lab?  Yes  No
- If yes, collected from:  Flow  Pool
- Intermittent flow trap set?  Yes  No If Yes, type:  OBM  Caulk dam

### Section 8: Any Non-Ilicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Flint Creek Watershed - Outfall 80

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <u>Flint Creek</u>		Outfall ID: <u>81</u>	
Today's date: <u>7/21/21</u>		Time (Military): <u>1035</u>	
Investigators: <u>Lily Dempsey, Jeff Van Spankeren</u>		Form completed by: <u>Lily Dempsey, Jeff Van Spankeren</u>	
Temperature (°F): <u>68°</u>	Rainfall (in.): Last 24 hours: <input checked="" type="checkbox"/> Last 48 hours: <input type="checkbox"/>		
Latitude: <u>42.179376</u>	Longitude: <u>-88.110826</u>	GPS Unit:	GPS LMK #:
Camera: <u>iphone</u>	Photo #: <u>8132</u>		
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: _____	
Notes (e.g., origin of outfall, if known): <u>furthest east of 3</u>			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED	
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other: _____	<input type="checkbox"/> Circular <input checked="" 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: <u>30" tall</u>  Depth: _____ Top Width: _____ Bottom Width: _____	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: _____		
<input type="checkbox"/> In-Stream	<b>(applicable when collecting samples)</b>				
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>				
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial				

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume	Liter	Bottle	
	Time to fill	Sec		
<input type="checkbox"/> Flow #2	Flow depth	In	Tape measure	
	Flow width	____' ____"	Tape measure	
	Measured length	____' ____"	Tape measure	
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
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"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?  Yes  No
2. If yes, collected from:  Flow  Pool
3. Intermittent flow trap set?  Yes  No If Yes, type:  OBM  Caulk dam

### Section 8: Any Non-Ilicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Flint Creek Watershed - Outfall 81

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <i>Flint Creek</i>		Outfall ID: <i>82</i>	
Today's date: <i>7/21/21</i>		Time (Military): <i>1031</i>	
Investigators: <i>Lily Dempsey, Jeff Van Sparkeren</i>		Form completed by: <i>Lily Dempsey, Jeff Van Sparkeren</i>	
Temperature (°F): <i>68°</i>	Rainfall (in.): Last 24 hours: <i>0</i>		Last 48 hours: <i>0</i>
Latitude: <i>42.179398</i>	Longitude: <i>-88.113681</i>	GPS Unit:	GPS LMK #:
Camera: <i>iphone</i>		Photo #: <i>8128</i>	
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: _____	
Notes (e.g., origin of outfall, if known):			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input 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: <div style="text-align: center; font-size: 1.2em;"><i>15"</i></div> In Water: <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully  With Sediment: <input type="checkbox"/> No <input checked="" 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: _____	
<input type="checkbox"/> In-Stream	(applicable when collecting samples)			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume	Liter	Bottle	
	Time to fill	Sec		
<input type="checkbox"/> Flow #2	Flow depth	In	Tape measure	
	Flow width	____', ____"	Tape measure	
	Measured length	____', ____"	Tape measure	
	Time of travel		Stop watch	
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

**Section 4: Physical Indicators for Flowing Outfalls Only**  
 Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

**Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls**  
 Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
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 checked="" type="checkbox"/>	<input type="checkbox"/> Excessive <input checked="" type="checkbox"/> Inhibited	
Poor pool quality	<input type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

**Section 6: Overall Outfall Characterization**

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

**Section 7: Data Collection**

1. Sample for the lab?  Yes  No
2. If yes, collected from:  Flow  Pool
3. Intermittent flow trap set?  Yes  No If Yes, type:  OBM  Caulk dam

**Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?**

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Flint Creek Watershed - Outfall 82

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <i>Buffalo Creek</i>		Outfall ID: <i>83</i>	
Today's date: <i>7/19/21</i>		Time (Military): <i>10:42</i>	
Investigators: <i>Lily Demosek, Jeff Van Spangler</i>		Form completed by: <i>Lily Demosek, Jeff Van Spangler</i>	
Temperature (°F): <i>79</i>	Rainfall (in.): Last 24 hours: <i>0</i> Last 48 hours: <i>0</i>		
Latitude: <i>42.163040</i>	Longitude: <i>-88.059670</i>	GPS Unit:	GPS LMK #:
Camera: <i>iphone</i>	Photo #: <i>8071</i>		
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 type="checkbox"/> Suburban Residential	Other: _____		
<input checked="" type="checkbox"/> Commercial	Known Industries: _____		
Notes (e.g., origin of outfall, if known): <i>outside of parking lot</i>			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input 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 checked="" type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: <i>24"</i>	In Water/ <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully  With Sediment: <input type="checkbox"/> No <input checked="" 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: _____	
<input type="checkbox"/> In-Stream	<b>(applicable when collecting samples)</b>			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume	Liter	Bottle	
	Time to fill	Sec		
<input type="checkbox"/> Flow #2	Flow depth	In	Tape measure	
	Flow width	Ft, In	Tape measure	
	Measured length	Ft, In	Tape measure	
	Time of travel	S	Stop watch	
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Excessive <input checked="" type="checkbox"/> Inhibited	
Poor pool quality	<input type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If yes, collected from:	<input type="checkbox"/> Flow <input type="checkbox"/> Pool
3. Intermittent flow trap set?	<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="margin-left: 20px;">If Yes, type: <input type="checkbox"/> OBM <input type="checkbox"/> Caulk dam</span>

### Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Buffalo Creek Watershed - Outfall 83

## OUTFALL RECONNAISSANCE INVENTORY/ SAMPLE COLLECTION FIELD SHEET

### Section 1: Background Data

Subwatershed: <u>Buffalo Creek</u>		Outfall ID: <u>85</u>	
Today's date: <u>7/19/21</u>		Time (Military): <u>1050</u>	
Investigators: <u>Lily Dempsey, Jeff Van Spankeren</u>		Form completed by: <u>Lily Dempsey, Jeff Van Spankeren</u>	
Temperature (°F): <u>80°</u>	Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u>		
Latitude: <u>42.162279</u>	Longitude: <u>-88.058495</u>	GPS Unit:	GPS LMK #:
Camera: <u>IPHONE</u>		Photo #: <u>8072</u>	
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 type="checkbox"/> Suburban Residential	Other: _____		
<input checked="" type="checkbox"/> Commercial	Known Industries: _____		
Notes (e.g., origin of outfall, if known): <u>STANDING WATER</u>			

### Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED	
<input checked="" type="checkbox"/> Closed Pipe	<input checked="" type="checkbox"/> RCP <input 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: <u>30"</u>  Depth: _____ Top Width: _____ Bottom Width: _____	In Water: <input type="checkbox"/> No <input checked="" type="checkbox"/> Partially <input type="checkbox"/> Fully  With Sediment: <input 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: _____		
<input type="checkbox"/> In-Stream	(applicable when collecting samples)				
Flow Present?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial				

### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	____' ____"	Ft, In	Tape measure
	Measured length	____' ____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## Outfall Reconnaissance Inventory Field Sheet

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint <input type="checkbox"/> 2 - Easily detected <input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle <input type="checkbox"/> 2 - Clearly visible in sample bottle <input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness <input type="checkbox"/> 2 - Cloudy <input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious <input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen) <input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Excessive <input checked="" type="checkbox"/> Inhibited	
Poor pool quality	<input checked="" type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input checked="" type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?  Yes  No

2. If yes, collected from:  Flow  Pool

3. Intermittent flow trap set?  Yes  No If Yes, type:  OBM  Caulk dam

### Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

Village of Deer Park  
Illicit Discharge Detection and Elimination Program



Buffalo Creek Watershed - Outfall 85

Village of Deer Park  
Illicit Discharge Detection and Elimination Program

Outfalls that were unable to be inspected:

Unable to be located outfalls: 9 (heavy wetland vegetation), 10, 14, 34 (heavy wetland vegetation), 49, 60 (heavy wetland vegetation), 61, 65, 68 (heavy wetland vegetation)

Possibly collapsed into slope: 84

Outfall 86 appears to have been combined with outfall 59 (flows into the outfall)

## **Appendix 5 – Outfall Action Items**

	Flow Present?	Flow Quality	Submerged	Concern	Action Item	Additional Notes
1	No	-	Partially	-	Monitor	-
2	No	-	Partially/Sediment	Excessive Algae	Clean/Monitor	-
3	Yes	Gray/Moderate	No	-	Pool Analysis	-
4	No	-	Partially	-	Monitor	-
5	No	-	No	-	Monitor	Appears to be recent installation
6	No	-	No	Separated Pipe Sections	Schedule to fix	-
7	No	-	Partially	Excessive Pool Algae	Monitor	-
8	No	-	Sediment	-	Monitor	-
9	-	-	-	-	Locate Outfall	Unable to locate outfall - Excessive vegetation
10	-	-	-	-	Locate Outfall	Unable to locate outfall
11	No	-	Partially	Excessive Pool Algae	Monitor	-
12	No	-	No	Cracking	Schedule to fix	Pipe cracking
13	Yes	Clear/Trickle	No	Cracking/Excessive Algae	Clean/Monitor/Schedule to fix	Exposed rebar at outlet
14	-	-	-	-	Locate Outfall	Unable to locate outfall
15	No	-	No	-	Monitor	Outfall flows into ditch that overflows into retention pond
16	Yes	Clear/Trickle	No	Cracking	Schedule to fix	Separated pipe sections
17	Yes	Clear/Trickle	No	-	Monitor	-
18	Yes	Clear/Trickle	No	-	Monitor	-
19	No	-	Partially	-	Monitor	-
20	No	-	No	-	Monitor	Backpitched
21	No	-	No	Inhibited Vegetation	Monitor	Double 4" HDPE inside
22	No	-	No	-	Monitor	Nearby structure surcharging
23	No	-	No	-	Monitor	-
24	No	-	No	-	Monitor	-
25	No	-	Partially	-	Monitor	-
26	No	-	No	Excessive/Inhibited Vegetation	Clean/Monitor	-
27	No	-	Partially	Excessive Vegetation	Monitor	-
28	No	-	Partially	Excessive Algae/Pipe sections separating	Schedule to fix	Separating pipe sections
29	No	-	No	-	Monitor	East of #30
30	No	-	No	-	Monitor	PVC in concrete, West of #29
31	Yes	Clear/Trickle	Partially	Separating Outlet, Excessive Algae	Schedule to Fix	-
32	No	-	Partially	-	Monitor	-
33	Yes	Clear/Trickle	No	Excessive Algae	Clean/Monitor	-
34	-	-	-	-	Locate Outfall	Unable to Locate Outfall
35	No	-	Partially	-	Monitor	-
36	No	-	Partially	-	Monitor	-
37	No	-	Partially	Stick and leaf buildup	Clean/Pool Analysis/Monitor	Draining from parking lot
38	No	-	Partially	-	Monitor	-
39	No	-	Partially	-	Monitor	-
40	No	-	Partially/Sediment	-	Monitor	-
41	No	-	Fully	-	Monitor	-
42	No	-	No	-	Monitor	-
43	No	-	No	-	Monitor	-
44	No	-	No	Corrosion	Monitor	-
45	No	-	No	Excessive Algae	Clean/Monitor	-
46	Yes	Brown/Trickle	Partially	Excessive Algae/Vegetation/Flow Line	Pool Analysis/Monitor/Clean	-
47	No	-	Partially	-	Monitor	-
48	Yes	Clear/Trickle	No	Corrosion, Cracking	Schedule to Fix	-
49	-	-	-	-	Locate Outfall	Unable to Locate Outfall
50	No	-	No	-	Monitor	-
51	No	-	No	-	Monitor	-
52	No	-	No	-	Monitor	-
53	No	-	Partially/Sediment	Chipping	Monitor	-
54	No	-	Partially/Sediment	-	Monitor	-
55	No	-	No	-	Monitor	Located in residents front yard. Flow path is eroding the yard
56	No	-	No	-	Monitor	-
57	No	-	Partially	-	Monitor	-
58	No	-	Partially	-	Monitor	-
59	No	-	Partially/Sediment	Inhibited Vegetation	Clean/Monitor	-
60	No	-	Partially	-	Monitor	-
61	-	-	-	-	Locate Outfall	Unable to Locate Outfall
62	No	-	Partially	Excessive Algae	Monitor/Clean	Two small HDPE pipes above outfall
63	No	-	No	Excessive Algae	Monitor/Clean	-
64	Yes	Clear/Trickle	Partially	-	Monitor	-
65	-	-	-	-	Locate Outfall	Unable to Locate Outfall
66	-	-	-	-	Locate Outfall	Unable to Locate Outfall
67	No	-	No	-	Monitor	Overland Flow Drainage
68	-	-	-	-	Locate Outfall	Unable to Locate Outfall
69	No	-	Partially	-	Monitor	-
70	No	-	No	Excessive Algae	Clean/Monitor	-
71	Yes	Clear/Trickle	Partially/Sediment	-	Monitor	-
72	No	-	No	-	Monitor	-
73	No	-	No	-	Monitor	-
74	No	-	No	Excessive Vegetation	Clean/Monitor	Overgrown with grasses
75	No	-	Partially	-	Monitor	-
76	No	-	No	-	Monitor	-
77	Yes	Clear/Trickle	Partially/Sediment	Excessive Vegetation	Clean/Monitor	Backpitched
78	Yes	Clear/Moderate	No	-	Monitor	Under grate
79	No	-	No	Cracking	Schedule to Fix/Monitor	Westernmost of group, Pipe broken in half
80	No	-	No	-	Monitor	Middle of group
81	No	-	No	-	Monitor	Easternmost of group
82	No	-	Partially/Sediment	Excessive Vegetation	Clean/Monitor	-
83	No	-	Partially/Sediment	Excessive Vegetation	Clean/Monitor	Outside of Parking Lot
84	-	-	-	-	Locate Outfall	Outfall likely collapsed into slope
85	No	-	No	Excessive Vegetation/Algae	Clean/Monitor	-
86	-	FALSE	-	-	Locate Outfall	Unable to Locate Outfall
39a	No	-	Partially/Sediment	Oil Sheen	Monitor/Clean/Pool Analysis	24" RCP
39b	No	-	Partially	-	Monitor	12" RCP

## **Appendix 6 – IDDE Example Training Presentation**

# NPDES Phase II MS4 Compliance Seminar



Travis M. Parry, CFM, CMS4S  
Christopher B. Burke Engineering, Ltd.

# What is NDPES?

## National Pollution Discharge Elimination System

Permit program controls water pollution by regulating point sources that discharge pollutants into waters of the United States:

- Point sources are discrete conveyances such as pipes or man-made ditches
- Not for individual homes that are connected to a municipal system or use a septic system
- Industrial, municipal, and other facilities must obtain permits if their discharges go directly to surface waters.

# What is an MS4?

## Municipal Separate Storm Sewer System

A conveyance or system of conveyance owned by a state, city, or other public entity that discharges to waters of the United States:

- Designed or used for collecting storm water;
- Is not a combined sewer; and
- Is not part of a Publicly Owned Treatment Works (POTW)

# Other MS4 - Examples

- Highway Departments
- Universities
- Local Sewer Districts
- Hospitals
- Military Bases
- Prisons
- Airports



# Aspects of the MS4

- Not Always A System of Storm Sewers
- MS4's May Include:
  - Ditches
  - Curbs
  - Gutters
  - Streams
  - Wetlands
  - Drainage Swales
  - Any Storm Water Conveyance

# Best Management Practices

- A BMP is a method, device, or practice for removing, reducing, or preventing pollution in stormwater runoff from reaching receiving waters.
- Examples:
  - Construction – Silt Fence
  - Municipal – Street Sweeping
  - Industrial – Secondary Containment

# Why Are We Here?

- Required to develop a SWMP comprised of BMPs and measurable goals for each of the following six minimum control measures:
  1. Public education and outreach on storm water impacts
  2. Public involvement and participation
  3. Illicit discharge detection and elimination
  4. Construction site storm water runoff control
  5. Post construction storm water management in new development and redevelopment
  6. Pollution prevention/good housekeeping for municipal operations

# Why Are We Here?

---

**Village must regulate all discharges to the MS4**

- **Construction Sites**
- **Commercial Uses**
- **Industrial Uses**
- **Municipal Facilities**
- **Private Residences**

# Illicit Discharges

- Any discharge to the MS4 that is not composed entirely of stormwater

# Outfall Inspections

1. Background Data
2. Outfall Description
3. Quantitative Characterization
4. Physical Indicators – Flowing Only
5. Physical Indicators – Both
6. Overall Outfall Characterization
7. Data Collection
8. Other Concerns

# Outfall Inspections

---

## I. Background Data

- a) Personnel
- b) Weather (temp, rainfall, etc)
- c) Location
- d) Land Use

# Outfall Inspections

## 2. Outfall Descriptions

- a) Type (open, closed)
- b) Material (RPC, PVC, etc)
- c) Shape
- d) Size
- e) Submerged

# Outfall Inspections



# Outfall Inspections

## 3. Quantitative Characterization

- a) Flow Parameter (volume, depth, etc)
- b) Result
- c) Unit
- d) Equipment

# Outfall Inspections

## 4. Physical Indicators - Flowing

- a) Indicator (odor, color, etc)
- b) Presence
- c) Description (sewage, sulfur, etc)
- d) Severity

# Outfall Inspections



# Outfall Inspections

---

## 5. Physical Indicators - Both

- a) Indicator (Damage, stains, etc)
- b) Presence
- c) Description (cracking, oily, etc)
- d) Comments

# Outfall Inspections



# Outfall Inspections

---

## 6. Overall Outfall Characterization

- a) Unlikely
- b) Potential
- c) Suspect
- d) Obvious

# Outfall Inspections

---

## 7. Overall Outfall Characterization

- a) Sample collected
- b) Where

## 8. Non Illicit Discharge Concerns

- a) Trash
- b) Erosion
- c) Etc.

# Outfall Inspections





# Outfall Inspections

Section 4: Physical Indicators (Flowing Outfalls Only)					
INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Sulfide <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Laundry <input type="checkbox"/> 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 type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange/Red <input type="checkbox"/> Multi-Color <input type="checkbox"/> Other:	<input type="checkbox"/> 1-Faint colors in sample bottle	<input type="checkbox"/> 2 – Clearly visible in sample bottle	<input type="checkbox"/> 3 – Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1-Slight cloudiness	<input type="checkbox"/> 2 – Cloudy	<input type="checkbox"/> 3 – Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Suds and Foam <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Grease <input type="checkbox"/> Other:	<input type="checkbox"/> 1-Few/slight; origin not obvious	<input type="checkbox"/> 2 – Some; indications of origin	<input type="checkbox"/> 3 - Some; origin clear
Do physical indicators (flowing) suggest an illicit discharge is present (Y/N):					
Section 5: On-Site Sampling / Testing (Flowing Outfalls Only)					
PARAMETER	RESULT	ACCEPTABLE RANGE	WITHIN RANGE (Y/N)	EQUIPMENT	
Temperature		NA	NA	Thermometer	
pH		6 – 9		5-in-1 Test Strip	
Ammonia		<3 mg/L April – Oct < 8 mg/L Nov - March		Test Strip	
Free Chlorine		NA	NA	5-in-1 Test Strip	
Total Chlorine		< 0.05 mg/L		5-in-1 Test Strip	
Phenols		< 0.1mg/L		Test Kit	
Detergents as Surfactants		> 0.25 mg/L residential > 5 mg/L non-residential		Test Kit	
Copper		<0.025 mg/L		Test Strip	
Alkalinity		NA	NA	5-in-1 Test Strip	
Hardness		NA	NA	5-in-1 Test Strip	
Sample Location					
(Note NA values used for future tracing procedures)					
Section 6: Data Collection for Lab Testing (see flow chart)					
1. Sample for the lab? <input type="checkbox"/> Yes <input type="checkbox"/> No					
2. If yes, collected from: <input type="checkbox"/> Flow <input type="checkbox"/> Pool					
PARAMETER	RESULT (from lab)	ACCEPTABLE RANGE	WITHIN RANGE (Y/N)		
Fecal Coliform		400 per 100 mL			
Fluoride		0.6 mg/l			
Potassium		Ammonium/Potassium ratio or > 20mg/l			
*note label sample with outfall number					
Section 7: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?					

# Illicit Discharges - Examples

- Car Wash



# Illicit Discharges

- Paint spills



# Illicit Discharges

- Sanitary Sewer Overflows



# Illicit Discharges

- Grass Clippings/Yard Waste



# Illicit Discharges

- Motor Oil



# Illicit Discharges

- Leaking Dumpster



# Illicit Discharges

- Detergents



# Illicit Discharges

- Animal Waste



# Illicit Discharges

- Leaking Drums



# Illicit Discharges

- Suds



# Illicit Discharges

- Oil and Grease



# Illicit Discharges

## Sanitary Sewer Waste

- Gray Water



# Illicit Discharges

## Sanitary Sewer Waste

- Foam



# Illicit Discharges

## Sanitary Sewer Waste

- Staining



# Illicit Discharges

## Sanitary Sewer Waste

- Failing Septic System or cheater pipes



# Illicit Discharges

- Petroleum Sheen



# Illicit Discharges

- Spills



# Illicit Discharges

## Trash and Debris



# Illicit Discharges Industrial

- Chemical Odor



# Illicit Discharge: Outfalls



# Illicit Discharge: Oil Sheen



# Illicit Discharges Industrial

- Discolored water



# Illicit Discharges

## Agricultural Runoff

- Excessive Vegetation



# Illicit Discharges Fertilizers

- Blue Green Algae



# Illicit Discharges or Naturally Occurring?

- Fish kills



# Illicit Discharges or Naturally Occurring?

- Foam or Suds



# Illicit Discharges or Naturally Occurring?

- Staining and Discoloration



# Illicit Discharges or Naturally Occurring?

- Algae Blooms



# Illicit Discharges or Naturally Occurring?

- Sheens and Deposits



# Illicit Discharges - Exemptions

- water line flushing
- landscape irrigation
- diverted stream flows
- rising ground waters
- uncontaminated ground water infiltration
- discharges from potable water sources
- foundation drains
- air conditioning condensation
- irrigation water
- springs
- water from crawl space pumps
- footing drains
- lawn watering
- individual residential car washing
- flows from riparian habitats and wetlands

# Construction Site Runoff Control – During and Post

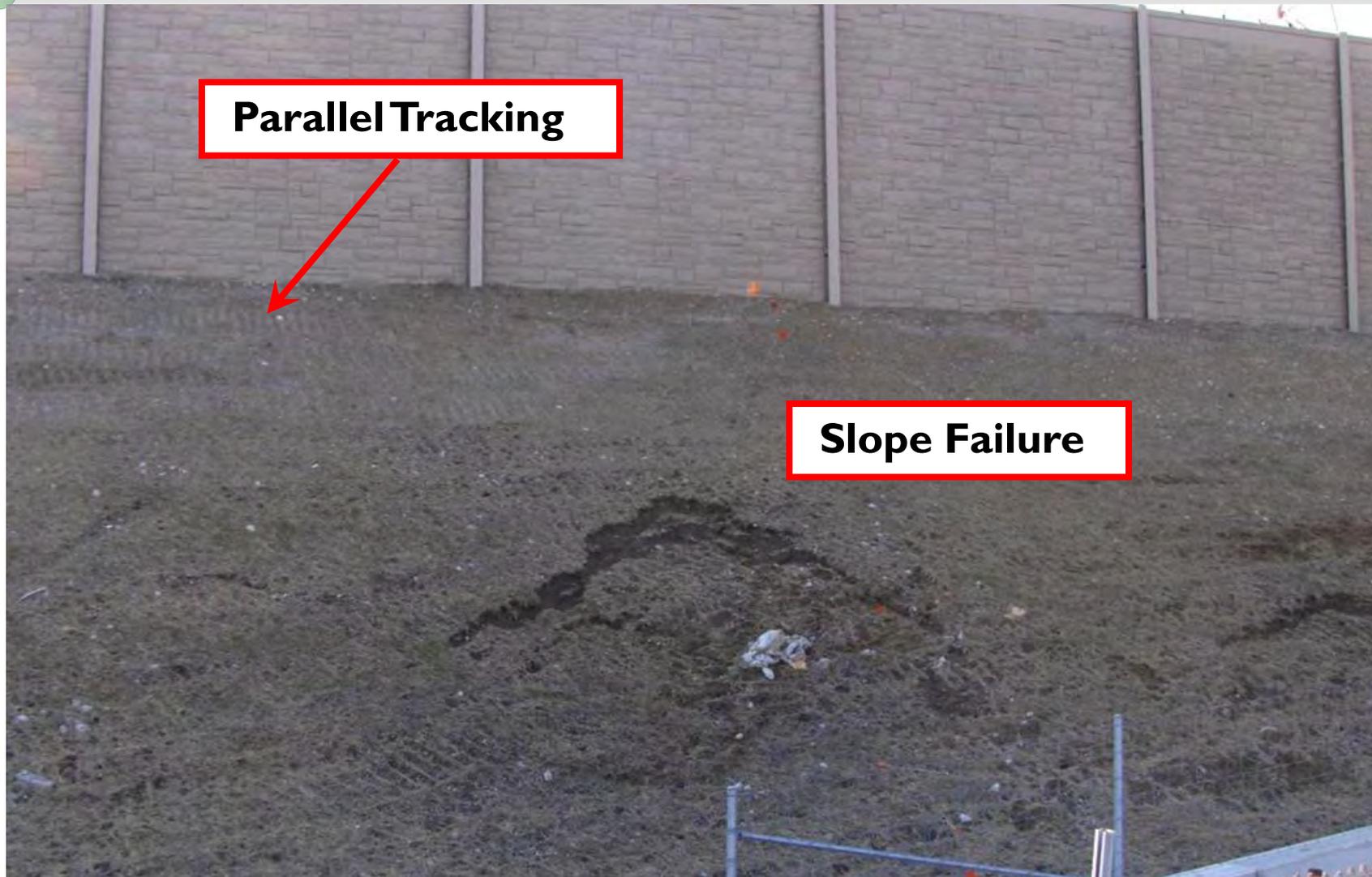
- A BMP is a method, device, or practice for removing, reducing, or preventing pollution in stormwater runoff from reaching receiving waters.
- Effectiveness of BMP's
  - Selection
  - Installation
  - Maintenance

# Erosion, Sediment, & Sedimentation



- Erosion is the displacement of soil
- Sediment is the soil once becomes displaced
- Sedimentation occurs when sediment is deposited

# Stabilization Practice: Straw Mulch



**Parallel Tracking**

**Slope Failure**

# Stabilization Practice: Hydro-Mulch



# Stabilization Practice: Temporary Seeding



# Stabilization Practice: Bonded Fiber Matrix



# Dust Control: Violation

- **Can trigger a regulatory inspection**
- Spraying water and tilling are simple ways to control dust



# Erosion Control Blanket



# Erosion Control Blanket



# Silt Fence

- Tributary area to fence is appropriate
- Trenched into ground
- Backfilled
- Stake spacing w/ lath
- Wire Backing (if required)
- Not for Concentrated Flow
- **NOT A FIX ALL!**



# Silt Fence Indicating an Erosion Problem...

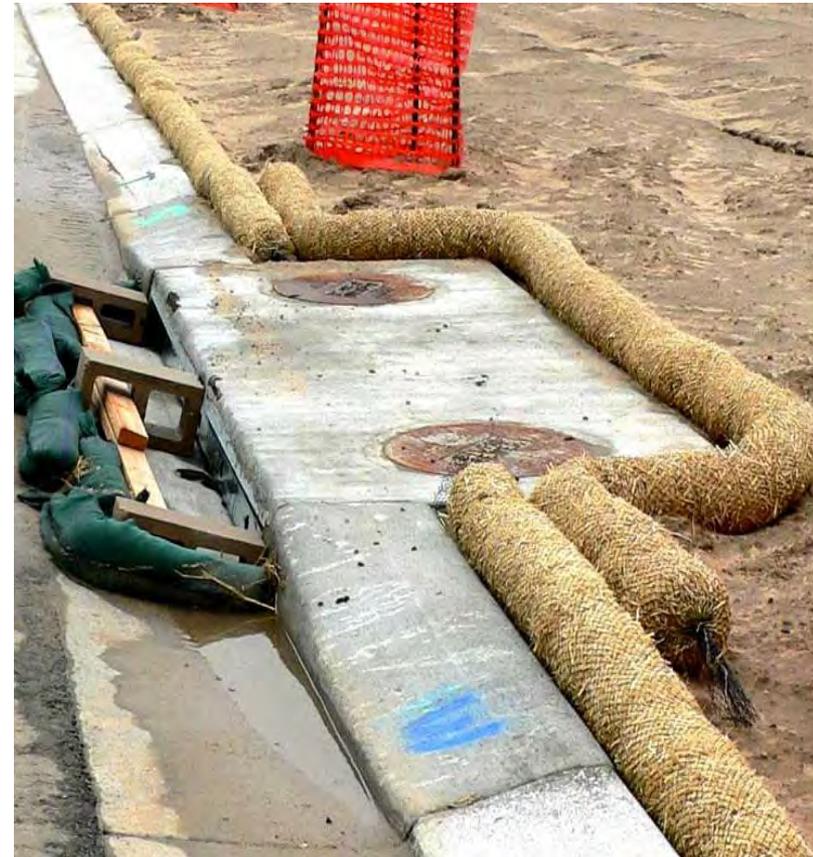


# Silt Fence Failure: Use Alternative



# Wattles to Replace Straw Bales

- Can be used in different applications
  - Inlet Protection
  - Ditch Checks
  - Bank Stabilization
  - Perimeter Control



# Wattles to Replace Straw Bales



# Inlet Protection

- A variety of inlet protecting BMPs exist. Choose the appropriate BMP for each situation.
- Types of inlet protection include:
  - Filter fabric (Woven Monofilament)
  - Wattles
  - Pre-fabricated Devices
  - Filter Baskets
  - Silt fence
  - Stone
  - Vegetated Buffers
  - Any combination of the above

# Inlet Protection



# Inlet Protection



# Result of Failing to Maintain Inlet Protection

**Illicit Discharge**



# Inlet Protection: Wattles



# Prefabricated: Long Term and High Flow



06/23/2007

# Prefabricated: Long Term and High Flow



# Street Inlet Protection



# Street Inlets



# Street Inlet Protection: Filter Fabric

- Woven Monofilament
- Low flow inlets
- Wrap around back
- Staple
- Don't puncture
  - May cause flooding
- Require Maintenance



# Filter Basket



# Filter Basket Cleanout



# Stone Inlet Protection



**Existing Vegetation Undisturbed**

# Vegetated Buffers

- Establish dense vegetation
- Width is determined by drainage area
- Combine with other BMPs
- Works well along paved roads/right of ways
- Not intended for concentrated flows

**Should have been stabilized...**



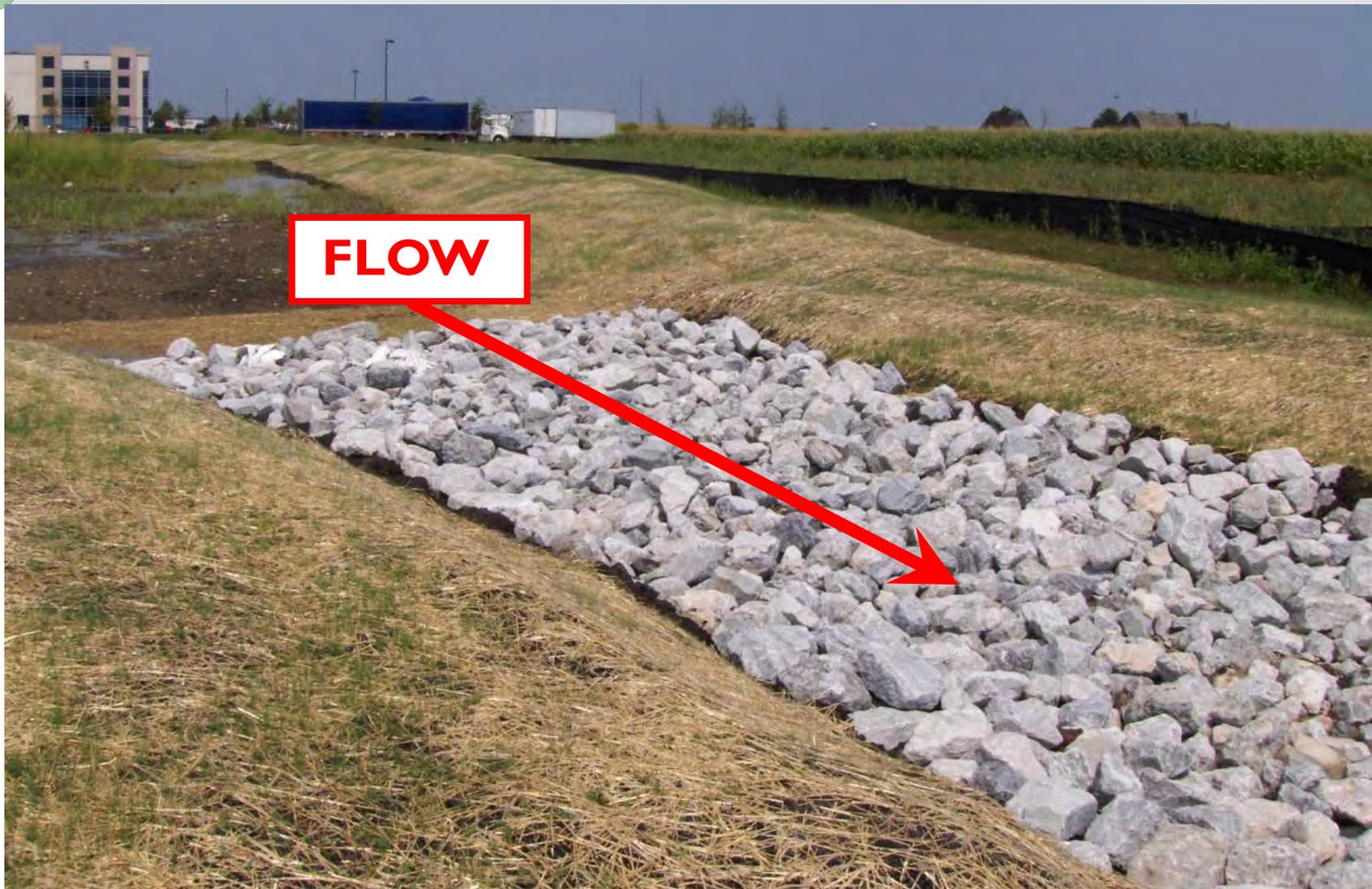
# Not So Vegetated Buffer



# Diversions



# Diversion with Riprap Swale



# Silt Dike Versatility

- Bale Alternative
- Durable
- Used in Direct Flows
- Perimeter Control
- Diversions
- Reusable



# Check Dams...Looks Good?



# Check Dams... Take Your Mulligan



# Basin Management: Construction Phasing...Looks Good?



# Basin Management: Construction Phasing



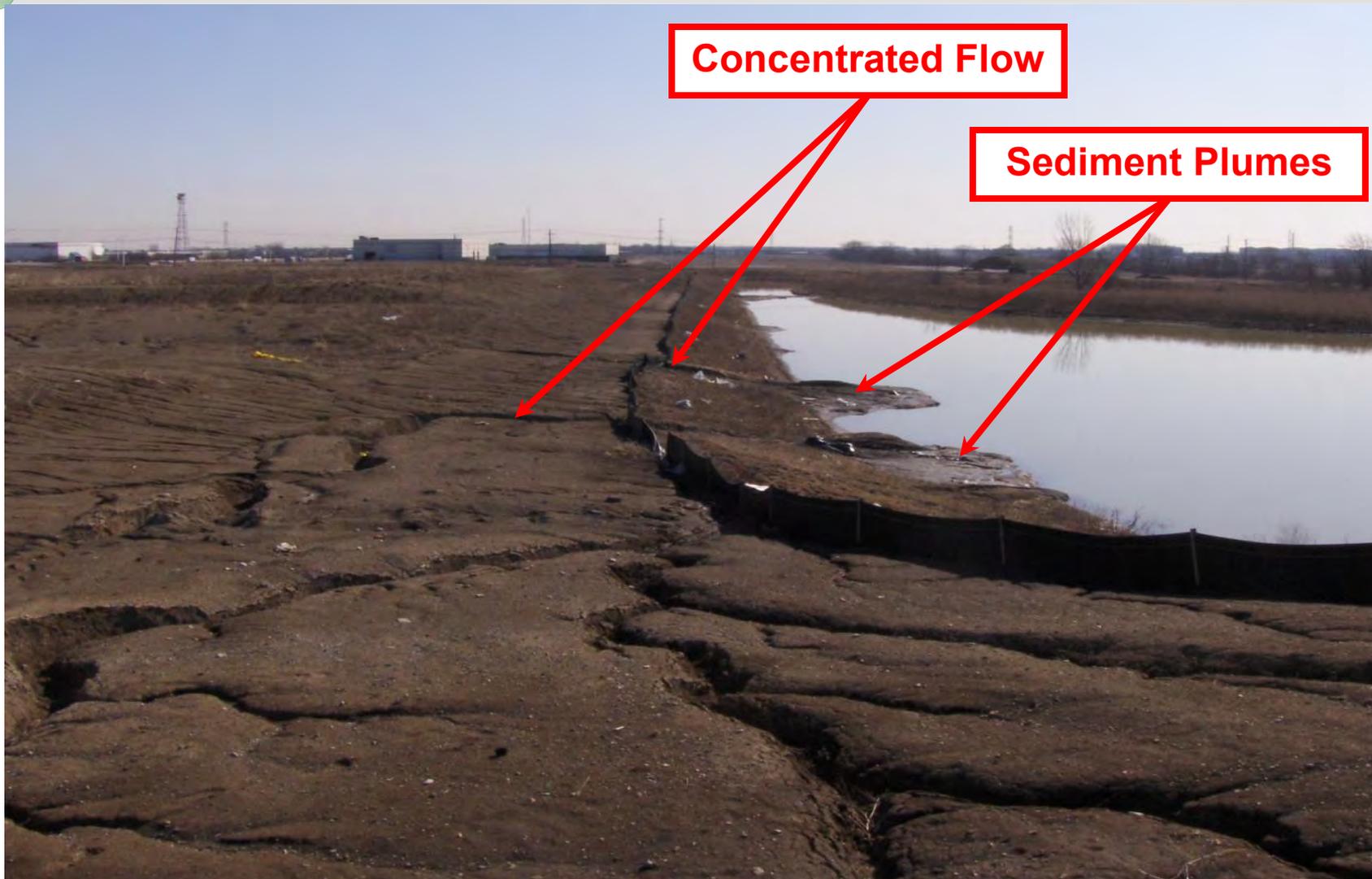
# Stabilize Areas Upslope of Basins



# Stabilize Areas Upslope of Basins



# Basin Management



# Control Overland Flow



# Riprap Swale for Overland Flow



# Slope Drains



# Outlet Protection: Rip Rap



# Sedimentation of Waterway



# Riprap Outlet Protection

- Apron Sizing
- Stone Sizing
- Evidence of erosion, scour, slumping, etc?
- Sediment deposited on stone...check inlet protection?



# Proper Outlet Protection



# Sediment Traps/Basins



# Street Sweeping

- Streets are scraped, and swept to maintain sediment free roadways
- Curb ramps are constructed of non-erodible materials
- Removes dirt and debris before entering a stormwater management facility.
  - Reduces catch basin maintenance.



# Dirt Ramps



# Construction Entrance / Exit

- Install at:
  - Concrete Washout
  - Soil Stock Piles
  - Construction Roads
- Proper size
- Correct materials used to construct
  - **DO NOT CAP WITH GRAVEL**
  - **Fabric Installed**
- Remove accumulated sediment, install stone



# Construction Entrance / Exit



**Internal Access Location**

# Concrete/Construction Washouts



# Concrete/Construction Washouts



# Concrete/Construction Washouts

- Make the drivers aware
- Washout area is located at least **50'** from storm drains or drainageways
- Stone driveways don't count...

...Didn't Make the 50' Mark



# Concrete/Construction Washouts



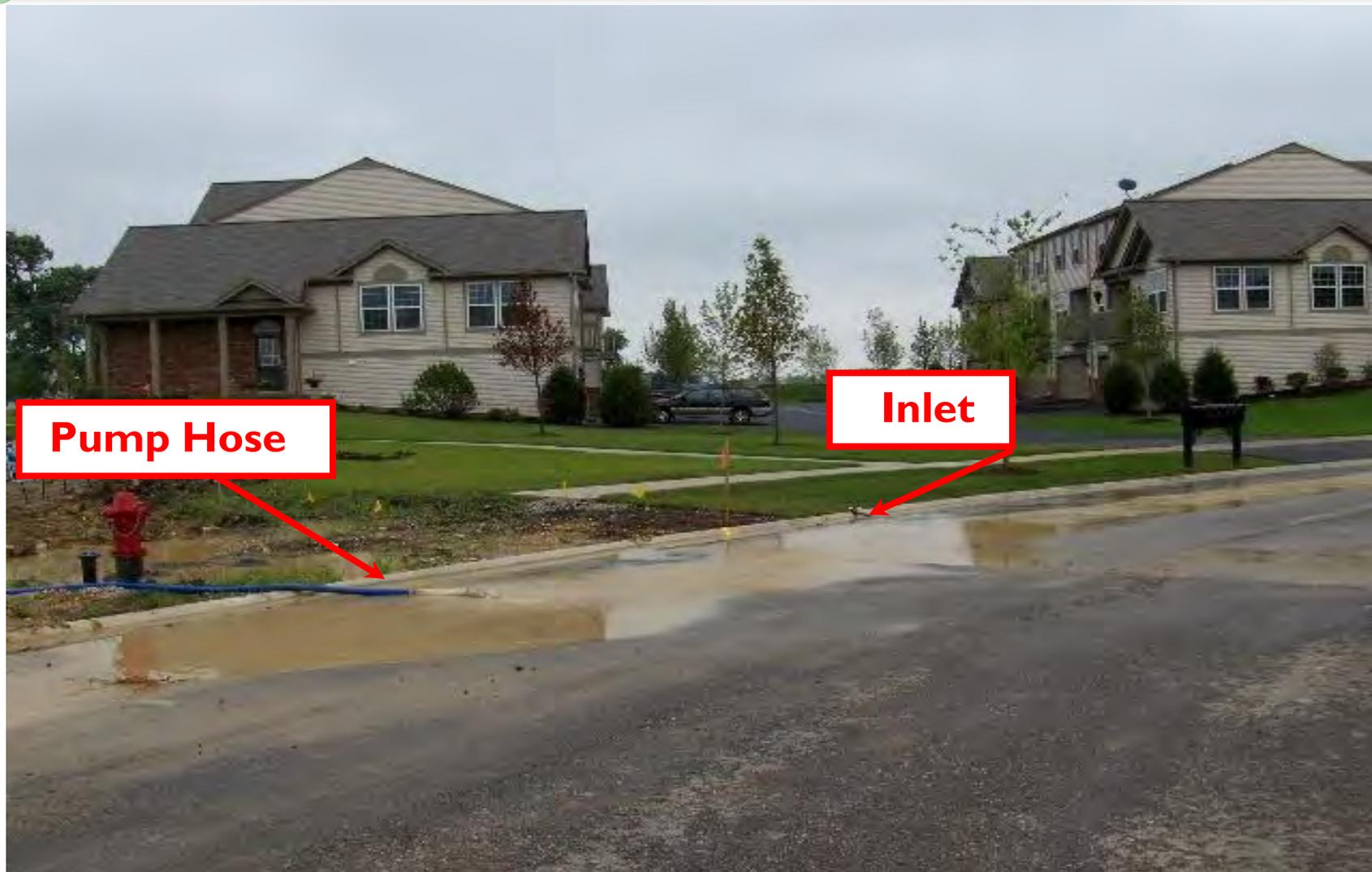
# Concrete/Construction Washouts



# Construction Washout



# De-Watering Illicit Discharge



# Dewatering...Floating the Pump



**Anti-Freeze Jugs Are Not EPA Approved**

# Dewatering...Floating the Pump



# Filter Bag...Onsite



# Filter Bag...At Capacity



# Filter Bag...Fine Clays



# Filter Bag...Fine Clays



**Sediment Discharge into Buffer**

# Dewatering Activities



# Dewatering Activities



# Illicit Discharge From Pumping



# Non-Storm Water Runoff

## Hydrant Flushing



# Non-Storm Water Runoff

## Water Main Flushing



# Unprotected Inlet



# Next Stop... Violationville



# Illicit Discharge



# Pollutant Storage

- Store possible pollutants in an upland area, away from inlets
- Have MSDS onsite
- Include storage area in SWPPP
- Document possible pollutants in SWPPP



# Pollutant Storage

Designate chemical storage area(s) onsite to store:

- Fuel Trucks
- Fuel Tanks
- Form Oil
- Hydraulic Oil
- Tar Buckets
- Port-a-Potty's



# Pollutant Storage Violation



# Pollutant Storage Violation



# Pollutant Storage Example



# Port-A-Potty



# Pollutant Storage



**Secondary Containment**

# Soil Stockpiles

- Stockpiles are surrounded by silt fence
- Stockpiles are stabilized
- Stabilized Entrances
- Location!



# Stockpiles Are More Than Soil



**Storm Inlet**

# Pollution Prevention and Good Housekeeping

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- Procedures or activities that municipalities and their employees can do to prevent or reduce stormwater contamination from municipal operations.

# Salt Piles



# Pollution Prevention and Good Housekeeping



# Pollution Prevention and Good Housekeeping



# Salt Storage

- Store piles under a roof or impermeable layer
  - Minimize contact with precipitation and storm water runoff
- Out of 100 yr Floodplain
- Stored on impermeable surfaces
- Contained within a curb or berm
- Store at least 50 feet from wetlands or streams
- Can contaminate surface and ground water

# Salt Application

- Identify Environmentally sensitive areas on salt routes
  - Wetlands, streams, drainage swales, prairies, lakes, ground water recharge...
- Install impermeable barriers along sensitive areas
- Reduce plowing speed
- Reduce application rates at sensitive areas
- Clean out storm drains before the spring rains

# Pollution Prevention and Good Housekeeping

- Municipal project with no SE/SC measures



# Pollution Prevention and Good Housekeeping

- Salt box next to inlet



# Pollution Prevention and Good Housekeeping

- Uncovered drums



# Pollution Prevention and Good Housekeeping

- Oil Recycling Storage Tanks



# Pollution Prevention and Good Housekeeping

- Pet Waste Pick Up Station



# Pollution Prevention and Good Housekeeping

- Demonstration Areas



# Pollution Prevention and Good Housekeeping

- Clearly Marked Procedures and Equipment



**FUEL SPILL RESPONSE PROCEDURE**

**IN CASE OF FIRE OR EXPLOSION  
EVACUATE IMMEDIATELY AND CALL 911  
FROM A SAFE LOCATION**

**IF IT IS SAFE TO DO SO:  
STOP THE SPILL, USE EMERGENCY SHUT-OFF  
LOCATED ON BUILDING**

**USE MATERIALS FROM THE SPILL KIT TO:  
(LOCATED BY THE STORAGE SHED)**

- CONTAIN THE SPILL
- PROTECT THE CATCH BASIN
- + ABSORB THE SPILL

**CALL ENVIRONMENTAL HEALTH AND SAFETY  
726-7273**

**NOTIFY YOUR SUPERVISOR**

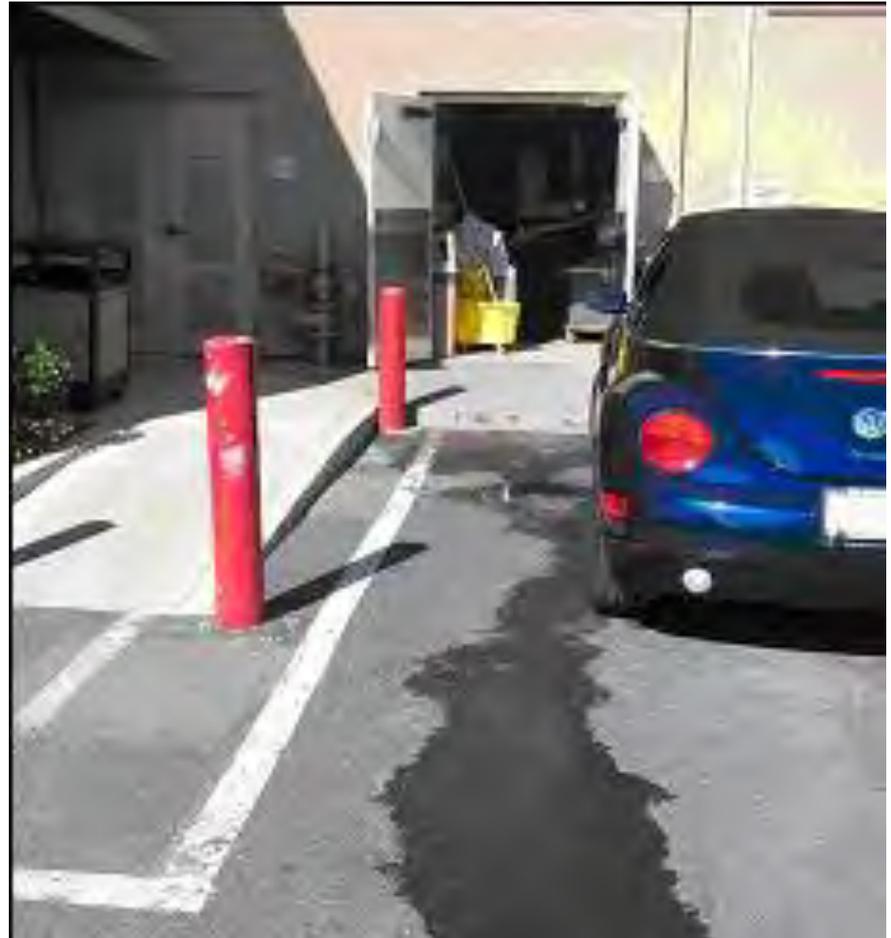
**IF YOU HAVE ANY QUESTIONS ABOUT PROPER SPILL  
PROCEDURES CONTACT ENVIRONMENTAL HEALTH  
AND SAFETY (726-7273) OR YOUR SUPERVISOR  
PRIOR TO USING THIS FACILITY.**

# Pollution Prevention and Good Housekeeping



# Pollution Prevention and Good Housekeeping

- Proper Disposal of Municipal Generated Wastes



# Pollution Prevention and Good Housekeeping



# Pollution Prevention and Good Housekeeping



# Pollution Prevention and Good Housekeeping



# Pollution Prevention and Good Housekeeping



# Pollution Prevention and Good Housekeeping



# Pollution Prevention and Good Housekeeping



# Pollution Prevention and Good Housekeeping

- Municipal Projects



# How to Help

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**Identification – Be aware**

**Notification – Alert the appropriate person**

**Documentation – Photos, Work Orders, Emails**

**Elimination – React or Follow up**

# Failure to Comply

## **Dallas, Texas reached agreement with federal government May 10, 2006:**



- City to spend over \$3.5 million to decrease amount of pollution entering city's stormwater system
  - Including SEP
  - Civil penalty of \$800,000
  - Fill staff positions
  - Inspect hundreds of industrial facilities and construction sites
  - Improve management systems at several facilities

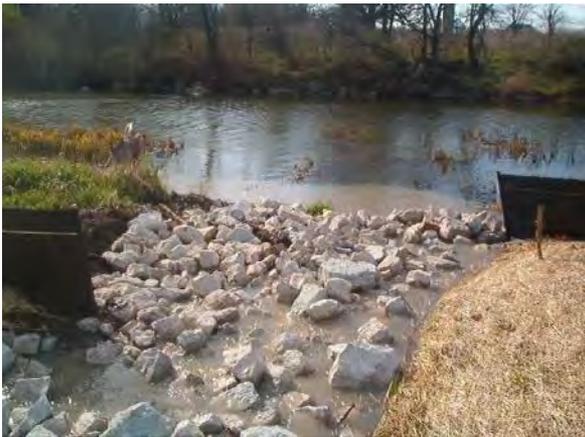
# Failure to Comply

**Home Depot reached agreement with federal government Feb. 26, 2008:**



- Home Depot to pay a \$1.3 million dollar penalty.
  - Discharged polluted storm water
  - 30 construction sites in 28 states
  - Didn't obtain proper NPDES permits
  - Failure to maintain SWPPP and BMPs
  - Develop an extensive compliance program

# Questions ?



# Photo References

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