

# Monitoring Locations Inspection and Sampling Field Sheet

## Appendix C

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#### Section 1: Background Data

Subwatershed:	Monitoring Location 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"/> Ultra-Urban Residential <input type="checkbox"/> Suburban Residential <input type="checkbox"/> Commercial		<input type="checkbox"/> Open Space <input type="checkbox"/> Institutional Other: _____ Known Industries: _____	
Notes (e.g., origin, if known):			

#### Section 2: Monitoring Location 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: _____ <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	If No, Skip to Section 5	
Flow Description (If present)		<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

#### Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING MONITORING LOCATIONS				
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	Stopwatch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	
Total Chlorine		mg/L	Test strip	
Nitrate/Nitrite		mg/L	Test strip	
Phosphate		mg/L	Test strip	
Detergents		Visual	Black light; cotton pads	

## Monitoring Locations Inspection and Sampling Field Sheet Appendix C (continued)

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**Section 4: Physical Indicators for Flowing Monitoring Locations Only**    Yes    No   *(If No, Skip to Section 5)*

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

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

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

INDICATOR	CHECK If Present	DESCRIPTION	COMMENTS
Monitoring Location Damage	<input type="checkbox"/>	Spalling, Cracking or Chipping <input type="checkbox"/> Corrosion <input type="checkbox"/>	Peeling Paint
Deposits/Stains	<input type="checkbox"/>	Oily <input type="checkbox"/> Flow Line <input type="checkbox"/> Paint <input type="checkbox"/> Other:	
Abnormal Vegetation	<input type="checkbox"/>	Excessive <input type="checkbox"/> Inhibited <input type="checkbox"/>	
Poor pool quality	<input type="checkbox"/>	Odors <input type="checkbox"/> Colors <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	Oil Sheen <input type="checkbox"/> Other: <input type="checkbox"/>
Pipe Dentritic Growth	<input type="checkbox"/>	Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Monitoring Location Characterization

<input type="checkbox"/> Unlikely <input type="checkbox"/> Potential (presence of two or more indicators)	<input type="checkbox"/> Suspect (one or more indicators with a severity of 3) <input type="checkbox"/> Obvious
<b>Section 7: Data Collection</b>	
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)?