

### STORMWATER OUTFALL INSPECTION CHECKLIST

For use of this form, see the Stormwater Best Management Practices (BMP) Plan; proponent  
is DPW-ENRD

Date of Inspection:

Inspector:

Signature of Inspector:

|   | Outfall DSN001 |    | Outfall DSN002 |    | Outfall DSN003 |    | Outfall DSN004 |    | Outfall DSN005 |    | Outfall DSN006 |    | Outfall DSN007 |    |
|---|----------------|----|----------------|----|----------------|----|----------------|----|----------------|----|----------------|----|----------------|----|
|   | Yes            | No | Yes            | No | Yes            | No | Yes            | No | Yes            | No | Yes            | No | Yes            | No |
| 1. Is there any visible discharge?              |                |    |                |    |                |    |                |    |                |    |                |    |                |    |
| 2. Is there any visible oil sheen?              |                |    |                |    |                |    |                |    |                |    |                |    |                |    |
| 3. Is there any visible foam?                   |                |    |                |    |                |    |                |    |                |    |                |    |                |    |
| 4. Is there any visible floating solids?        |                |    |                |    |                |    |                |    |                |    |                |    |                |    |
| 5. Is there any visible trash?                  |                |    |                |    |                |    |                |    |                |    |                |    |                |    |
| 6. Is there any visible discoloration?          |                |    |                |    |                |    |                |    |                |    |                |    |                |    |
| 7. Is there any dead vegetation around outfall? |                |    |                |    |                |    |                |    |                |    |                |    |                |    |
| <b>Comments</b>                                 |                |    |                |    |                |    |                |    |                |    |                |    |                |    |
|   |                |    |                |    |                |    |                |    |                |    |                |    |                |    |