



## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name:	NPDES Permit No.: PA
Date of Inspection:	Outfall ID No.:
Land Uses in Outfall Drainage Area (Select All):  <input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Suburban Residential <input type="checkbox"/> Open Space <input type="checkbox"/> Other:	Latitude: _____° _____' _____"
	Longitude: _____° _____' _____"
	Dry Weather Inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date of Previous Precipitation:
	Amount of Previous Precipitation: _____ in
Inspector Name(s):	Were Photographs Taken? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are Photographs Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No

### OUTFALL DESCRIPTION

TYPE	MATERIAL	SHAPE	DIMENSIONS	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: _____in	<input type="checkbox"/> In Water <input type="checkbox"/> With Sediment
<input type="checkbox"/> Open Channel	<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: _____in Top Width: _____in Bottom Width: _____	

Dry Weather Flow Present at Outfall During Inspection?     Yes     No *(If No, skip to Certification Section)*

Description of Flow Rate:     Trickle     Moderate     Significant     N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color?     Yes     No If Yes, provide a description below.

Does the dry weather flow contain an odor?     Yes     No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge?     Yes     No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits?     Yes     No  
If Yes, provide a description below.

Were sample(s) collected of the dry weather flow?  Yes  No (If Yes, No. Samples: \_\_\_\_\_)

**FIELD / LABORATORY ANALYSIS**

PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		

Indicate the parameters above that were analyzed by a DEP-certified laboratory:

**ILLICIT DISCHARGES**

Is the dry weather flow an illicit discharge?  Yes  No  
If Yes, describe efforts made to determine the source(s) of the illicit discharge.

Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.

Inspector Comments:

**RESPONSIBLE OFFICIAL 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 submitting false information, including the possibility of fine and imprisonment for knowledge of violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Responsible Official Name \_\_\_\_\_ Signature \_\_\_\_\_

Telephone No. \_\_\_\_\_ Date \_\_\_\_\_