

**CITY OF VALDOSTA**  
**ENGINEERING DEPARTMENT**  
 Dry Weather Outfall Screening Form  
 (As of May 2013)

General Information	
Name of City: <b>Valdosta</b>	Data Sheet Number:
Date of screening (MM/DD/YY):	Time of screening:
Weather conditions:	
Inspection performed by:	

Outfall Description	
Outfall Location:	Outfall I.D. Number:
Outfall Type/Material: <input type="checkbox"/> Closed Pipe (circle): RCP CMP PVC HDPE Other: _____ <input type="checkbox"/> Open Channel (circle): Concrete Earthen Grassy Other: _____	Outfall Diameter/Dimensions:
Receiving stream:	
HUC 8 Watershed Name (circle): 03110203 or 03110202	Photo number(s):
Land use/industries in immediate drainage area:	
Comments:	

Field Observations and Measurements	
<b>Flow from Outfall:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No      Flow Description: <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial	
<b>Odor:</b> <input type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfide (rotten eggs) <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Other: _____	
Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Easily Detected <input type="checkbox"/> 3-Noticable from a distance	
<b>Color:</b> <input type="checkbox"/> Clear <input type="checkbox"/> White <input type="checkbox"/> Gray <input type="checkbox"/> Orange/Rust <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Brown/Black <input type="checkbox"/> Other _____	
Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Clearly visible in bottle <input type="checkbox"/> 3-Clearly visible in flow	
<b>Turbidity:</b> <input type="checkbox"/> None <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Silty <input type="checkbox"/> Muddy <input type="checkbox"/> Other _____	
Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Slight cloudiness <input type="checkbox"/> 2-Cloudy <input type="checkbox"/> 3-Opaque	
<b>Floatables:</b> <input type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Petroleum(oil sheen) <input type="checkbox"/> Suds <input type="checkbox"/> Other _____	
Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Few/Slight <input type="checkbox"/> 2-Some <input type="checkbox"/> 3-Heavy	
<b>Flow Temperature (°C):</b>	
<b>Flow pH:</b>	pH meter calibrated <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Flow Conductivity (µmho/cm):</b>	Conductivity meter calibrated <input type="checkbox"/> Yes <input type="checkbox"/> No

Water Quality Sampling			
<b>Sample performed by:</b>			
Grab sample for lab (fluoride/surfactants) <input type="checkbox"/> Yes <input type="checkbox"/> No		Bacteria Grab sample for lab (fecal coliform) <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Fluoride (mg/L):</b>		<b>Fecal Coliform (MPN/100ml):</b>	
<b>Surfactants (mg/L):</b>		<b>Analysis Comments:</b>	
<b>Further investigation needed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, see attached documentation)			

**Stormwater Division**  
**P.O. Box 1125**  
**Valdosta, Georgia 31603**  
**Phone: (229) 259-3530**  
**Fax: (229) 333-1884**

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Investigation Notes	
Initial investigation date:	Investigator(s):
Outfall Number:	Location:
<input type="checkbox"/> No investigation made:	Reason:
<input type="checkbox"/> Referred to different department/agency:	Department/Agency:
<input type="checkbox"/> Investigated: No action necessary	
<input type="checkbox"/> Investigated: Requires action	Description of actions:
Hours between discovery and investigation:	
Notification and Enforcement Action(s) (if any):	
Date case closed:	
Additional Notes:	

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