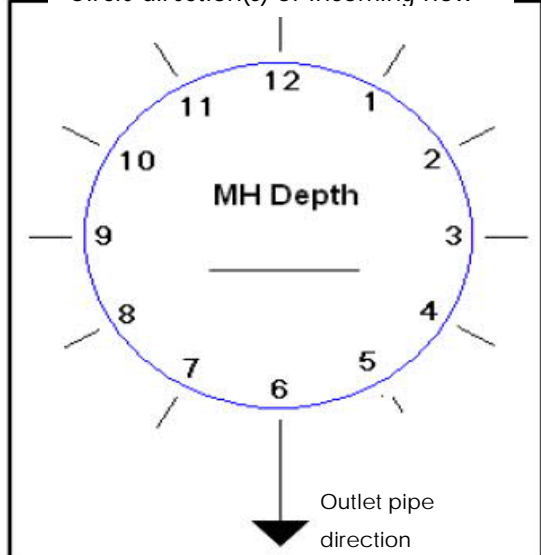


Manhole Inspection Form

Catchment ID	Date/Time
Structure ID	Last Rain Date/Amount
Location Description	
Inspector	



Circle direction(s) of incoming flow



Clock Position (1-12) Pipe Material (Concrete, HDPE, PVC, Ductile Iron, CMP)	Pipe Diameter (in.)	Invert Elevation (ft)	Upgradient Structure/Source (MH ID, CB, Priv, Unk)	Flow (Damp, Trickle, Moderate, High)

Cover Conditions: Diameter of clear opening (in.)	<input type="checkbox"/> Buried	<input type="checkbox"/> Cannot Inspect	<input type="checkbox"/> Cannot Locate
Evidence of Flow: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Description of Flow: <input type="checkbox"/> Damp <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> High		

Visual Evidence of Illicit Discharge (select all that apply)	
Visual Inspection: <input type="checkbox"/> None <input type="checkbox"/> Floatables <input type="checkbox"/> Pet Waste <input type="checkbox"/> Oily Sheen <input type="checkbox"/> Sanitary Waste <input type="checkbox"/> Algae <input type="checkbox"/> Foam	
Olfactory Evidence of Illicit Discharge (select all that apply)	
Olfactory Inspection: <input type="checkbox"/> None <input type="checkbox"/> Sewage Smell <input type="checkbox"/> Musty <input type="checkbox"/> Rotten Eggs <input type="checkbox"/> Ammonia <input type="checkbox"/> Petroleum	

Samples Taken and Sampling Results			
Temp.	Conductivity	Salinity	Chlorine
Ammonia	Surfactants	Bacteria	Pollutant of Concern

COMMENTS:
Further investigation needed? <input type="checkbox"/> Yes <input type="checkbox"/> No