



City Of Ozark

Storm Water Outfall/Detention/Retention Pond/Structure Inspection Form

Outfall ID: _____ Address: _____ Date: _____ Time: _____

Private Outfall Yes No Air Temp. _____ Water Temp. _____

Rainfall last 72 Hours Yes No Rainfall Amount: _____ Weather Condition: _____

LOCATION	MATERIAL	SHAPE		DIMENSION	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"/> Other: _____	<input type="checkbox"/> Circular <input type="checkbox"/> Elliptical <input type="checkbox"/> Box <input type="checkbox"/> Other: _____	<input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	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 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: _____		<input type="checkbox"/> Depth: _____ <input type="checkbox"/> Top Width _____ <input type="checkbox"/> Bottom Width _____	
<input type="checkbox"/> Det. Pond <input type="checkbox"/> Ret. Pond <input type="checkbox"/> Sinkhole	<input type="checkbox"/> Concrete Wall <input type="checkbox"/> Earthen <input type="checkbox"/> Other				
Flow	<input type="checkbox"/> None <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial <input type="checkbox"/> Color _____				

Structural Components:

Are the pipes/inlets going into or out of the pond clogged or obstructed? Yes No N/A

Is the outfall channel from the pond functioning appropriately? Yes No N/A

Is the inflow trickle channel working properly? Yes No

Is the orifice obstructed? Yes No

Is the outfall channel, trickle channel or other conveyance in need of repair? Yes No

Are manholes, frames, and covers associated with the outfall channel in appropriate condition? Yes No

Do any safety features, such as fences, gates or locks need repair or replacement? Yes No N/A

Comments: _____

INDICATOR	COMPONENT	DESCRIPTION	COMMENTS
Pipe Condition	<input type="checkbox"/> Outlet <input type="checkbox"/> Inlet	<input type="checkbox"/> Chip/Cracked <input type="checkbox"/> Corrosion <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Other	
Odor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Gas <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfide <input type="checkbox"/> Other	
Deposits/Stains		<input type="checkbox"/> Oily <input type="checkbox"/> Trash <input type="checkbox"/> Flow Line <input type="checkbox"/> Paint <input type="checkbox"/> Foam <input type="checkbox"/> Iron	
Vegetation		<input type="checkbox"/> Normal <input type="checkbox"/> Inhibited <input type="checkbox"/> Excessive	
Pipe Algae/Growth		<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other: _____	

Pool Quality		<input type="checkbox"/> Good <input type="checkbox"/> Oils <input type="checkbox"/> Algae <input type="checkbox"/> Suds <input type="checkbox"/> Odor <input type="checkbox"/> Colors	
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Pond Conditions:

INDICATOR	✓ if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Chip/Cracked <input type="checkbox"/> Corrosion <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Other	
Pond	<input type="checkbox"/>	<input type="checkbox"/> Erosion <input type="checkbox"/> Trash <input type="checkbox"/> Debris <input type="checkbox"/> Animal Burrowing <input type="checkbox"/> Encroachment	
Vegetation	<input type="checkbox"/>	<input type="checkbox"/> Need mowing <input type="checkbox"/> Needs Revegetated <input type="checkbox"/> Vegetate need thinning	

Stream impact Vegetation Fish Wildlife Length of impacted stream _____

Obvious source of flow _____

Discharge color _____

Comments: _____

Dry Weather screenings shall be conducted during dry weather or a minimum of 72 hours after the last precipitation event to check for presence of a discharge.

Inspectors Signature _____ Date _____

Work Order Entered Yes No
Work Order # _____
Date _____ Time _____
Signature _____