

# Exhibit 15

## Outfall Inspection and Monitoring Procedures

Based upon a joint GIS Mapping effort with Rensselaer County, there are approximately 220 municipal outfalls identified and mapped within the Town. The current inventory of outfalls is presented in Exhibit 14. As also indicated in Exhibit 14, the Town believes that the outfall survey is somewhat outdated, and is in the process of developing and implementing a procedure to inspect, review, and map outfalls throughout the Town.

The Town frequently conducts visual inspections of many of the outfalls, but has not fully implemented a system for logging inspections and inspection results. This Exhibit discusses the manner in which outfall inspections are conducted, and catalogued, both as a part of the mapping update project, but also to regularly review and monitor municipal outfalls throughout the Town.

*Dry Weather Monitoring Inspections:*

- The Town strives to monitor all outfalls each year, but at a minimum, 25% of MS4 outfalls will receive a Dry Weather Monitoring Inspection annually. As part of the Outfall Mapping Project discussed in Exhibit 14, the Town anticipates inspecting all outfalls within the following one to two years to restore the outfall mapping baseline.
- All primary outfalls in identified priority areas will be inspected annually. As part of the Outfall Mapping Project, the Town will refine the definition of primary outfalls and priority areas. The preliminary definition of these terms is as follows:
  - Primary Outfalls are larger-diameter outfalls that have the potential to discharge larger flows.
  - Priority Areas are locations where the outfall discharges directly, or nearly directly, into a Waterbody of Concern identified in Exhibit 5 or areas in which the outfall is in close proximity to a potential generator of Pollutants of Concern discussed in Exhibit 2.
- Inspections will be carried out by the Highway Department, Building Department, Town Designated Engineer, or other qualified individual with the approval of the Stormwater Management Officer.
- Dry-Weather Inspections will be conducted following a minimum of 48 hours of dry weather (1/10th of an inch of precipitation or less).
- An outfall inspection form will be completed for each MS4 outfall inspected and a record maintained in the office of the Stormwater Management Officer. A copy of the Outfall Inspection Form is attached to this Exhibit.
- The Stormwater Management Officer will update the Outfall Tracking Spreadsheet to reflect inspected outfalls and will work with the Highway Department, Building Department, or other personnel as required to address outfall maintenance issues.

- Any illicit or suspected illicit discharges noted during inspections will be communicated to the Stormwater Management Officer the day of the inspection.
- In the event that any sampling occurs during an outfall inspection, this will be communicated to the Stormwater Management Officer the day of the inspection.
- Maintenance performed on outfall structures will be communicated to the Stormwater Management Officer prior to the commencement of work.

Storm Event Monitoring:

- The Town does not currently have a formal program for monitoring outfalls during storm events, and is discussing the development of a limited procedure to review outfall operation during a storm. Generally, the program would potentially involve:
  - Witnessing outfall flows for primary outfalls in priority areas as defined above.
  - Witnessing flows for outfalls in which the public has contacted the Stormwater Management Officer with concerns.
  - Reviewing newly-installed outfalls to verify that they are operating generally as designed.

# Town of North Greenbush Outfall Inspection Form

## General Outfall Data

Outfall ID:	Location:	New?
Inspector:	Date:	Time:
Temp:	Rainfall inches in: Last 24 Hours	Last 48 Hours
Latitude:	Longitude:	As Mapped?
Photos:	Logged:	
Drainage Area Land Use (Select all that apply) <input type="checkbox"/> Industrial <input type="checkbox"/> Open Space <input type="checkbox"/> Urban Residential <input type="checkbox"/> Suburban Residential <input type="checkbox"/> Institutional <input type="checkbox"/> Commercial <input type="checkbox"/> Other: _____ Notes: _____ _____		Maintenance Priority <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low Notes: _____ _____ _____

## Outfall Characteristics

<input type="checkbox"/> Closed Pipe Material <input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other: _____ Shape and Configuration <input type="checkbox"/> Circular <input type="checkbox"/> Elliptical <input type="checkbox"/> Box <input type="checkbox"/> Other: _____   Diameter/Dimensions: _____ <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____   Supplemental Dim's: _____ Submergence 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 Drainage Material <input type="checkbox"/> Concrete <input type="checkbox"/> Earth <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other: _____ Shape and Configuration <input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other: _____ Depth: _____   Top Width: _____   Bottom Width: _____   Other: _____ Flow Present? <input type="checkbox"/> Yes <input type="checkbox"/> No   Flow Description (if applicable): <input type="checkbox"/> Trickle: <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial
Notes: _____ _____ _____

# Town of North Greenbush Outfall Inspection Form

## Flow Characteristics

Flow Rate By Known Volume

Container Volume: \_\_\_\_\_ Time to Fill: \_\_\_\_\_ Calculated Flow Rate: \_\_\_\_\_

Flow Rate By Measured Flow Geometry

Flow Depth: \_\_\_\_\_ Flow Width: \_\_\_\_\_ Calculated Flow Volume: \_\_\_\_\_

Measured Length of Travel: \_\_\_\_\_ Time of Travel : \_\_\_\_\_ Calculated Flow Rate: \_\_\_\_\_

Temperature: \_\_\_\_\_ pH: \_\_\_\_\_ Ammonia: \_\_\_\_\_

Odor	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum <input type="checkbox"/> Sulfide <input type="checkbox"/> Other: _____	<input type="checkbox"/> Faint <input type="checkbox"/> Easily Detected <input type="checkbox"/> Detected From Afar				
Color	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;">Sample in Bottle</td> <td style="width: 50%; text-align: center; border: none;">Outfall Flow</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Faint <input type="checkbox"/> Easily Detected</td> <td style="border: none;"><input type="checkbox"/> Visible in Flow</td> </tr> </table>	Sample in Bottle	Outfall Flow	<input type="checkbox"/> Faint <input type="checkbox"/> Easily Detected	<input type="checkbox"/> Visible in Flow
Sample in Bottle	Outfall Flow					
<input type="checkbox"/> Faint <input type="checkbox"/> Easily Detected	<input type="checkbox"/> Visible in Flow					
Turbidity	<input type="checkbox"/> Slight cloudiness <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Other: _____					
Floatables	<input type="checkbox"/> Sewage (Toilet Paper) <input type="checkbox"/> Suds/Froth <input type="checkbox"/> Petroleum (Sheen) <input type="checkbox"/> Other	<input type="checkbox"/> Few (origin unknown) <input type="checkbox"/> Some (indic. of origin) <input type="checkbox"/> Some (origin clear)				

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Physical Indicators/Characteristics Not Related to Flow

Outfall Damage	<input type="checkbox"/> Spalling/Cracking <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion <input type="checkbox"/> Other	Comments:
Desposits / Stains	<input type="checkbox"/> Oily <input type="checkbox"/> Flow Line <input type="checkbox"/> Paint <input type="checkbox"/> Other	Comments:
Abnormal Vegetation	<input type="checkbox"/> Excessive <input type="checkbox"/> Inhibited <input type="checkbox"/> Other	Comments:
Poor Pool Quality	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae	Comments:
Pipe Benthic Growth	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other	Comments:

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Town of North Greenbush Outfall Inspection Form

## Sample Data Collection

Has a sample been collected for lab analysis?

Yes  No

If yes, from where was the sample taken?

Flow  Pool

Has an intermittent flow trap set?

Yes  No Type: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Other

Is the structure to be characterized as an outfall?

Unlikely  Potential (two or more indicators)  Suspect (one or more severe indicators)  Obvious

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any non-illicit discharge concerns (trash, required repairs, etc)?

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any illicit discharge concerns?

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other general comments

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_