

Outfall Inspection Report Form

Consent Number: _____ **File Number:** _____

Date: _____ **Time:** _____

Processing Officer: _____ **Investigating Officer:** _____

Site Location: _____

Consent Holder: _____

Site Contact: _____ **Phone:** _____

"As built" plans available: Yes/No

Inspection Item	N/A	Checked		Satisfactory	Unsatisfactory
		Yes	No		
1. Physical Characteristics					
Location as per design plans					
Pipe size as per plans (Size:.....mm diameter)					
Orientation to stream channel (no more than 45° to stream channel).					
2. Structural Components					

Inspection Item	N/A	Checked		Satisfactory	Unsatisfactory
		Yes	No		
Condition of pipe (good, cracking in top of pipe, reo exposed)					
Condition of headwall (good, cracking, reo exposed)					
Components sealed					
Settlement (general, tilting, separation)					
3. Erosion Control <i>(Sketch in plan and long section on back of page)</i>					
Riprap Size:.....mm <i>Diameter</i> Area Extent:.....m x.....m Length behind pipe (if no headwall):.....m					
Waiora Filter Depth of basin:.....m					
Baffles Height:.....m Width:.....m					

Inspection Item	N/A	Checked		Satisfactory	Unsatisfactory
		Yes	No		
Other (give details)					
4. Ground Stability					
Stable around headwall					
Seepage in slope above outfall					
Instability in slope above outfall					
5. Downstream Characteristics					
Condition of bank opposite end of pipe					
Slumping of banks (note extent in sketch)					

Inspection Item	N/A	Checked		Satisfactory	Unsatisfactory
		Yes	No		
Vegetation in channel (Type:.....)					
Type of stream bottom: Rock <input type="checkbox"/> Stony <input type="checkbox"/> Mud <input type="checkbox"/> Soft bottom <input type="checkbox"/>					
Relative Slope > 10 % <input type="checkbox"/> 10 - 2 % <input type="checkbox"/> < 2 % <input type="checkbox"/>					
6. Sediment					
Depth in pipe (NB: Indicator of upstream problem)					

Action to be taken:

If any of the answers to the above items are checked unsatisfactory, a time frame needs to be established for their correction and repair and a follow up inspection date noted.

- No action necessary - continue routine inspections.
- Correct noted facility deficiencies by: _____
(List details of work that needs to be done below)
- Photographs of unsatisfactory items taken

Details of repairs required/Inspectors comments:

Signature of Inspector: _____ **Date:** _____

Reinspection Follow Up

Facility repairs were indicated and completed. Site reinspection is necessary to verify corrections of repairs

- Site Reinspection accomplished on: _____

Site reinspection was **satisfactory**
Next routine inspection is scheduled for: _____

Site reinspection was **unsatisfactory**

Comments: _____

Signature of Inspector: _____ **Date:** _____