

APPENDIX D

***SANITARY SURVEY INSPECTION
SHEETS AND RESULTS***

Turkey Creek/Yellow Creek
Sanitary Survey Inspection Form

OUTLET NO. STR001
DATE/TIME 1/25/02
CREW Yellow Creek
STREAM _____
LOOKING DOWNSTREAM:
LEFT BANK _____
RIGHT BANK X

GPS ID NAME _____
WPT # _____
N _____
W _____
ERROR _____
UTMs 588622.2 . 46018902.8

PHYSICAL OBSERVATIONS

Flow Observed: yes no
Sample Taken: yes no Sample Number: _____

Sample Condition (turbid, clear) _____

Estimated Depth of Flow: _____

Noticeable Odor: sewage sulfide oil gas none

Deposits / Stains: (describe) X

Vegetation Conditions: (excessive growth, inhibited growth)
Description: normal

OUTFALL CONDITION

Type of Outfall / Pipe Material: CMP Size: 24"

Damage to Outfall: (describe) _____

Other Notes: Might be diversion since it's just downstream of the bridge

LOCATION SKETCH



INSERT PHOTO (FULL VIEW)

INSERT PHOTO (CLOSE-UP)



Turkey Creek/Yellow Creek
Sanitary Survey Inspection Form

OUTLET NO. DT002
DATE/TIME 7/25/02
CREW Yellow Creek
STREAM _____
LOOKING DOWNSTREAM:
LEFT BANK _____
RIGHT BANK X

GPS ID NAME _____
WPT # _____
N _____
W _____
ERROR _____
UTMs 588625.3 . 4606990.9

PHYSICAL OBSERVATIONS

Flow Observed: yes _____ no X
Sample Taken: yes _____ no X Sample Number: _____

Sample Condition (turbid, clear) _____

Estimated Depth of Flow: _____

Noticeable Odor: sewage _____ sulfide _____ oil _____ gas _____ none X

Deposits / Stains: (describe) X _____

Vegetation Conditions: _____ (excessive growth, inhibited growth)
Description: _____

OUTFALL CONDITION

Type of Outfall / Pipe Material: Clay Size: 10"

Damage to Outfall: (describe) _____

Other Notes: _____

LOCATION SKETCH



INSERT
PHOTO
(FULL VIEW)

INSERT
PHOTO
(CLOSE-UP)



Turkey Creek/Yellow Creek
Sanitary Survey Inspection Form

OUTLET NO. DT003
DATE/TIME 7/25/02
CREW Yellow
STREAM _____
LOOKING DOWNSTREAM:
LEFT BANK _____
RIGHT BANK _____

GPS ID NAME _____
WPT # _____
N _____
W _____
ERROR _____
UTMs 589015.4 . 4607686.5

PHYSICAL OBSERVATIONS

Flow Observed: yes _____ no X
Sample Taken: yes _____ no X Sample Number: _____

Sample Condition (turbid, clear) _____

Estimated Depth of Flow: _____

Noticeable Odor: sewage _____ sulfide _____ oil _____ gas _____ none X

Deposits / Stains: (describe) _____

Vegetation Conditions: (excessive growth, inhibited growth)
Description: normal erosion due to drainage

OUTFALL CONDITION

Type of Outfall / Pipe Material: Clay Size: 12"

Damage to Outfall: (describe) none

Other Notes: corn field behind drainage tile

LOCATION SKETCH



INSERT
PHOTO
(FULL VIEW)

INSERT
PHOTO
(CLOSE-UP)



**Turkey Creek/Yellow Creek
Sanitary Survey Inspection Form**

OUTLET NO. DT004
 DATE/TIME 7/25/02
 CREW Yellow
 STREAM _____
 LOOKING DOWNSTREAM:
 LEFT BANK _____
 RIGHT BANK X

GPS ID NAME _____
 WPT # _____
 N _____
 W _____
 ERROR _____
 UTM's 589282.8 4607687.1

PHYSICAL OBSERVATIONS

Flow Observed: yes ___ no X
 Sample Taken: yes ___ no X Sample Number: _____

Sample Condition (turbid, clear) _____

Estimated Depth of Flow: _____

Noticeable Odor: sewage ___ sulfide ___ oil ___ gas ___ none X

Deposits / Stains: (describe) _____

Vegetation Conditions: _____ (excessive growth, inhibited growth)
 Description: _____

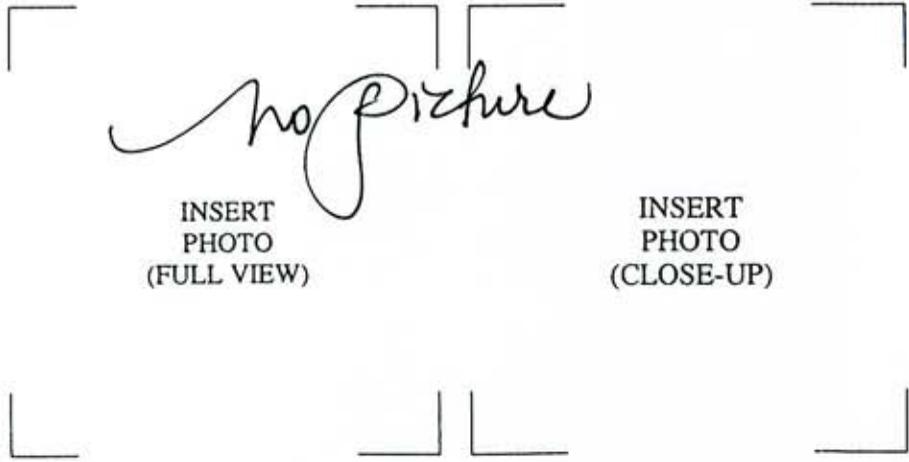
OUTFALL CONDITION

Type of Outfall / Pipe Material: CMP Size: 10"

Damage to Outfall: (describe) _____

Other Notes: Corn fields just behind the
drainage file
* just west of CR13

LOCATION SKETCH



INSERT
PHOTO
(FULL VIEW)

INSERT
PHOTO
(CLOSE-UP)

Turkey Creek/Yellow Creek
Sanitary Survey Inspection Form

OUTLET NO. DT005
DATE/TIME 7/25/02
CREW Emily
STREAM Yellow Creek
LOOKING DOWNSTREAM:
LEFT BANK _____
RIGHT BANK X

GPS ID NAME _____
WPT # _____
N _____
W _____
ERROR _____
UTMs _____

PHYSICAL OBSERVATIONS

Flow Observed: yes _____ no X
Sample Taken: yes _____ no X Sample Number: _____

Sample Condition (turbid, clear) _____

Estimated Depth of Flow: _____

Noticeable Odor: sewage _____ sulfide _____ oil _____ gas _____ none X

Deposits / Stains: (describe) _____

Vegetation Conditions: _____ (excessive growth, inhibited growth)
Description: _____

OUTFALL CONDITION

Type of Outfall / Pipe Material: Clay tile ^{not seen} Size: 4"

Damage to Outfall: (describe) _____

Other Notes: not flowing, but has flowed
in the past & discolored the soil

* just North of CR 261

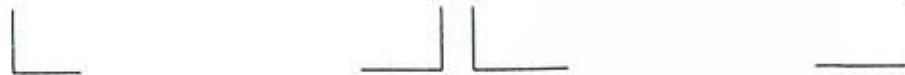
LOCATION SKETCH



no picture

INSERT PHOTO
(FULL VIEW)

INSERT PHOTO
(CLOSE-UP)



Turkey Creek/Yellow Creek
Sanitary Survey Inspection Form

OUTLET NO. DT006
DATE/TIME 7/25/02
CREW Yellow
STREAM _____
LOOKING DOWNSTREAM:
LEFT BANK _____
RIGHT BANK X

GPS ID NAME _____
WPT # _____
N _____
W _____
ERROR _____
UTMs 589968.6 4608809.6

PHYSICAL OBSERVATIONS

Flow Observed: yes ___ no X
Sample Taken: yes ___ no X Sample Number: _____

Sample Condition (turbid, clear) _____

Estimated Depth of Flow: _____

Noticeable Odor: sewage ___ sulfide ___ oil ___ gas ___ none X

Deposits / Stains: (describe) _____

Vegetation Conditions: _____ (excessive growth, inhibited growth)
Description: _____

OUTFALL CONDITION

Type of Outfall / Pipe Material: PVC Size: 2"

Damage to Outfall: (describe) _____

Other Notes: Could be sump pump outfall

LOCATION SKETCH



INSERT
PHOTO
(FULL VIEW)

INSERT
PHOTO
(CLOSE-UP)





REPORT OF ANALYSIS

Ms. Kara M. Young
Lawson-Fisher Associates
525 West Washington Street
South Bend, IN 46601
Tel No: 234-3167
Fax No: 236-1330
PO No: 200132.00
Project Name: ECC 319 Survey

Report Date: 8/1/02
EIS Order No: 020700142
EIS Sample No: 083395
EIS Project No: 1091-1005-02

Client Sample ID: STR 007
Date Collected: 7/17/02
Date Received: 7/17/02
Collected By: K. Young

This report presents results of analysis for your sample(s) received under our Order No above. This Number is to be used in all inquiries concerning this report. The EIS Sample No above, as well as your Sample ID, refer to the first sample in a multi-sample submission

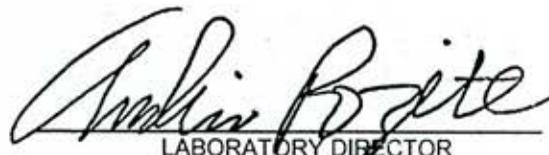
DEFINITIONS:

- RDL = Reporting Detection Limit for your sample and may include adjustments for matrix interferences.
- nd = Not Detected at the RDL value. If present, result is less than this value.
- < = Not Detected at the numerical value shown. If present, result is less than this value.
- () = Result is estimated due to matrix interferences.

CHAIN-OF-CUSTODY is enclosed if received with your sample submission.

DRINKING WATER CERTIFICATIONS: Chemistry = C-71-02 Bacteriology = M-76-5


QUALITY ASSURANCE OFFICER


LABORATORY DIRECTOR

The data in this report has been reviewed and complies with EIS Quality Control unless specifically addressed above.

SAMPLE RESULTS

Client Name: Lawson-Fisher Associates
Client Project: ECC 319 Survey

Page 2 of 2

Report Date: 8/1/02
EIS Order No: 020700142

EIS Lab Number	Client Description	Sample Date	Parameter	Result	Units	RDL	Test Date	Analyst ID	Method
083395	STR 007	7/17/02	Coliform,E.Coli	41,000	col/100ml	1	7/17/02	E25	40CFR141
083396	DT 009	7/17/02	Coliform,E.Coli	8,600	col/100ml	1	7/17/02	E25	40CFR141
083397	DT 010	7/17/02	Coliform,E.Coli	1,000	col/100ml	1	7/17/02	E25	40CFR141
083631	YC Trib	7/25/02	Coliform,E.Coli	780,000	col/100ml	1	7/25/02	E25	40CFR141

CHAIN OF CUSTODY RECORD

PROJ. NO <i>200132.00</i>			PROJECT NAME <i>EE 319</i>			Total No. of Con- tainers	<i>120mL Ecoli</i>					Lab Order ID	
SAMPLERS: (Print Name & Sign) <i>Kara Young Kara M. Young</i>												<i>0207.235</i>	
FIELD ID	DATE	TIME	COM P	GRA B	STATION LOCATION							Sample Type	TAT
<i>YCTR15</i>	<i>1/25/02</i>	<i>12:30pm</i>		<i>X</i>				<i>83631</i>					
Relinquished By: (Signature) <i>Kara M. Young</i>			Date <i>1/25/02</i>	Time <i>2:10pm</i>	Received By: (Signature) <i>David Page</i>			EIS QUOTE NO:					
Relinquished By: (Signature)			Date	Time	Received By: (Signature)			Ship To:					
Relinquished By: (Signature)			Date	Time	Received By: (Signature)								

- NOTES:** 1) If you were issued a quote number, it must appear on this document.
 2) Instructions & area for comments are on reverse side.

Form Completion Instructions

1. Each slanted line represents specific container types from which specific tests are conducted. Use additional record sheets if # of samples or # of tests exceed allotted spaces.
2. List tests (per container type) on the slanted lines & give # of containers in boxes below tests.
3. Sum all containers and place in column labeled Total No. Containers.
4. For the column labeled Sample Type, give brief description such as soil, MW, oil, etc.
5. For column labeled TAT use one of the following:

<u>Request</u>	<u>Meaning</u>
Normal	2 4 weeks for written report based entirely on test complexity and number of samples
1 week	In general, prior authorization is required from the lab to request a 5 day turnaround time. Surcharges may or may not be applicable, depending entirely on test complexity.
3 days	<u>Must</u> have been authorized by the Lab and increased costs <u>must</u> have been authorized by the client.
1 day	<u>Must</u> have been authorized by the Lab and increased costs <u>must</u> have been authorized by the client.

Submission Comments

Yellow Creek Sanitary Survey – Yellow Creek (lower)
CR 28 to CR 13
July 25, 2003



STR 001, 24" CMP @ CR 28



DT 002, 10" Clay



DT 003, 12" Clay



DT 006, 2" PVC



Yellow Creek – Tributary CR 126 Ditch, E. Coli = 780,000 cfs/100 mls.