

Sanitary Survey For CCMP Beaches

Date of Incident: _____

Municipality: _____

Date Survey was
Conducted: _____

Beach Name and ID: _____

Start Time: _____

End Time: _____

Shoreline Structures: Jetty Groin Seawall
Boat Ramp Pier Other

Shoreline Structure Description: _____

Storm Drain Present? (choose one): No
Dry Blocked Slow Flow
Medium Flow Fast Flow Submerged

Water Temperature: _____

Tide Stage: Ebb / Flow

Wave Height: _____

Point Sources? (choose one): Container
Tunnel Channel Ditch
Pipe N/A

Rain in the Last 24 Hour? Yes No How much? _____

Nearest Storm Drain Outfall: _____

Air Temperature: _____

Wind Direction: N NE E SE S
SW N NW

Outfall Diameter: _____

Wind Speed: _____

Outfall Pipe Material (choose one): Ditch
Metal Concrete Plastic N/A

Damage Indicators: Smell Color Algae Growth
Suspended Solids Surface Coating Other N/A

Type of Discharge: Surface Water Runoff
Industrial Residential Other N/A

Outfall Sampled: No Enterococcus
E.Coli Fecal Coliform Other

Comments: _____

Floatables? Y N If yes, where? Aggregating in Surf Zone
In Wrack Line Water Deposited on Beach

What Type of Floatables? Fecal Waste Vegetation Medical Waste
Jellyfish Other Trash Wood

Beach Conditions: Ponding on Beach Algae/Seaweed on Beach Other
Animal Feces on Beach Birds on Beach Beach Littered Nothing Unusual

Description/ Observations:

