

Non-Stormwater Discharges

Facility Inspected:

Name: City of Appleton, Parks and Recreation Department Main Building
Location: 1819 Witzke Boulevard, Appleton, WI 54911

Evaluate all outfalls for non-stormwater discharges during normal business hours. Evaluations should take place during dry periods. Observations should be made **twice a year**.

OUTFALL 01 (BASIN 2)

Is there currently evidence of dry weather flow in the basin?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Are there stains or coloring?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Are there sludges?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Are there odors?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Other observations:	<u>GRASS CLIPPINGS NEAR STORM DRAIN ALONG E. DRIVEWAY / BERM</u>			

If any questions were answered yes, briefly describe and state possible source:

Test Method: Visual Observation - Overland Other _____

OUTFALL 02 (BASIN 4)

Is there currently water flow or evidence of dry weather flow?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Are there stains or coloring?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Are there sludges?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Are there odors?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Other observations:	_____			

If any questions were answered yes, briefly describe and state possible source:

Test Method: Visual Observation - Overland Other _____

BASIN 1

Is there currently evidence of dry weather flow in the basin?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Are there stains or coloring?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Are there sludges?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Are there odors?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Other observations:	_____			

If any questions were answered yes, briefly describe and state possible source:

Test Method: Visual Observation - Overland Other _____

BASIN 3

Is there currently evidence of dry weather flow in the basin?	Yes	_____	No	<u>X</u>
Are there stains or coloring?	Yes	_____	No	<u>X</u>
Are there sludges?	Yes	_____	No	<u>X</u>
Are there odors?	Yes	_____	No	<u>X</u>
Other observations:	_____			

If any questions were answered yes, briefly describe and state possible source:

Test Method: Visual Observation - Overland Other _____

Inspected by:

(Signature) _____

Name: JEREMY SEIBEL

Date: 10/5/16

Time: 1:45 PM

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Report

QUARTERLY VISUAL STORMWATER INSPECTION

Instructions: Quarterly inspections should be conducted to document that the provisions of the SWMP are being followed, and to identify areas needing improvement. The completed forms should be placed in Appendix C, and kept for at least 5 years.

Date: ~~10/5/16~~ 10/5/16

Time: 1:45 PM

Weather Conditions: Rainy

AREAS	BASIN 1 (PORTION OF BUILDING, FORESTRY STORAGE, SOUTHERN OUTSIDE STORAGE, REFUSE AND RECYCLING CONTAINERS, AND ASPHALT DRIVES)	BASIN 2 (PORTION OF BUILDING, SOUTHERN OUTSIDE STORAGE, ASTS AND DISPENSERS, AND ASPHALT DRIVES)
Any signs of oil sheens, foam, sludge, or rust precipitation?	NO	NO
Any signs of other contaminants at the storage locations or along stormwater flow path?	NO	NO
Observe stormwater flow paths. Any yard waste storage in flow path?	SOME GRASS CURPINS	NO
Any litter or trash on ground/rooftop:	NO	NO
Other observations?		



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Water Management Plan
Parks and Recreation Department Main Building
 City of Appleton, Wisconsin

Report

AREAS	BASIN 3 (EASTERN GRASS BERM)	BASIN 4 (PORTION OF BUILDING, LOADING DOCK, AND GRASS AREAS)
Any signs of oil sheens, foam, sludge, or rust precipitation?	NO	NO
Any signs of other contaminants at the storage locations or along storm water flow path?	NO	Some grass dipping out storm drain in asphalt curbline
Observe stormwater flow paths. Any yard waste storage in flow path?	NO	NO, SOME LEAF DEBRIS
Any litter or trash on ground?	NO	NO
Other observations?	None	

Inspected by:

_____ (Signature)
 _____ (Printed Name)



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