Quarterly Visual Inspection - Field Sheet

Form 3400-176A (R 3/01)

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Use one form per outfall.

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Make any necess	ary changes t	o your Storm	Water Polluti	ion Preven	tion Plan	as needed.			
Facility Name			^			·			
MUNICH	PAL SE	RVICE	BUILDIN	G					
Street Address				•	City		s	tate	ZIP Code
2625 EA	ST GU	ENDALE	AVEN	UE_	APPL	ETON	(ν I	54911
Name of Person Co	onducting inspe	•					Inspection Da	ate	
	JER	emy Se	1851					0/6/	16
Employer	LITY		•				Telephone N	umber -	
Outfail Number (ma	ke reference to	site map) De	scription of Outf	all (e.g., ditcl	n, concrete	pipe, grassed s	wale, etc.)		· · · · · · · · · · · · · · · · · · ·
				SEWER	. INL	et (5)			•
Time of Rainfall Eve		ne of Visual In: ໃນປຸຄ	· .	ptional: An	nount of Ra	infall at the Tim	e of Observati	on (near	est tenth of an inch
Describe your obs being discharged foam, oil sheen or contamination.	from the facilit	y and visually	rinspect the wa	ater. Includ	le any obs	ervations of co	ior odor turt	sidity fla	nating eplide
Color:	Clear	Red	Yellow	Brown	1	Other:		*	
Odor:	None	Musty	Sewage	Rotter	ı Egg	Other:			
Clarity:	Clear	Cloudy	Opaque	Suspe	nded Solid	s Other:			
Floatables:	None	Foam	Garbage	Oily Fi	ilm	Other:			
Deposits / Stains:	None	Oily	Sludge	Sedim	ents	Other:		•	
Comments:				-					
								-	
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Management Pra	actices that	could be use	d to reduce or eli	minate the p	problem.	-			
Make any necess	sary change	es to your Sto	orm Water Pollu	tion Prever	ntion Plan	as needed.			
Facility Name			E BUILDIN					 , , , , , , , , , , , , , , , , 	
Street Address	· · · · · · · · · · · · · · · · · · ·				City		· · · · · · · · · · · · · · · · · · ·	State	ZIP Code
2625 EA	ST G	LENDA	LE AVEN	UF	1 -	ETON		WI	54911
Name of Person Co	onducting in	spection			1 1 1 1		Inspection		. 31111
	remy s	SEIBEL						13/16	
Employer CIT		APPLETO		,			Telephone	4	
Outfall Number (ma	ike referenc	e to site map)	Description of Out	fail (e.g., ditc	h, concrete	pipe, grassed s	wale, etc.)	· · · · · · · · · · · · · · · · · · ·	
2			OVERLA	ND FL	DW 7	TO SW	INLE	ľS	
Time of Rainfall Eve		Time of Visua	•	Optional: Ar	nount of Ra	infall at the Tim	e of Observa	ition (near	est tenth of an inch)
1:30.PM		2:00	PM			•			•
Describe your obs being discharged foam, oil sheen or contamination.	any other	visual indicate	ors of storm wate	r pollution a	nd the pro	antations of or	Not adopt to	whialite D.	Atomico de la P. A
Color:	Clea	r Red	☐ Yellow	Brown	1	Other:			
Odor:	None	Must	Sewage	Rotter	n Egg	Other:			
Clarity:	Clear	Cloud	ly Dpaque	Suspe	ended Solid	s Other:			
Floatables:	∠ None	Foam	Garbage	Oily Fi	ilm	Other:			
Deposits / Stains:	None	Oily	Sludge	Sedim	ents	Other:			
Comments:			- 7,		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
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Management Practices that could be used to reduce or eliminate the pro-	n, noto ale probable addict blem.	and istany po	ssidie Rest
Make any necessary changes to your Storm Water Pollution Prevention			
Facility Name MUNICIPAL SERVICE BUILDING			
Street Address	ity	State	ZIP Code
2625 EAST GLENDALF AVENUE	APPLETON	$w_{\mathbf{I}}$	54911
Name of Person Conducting Inspection		pection Date	01111
JEREMY SEIBEL		1015	16
CITY OF APPLETON	Tel	ephone Number	
Outfall Number (make reference to site map) Description of Outfall (e.g., ditch, OVERLAND FLou	concrete pipe, grassed swale TO DRAINAC	, etc.) SE SWALE	(FUTURE: INI
Time of Rainfall Event Time of Visual Inspection Optional: Amo	unt of Rainfall at the Time of	Observation (near	est tenth of an inch)
Describe your observations. An easy way to conduct this inspection is to being discharged from the facility and visually inspect the water. Include foam, oil sheen or any other visual indicators of storm water pollution and contamination.	any cheen/ations of color /	adar hubidibe se	
Color: Clear Red Yellow Brown	Other:		
Odor: None Musty Sewage Rotten E	gg Other:		
Clear Cloudy Opaque Suspend	ed Solids Other:		
loatables: None Foam Garbage Oily Film	Other:		
Deposits / Stains: None Oily Sludge Sedimen	s Other:		
TAKP / SILT FENCE MATE	rial over Dri	114 12 k	RIPPED / TORN
· .			

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Make any necess	ary changes	s to your Sto	rm Water Pollui	ion Prevention	Plan as needed			
Facility Name					Tarrad Hoodey.			
MUNICIP	PAL SI	ervice	BUILDIN	lG.				
Street Address				City			State	ZIP Code
2625 EA	ST GI	LENDAL	E AVEN	UE A	PPLETON		WI	54911
Name of Person Co	nducting ins	pection				Inspection i		1.01
CAMERON SM	灯	·				10/5	116	
Employer		-				Telephone		
CAY OF APP	reton i	2PW			•	970	and or	14 1
Outfall Number (mai	ke reference	to site map)	escription of Out	all (e.g., ditch, co	ncrete pipe, grassed	swale, etc.)		
4			SW IN	LETS	,			· .
Time of Rainfall Ever	nt T	ime of Visual	Inspection C	ptional: Amoun	t of Rainfall at the Tin	ne of Observa	tion (near	rest tenth of an inch)
12:30		2'30	j '		•			or car mony
Describe your obsetted to be	om ste laci	my and visua	ЖV IЛSDECT TOE W	ater Include ar	IV observations of a	alar adar tu	whichite fo	markim m. m. at 11.3
Color:	Clear	Red	Yellow	Brown	Other:			
Odor:	None	Musty	Sewage	Rotten Egg	Other:		···	
Clarity:	Clear	Cloudy	Opaque	Suspended	Solids Other:			.1
loatables:	None	Foam	☑ Garbage	Oily Film	Other:	V		
Deposits / Stains:	None	Oily	Sludge	Sediments	Other:			
Comments:								
								•
		•						
		•	•	•				

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Facility Name MUNICIPAL SERVICE BUILDING Street Address 2L25 EAST GLENDALE AVENUE APPLETON Inspection Date 1 EVENY SELVET Telephone Number City OF Affleton Outfall Number (make reference to site map) Description of Outfall (e.g., ditch, concrete pipe, grassed swale, etc.) SW INLETS Time of Rainfall Event Time of Visual Inspection 1:30 PM 2:00 PM Pescribe your observations. An easy way to conduct this inspection is to use a glass jar to collect a sample of the storm water being discharged from the facility and visually inspect the water. Include any observations of color, odor, turbidity, floating solids, foam, oil sheen or any other visual indicators of storm water pollution and the probable sources of any observed storm water contamination. Color: Red Yellow Brown Other: Clear Red Yellow Brown Other: Clarity: Clear Cloudy Opaque Suspended Solids Other: Floatables: None Foam Garbage Oily Film Other: Deposits / Stains: None Oily Studge Sediments Other: Rust	Make any necess	ary change	s to your Stor	m Water Poli	ution Preve	ntion Plai	n as needed.			
Street Address 2L25 EAST GLENDALE AVENUE APPLETON State ZIP Code 5491 Name of Person Conducting Inspection Levery Series Levery Series Levery Series Levery Lev		PAL S	ERVICE	BUILDI	NG					
Name of Person Conducting Inspection JEREMY SELECT Employer CITY OF AFFLETON Outfall Number (make reference to site mep) Description of Outfall (e.g., ditch, concrete pipe, grassed swale, etc.) SW INLETS Time of Rainfall Event 1:30 % ZOO % Optional: Amount of Reinfall at the Time of Observation (nearest tenth of ar 2:00 % Optional: Amount of Reinfall at the Time of Observation (nearest tenth of ar 2:00 % Optional: Amount of Reinfall at the Time of Observation (nearest tenth of ar 2:00 % Optional: Amount of Reinfall at the Time of Observation (nearest tenth of ar 2:00 % Optional: Amount of Reinfall at the Time of Observation (nearest tenth of ar 2:00 % Optional: Amount of Reinfall at the Time of Observation (nearest tenth of ar 2:00 % Optional: Amount of Reinfall at the Time of Observation (nearest tenth of ar 2:00 % Optional: Amount of Reinfall at the Time of Observation (nearest tenth of ar 2:00 % Optional: Amount of Reinfall at the Time of Observation (nearest tenth of ar 2:00 % Optional: Amount of Reinfall at the Time of Observation (nearest tenth of ar 2:00 % Optional: Amount of Reinfall at the Time of Observation (nearest tenth of ar 2:00 % Optional: Amount of Reinfall at the Time of Observation (nearest tenth of ar 2:00 % Optional: Amount of Reinfall at the Time of Observation (nearest tenth of ar 2:00 % Optional: Amount of Reinfall at the Time of Observation (nearest tenth of ar 2:00 % Optional: Amount of Reinfall at the Time of Observation (nearest tenth of ar 2:00 % Optional: Amount of Reinfall at the Time of Observation (nearest tenth of ar 2:00 % Optional: Amount of Reinfall at the Time of Observation (nearest tenth of ar 2:00 % Optional: Amount of Reinfall at the Time of Observation (nearest tenth of ar 2:00 % Optional: Amount of Reinfall at the Time of Observation (nearest tenth of ar 2:00 % Optional: Amount of Reinfall at the Time of Observation (nearest tenth of ar 2:00 % Optional: Amount of Reinfall at the Time of Observation (nearest tenth of	Street Address					City		· · · · · · · · · · · · · · · · · · ·	State	ZIP Code
Name of Person Conducting Inspection JEREMY SELBEL Employer CITY OF AFFLETON Outfall Number (make reference to site map) Description of Outfall (e.g., ditch, concrete pipe, grassed swate, etc.) 5	2625 EA	ST G	LENDAL	E AVEN	IUE	APP	LETON		1	l
Employer CITY OF AFFLETON Outfall Number (make reference to site map) Description of Outfall (e.g., ditch, concrete pipe, grassed swale, etc.) SWINLETS Time of Rainfall Event 1:30 PM 2:00 PM Describe your observations. An easy way to conduct this inspection is to use a glass jar to collect a sample of the storm water being discharged from the facility and visually inspect the water. Include any observations of color, odor, turbidity, floating solids, foam, oil sheen or any other visual indicators of storm water pollution and the probable sources of any observed storm water contamination. Color: Clear Red Yellow Brown Other: Odor: None Musty Sewage Rotten Egg Other: Clarity: Clear Cloudy Opaque Suspended Solids Other: Clarity: Seposits / Stains: None Oily Sludge Sediments Othor: Comments:	Name of Person Co	inducting in:	spection							·
Outfall Number (make reference to site map) Description of Outfall (e.g., ditch, concrete pipe, grassed swafe, etc.) SW NLETS		7E	zemy se	いろビレ	4			1	0/5/1	6 .
Time of Rainfall Event 1:30 / M 2:00 / M Describe your observations. An easy way to conduct this inspection is to use a glass jar to collect a sample of the storm water being discharged from the facility and visually inspect the water. Include any observations of color, odor, turbidity, floating solids, foam, oil sheen or any other visual indicators of storm water pollution and the probable sources of any observed storm water contamination. Color: Clear Red Yellow Brown Other: Odor: None Musty Sewage Rotten Egg Other: Clarity: Clear Cloudy Opaque Suspended Solids Other: Floatables: None Foam Garbage Othy Film Other: Deposits / Stains: None Oily Studge Sediments Other: Pust	Employer	CITY	OF APPL	ETON				Telephone	Number	······································
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Describe your observations. An easy way to conduct this inspection is to use a glass jar to collect a sample of the storm water being discharged from the facility and visually inspect the water. Include any observations of color, odor, turbidity, floating solids, foam, oil sheen or any other visual indicators of storm water pollution and the probable sources of any observed storm water contamination. Color: Clear Red Yellow Brown Other: Odor: None Musty Sewage Rotten Egg Other: Clarity: Clear Cloudy Opaque Suspended Solids Other: Floatables: None Garbage Oliy Film Other: Deposits / Stains: None Oliy Studge Sediments Other: Comments:			Time of Visual I	nspection	Optional: A	mount of F	ainfall at the Tin	ne of Observ	ation (nea	rest tenth of an incl
foam, oil sheen or any other visual indicators of storm water pollution and the probable sources of any observed storm water contamination. Color:				PM					,	
Odor: None Musty Sewage Rotten Egg Other: Clarity: Clear Cloudy Opaque Suspended Sollds Other: Floatables: None Foam Garbage Olly Film Other: Deposits / Stains: None Olly Studge Sediments Other: Post Comments:	foam, oil sheen or	rom me iad	cility and visua	liv inspect the	water inclu	ida anv oh	cantatione of a	alar adar ti	richitalities #1	
Clarity: Clear Cloudy Opaque Suspended Sollds Other: Floatables: None Foam Garbage Oily Film Other: Deposits / Stains: None Oily Studge Sediments Other: Comments:	Color:	Clea	r 🗌 Red	Yellow	Brow	/n	Other:	<u> </u>	······	
Floatables: None Foam Garbage Oily Film Other: Deposits / Stains: None Oily Studge Sediments Other: Rust	Odor:	None	Musty	Sewage	Rotte	n Egg	Other:	,		
Deposits / Stains: None Oily Studge Sediments Other: Rust	Clarity:	Clear	Cloudy	Opaque	Susp	ended Soll	ds Other:			
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jomments:	Deposits / Stains:	None	Oily	Sludge	Sedin	nents	Other:	205T		
	Comments:			,		*				
				•						
				•						
			•							
		•								
his outfall could not be evaluated during this quarter due to the following reason:	his outfall could not	be evalua	ted during this	quarter due to	the followin	g reason:				

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Facility Name MUNICI							
Street Address		_		City	···	·	State ZIP Code
2625 EA	ist Gl	ENDAL	E AVENI	UE APPL	ETON		WI 54911
Name of Person C	onducting Inspe	ection				Inspection	
	EREMY	Se 1785	L			10	15/16
Employer	•					Telephone	Number
		F APPL					
Outfall Number (ma	ake reference to	site map) De	scription of Outfa	all (e.g., ditch, concrete	pipe, grassed sv	vale, etc.)	
6				ID FLOW -			E SWALE
Time of Rainfall Eve	ent Tin	ne of Visual Ir	spection O	ptional: Amount of Re	infall at the Time	of Observa	ation (nearest tenth of an inch)
pend agonalder	MOTH THE PACIE	y and visuali	v inspect the wa	spection is to use a glater. Include any obs pollution and the pro	antations of col	ar adar to	و و د الله المارة الله الله و الله و الله و الله و الله المارة المارة المارة المارة المارة المارة المارة المارة
Color:	X Clear	Red	Yellow	Brown	Other:	· · · · · · · · · · · · · · · · · · ·	
Odor:	None	Musty	Sewage	Rotten Egg	Other:		
Clarity:	Clear	Cloudy	Opaque	Suspended Solid	s Other:	·	
Floatables:	None	Foam	Garbage	Oily Film	Other:		
Deposits / Stains:	2 None	Oily	Sludge	Sediments	Other:		
Comments:							

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Make any necess	sary change	s to your Storm	Water Poll	ition Preventic	n Plan a	s needed.			
Facility Name								· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
MUNICH	PAL S	ERVICE	BUILDI	VG					
Street Address					ty			State	ZIP Code
2625 EA	ST G	LENDALE	AVEN	IVE !	APPLI	ETON	÷.	WI	54911
Name of Person Co	onducting In:	spection					Inspecti	on Date	1
Employer						···	Telepho	ne Number	
Outfall Number (ma	ke reference	e to site map) De	scription of Ou	tfail (e.g., ditch, d	concrete p	ipe, grassed s	wale, etc.	SANDA	A ST ALSO
16	7,8	10	VERLA	MD FL			the Ac		WALE STOP
Time of Rainfall Eve		Time of Visual In:	spection	Optional: Amo	ınt of Rair	ifall at the Tim	e of Ohse	n/ation (nea	rest tenth of an inch
1:30		2'.00					10 01 QD3t	n valion (1164	rest termi of an inch
being discharged foam, oil sheen or contamination.	any other \	isual indicators	of storm water	water. Include a pollution and	any obsei the prob	vations of co able sources	olor, odor of any ol	, furbidity, fl bserved stor	oating solids, m water
Color:	Clea	r Red	Yellow	Brown	· · · · · · · · · · · · · · · · · · ·	Other:			
Odor:	None	Musty	Sewage	Rotten E	99	Other:	,		······
Clarity:	Clear	Cloudy	Opaque	Suspend	ed Solids	Other:	<u>, , , , , , , , , , , , , , , , , , , </u>		.4
Floatables:	None	Foam	Garbage	Oily Film		Other:			
Deposits / Stains:	None	Oily	Sludge	Sedimen	İs	Other:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Comments:	S	OME PO	ourg	12 04	nevey	SPOTS	/ NE	XTTO (UPSTE	MILLINGS EAMOF)