

Quarterly Visual Inspection - Field Sheet
Form 3400-176A (R 3/01)

This form is for your own use and should be kept as part of your Storm Water Pollution Prevention Plan. It does not have to be submitted to the Department unless requested. If false information from quarterly visual inspections is reported to the Department, you could be subject to penalties up to \$10,000 pursuant to s. 283.91(4), Wis. Stats.

Use one form per outfall.

Quarterly Visual Inspections at each storm water discharge outfall on your site can be a valuable assessment tool and are required by the Tier 1 and Tier 2 Industrial Storm Water General Permits. This inspection should be performed when sufficient runoff occurs during daylight hours. Try to make observations within the first 30 minutes after runoff begins discharging from the outfall, or as soon as practical, but no later than 60 minutes. If you find visible pollution, note the probable source and list any possible Best Management Practices that could be used to reduce or eliminate the problem.

Make any necessary changes to your Storm Water Pollution Prevention Plan as needed.

Facility Name MUNICIPAL SERVICE BUILDING			
Street Address 2625 EAST GLENDALE AVENUE		City APPLETON	State WI
		ZIP Code 54911	
Name of Person Conducting Inspection JEREMY SEIBEL		Inspection Date 10/5/16	
Employer CITY OF APPLETON		Telephone Number	
Outfall Number (make reference to site map) 1	Description of Outfall (e.g., ditch, concrete pipe, grassed swale, etc.) STORM SEWER INLET(S)		
Time of Rainfall Event 1:30 PM	Time of Visual Inspection 2:00 PM	Optional: Amount of Rainfall at the Time of Observation (nearest tenth of an inch)	

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:	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Red	<input type="checkbox"/> Yellow	<input type="checkbox"/> Brown	<input type="checkbox"/> Other:
Odor:	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Musty	<input type="checkbox"/> Sewage	<input type="checkbox"/> Rotten Egg	<input type="checkbox"/> Other:
Clarity:	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Opaque	<input type="checkbox"/> Suspended Solids	<input type="checkbox"/> Other:
Floatables:	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Foam	<input type="checkbox"/> Garbage	<input type="checkbox"/> Oily Film	<input type="checkbox"/> Other:
Deposits / Stains:	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Oily	<input type="checkbox"/> Sludge	<input type="checkbox"/> Sediments	<input type="checkbox"/> Other:

Comments:

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Street Address 2625 EAST GLENDALE AVENUE		City APPLETON	State WI
		ZIP Code 54911	
Name of Person Conducting Inspection JEREMY SEIBEL		Inspection Date 10/3/16	
Employer CITY OF APPLETON		Telephone Number	
Outfall Number (make reference to site map) 2	Description of Outfall (e.g., ditch, concrete pipe, grassed swale, etc.) OVERLAND FLOW TO SW INLETS		
Time of Rainfall Event 1:30 PM	Time of Visual Inspection 2:00 PM	Optional: Amount of Rainfall at the Time of Observation (nearest tenth of an Inch)	
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: <input type="checkbox"/> Clear <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input checked="" type="checkbox"/> Brown <input type="checkbox"/> Other:			
Odor: <input checked="" type="checkbox"/> None <input type="checkbox"/> Musty <input type="checkbox"/> Sewage <input type="checkbox"/> Rotten Egg <input type="checkbox"/> Other:			
Clarity: <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input checked="" type="checkbox"/> Suspended Solids <input type="checkbox"/> Other:			
Floatables: <input checked="" type="checkbox"/> None <input type="checkbox"/> Foam <input type="checkbox"/> Garbage <input type="checkbox"/> Oily Film <input type="checkbox"/> Other:			
Deposits / Stains: <input checked="" type="checkbox"/> None <input type="checkbox"/> Oily <input type="checkbox"/> Sludge <input type="checkbox"/> Sediments <input type="checkbox"/> Other:			
Comments:			

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Make any necessary changes to your Storm Water Pollution Prevention Plan as needed.

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Street Address 2625 EAST GLENDALE AVENUE		City APPLETON	State WI
		ZIP Code 54911	
Name of Person Conducting Inspection JEREMY SEIDEL		Inspection Date 10/5/16	
Employer CITY OF APPLETON		Telephone Number	
Outfall Number (make reference to site map) 3	Description of Outfall (e.g., ditch, concrete pipe, grassed swale, etc.) OVERLAND FLOW TO DRAINAGE SWALE (FUTURE INLET)		
Time of Rainfall Event 1:30 PM	Time of Visual Inspection 2:00 PM	Optional: Amount of Rainfall at the Time of Observation (nearest tenth of an inch)	
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: <input type="checkbox"/> Clear <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input checked="" type="checkbox"/> Brown <input type="checkbox"/> Other:			
Odor: <input checked="" type="checkbox"/> None <input type="checkbox"/> Musty <input type="checkbox"/> Sewage <input type="checkbox"/> Rotten Egg <input type="checkbox"/> Other:			
Clarity: <input type="checkbox"/> Clear <input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input checked="" type="checkbox"/> Suspended Solids <input type="checkbox"/> Other:			
Floatables: <input checked="" type="checkbox"/> None <input type="checkbox"/> Foam <input type="checkbox"/> Garbage <input type="checkbox"/> Oily Film <input type="checkbox"/> Other:			
Deposits / Stains: <input checked="" type="checkbox"/> None <input type="checkbox"/> Oily <input type="checkbox"/> Sludge <input type="checkbox"/> Sediments <input type="checkbox"/> Other:			

Comments:

TARP / SILT FENCE MATERIAL OVER DRAIN IS RIPPED / TORN

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Make any necessary changes to your **Storm Water Pollution Prevention Plan** as needed.

Facility Name MUNICIPAL SERVICE BUILDING			
Street Address 2625 EAST GLENDALE AVENUE		City APPLETON	State WI
		ZIP Code 54911	
Name of Person Conducting Inspection Cameron Smet		Inspection Date 10/5/16	
Employer CITY OF APPLETON DPW		Telephone Number 920 904 0441	
Outfall Number (make reference to site map) 4	Description of Outfall (e.g., ditch, concrete pipe, grassed swale, etc.) SW INLETS		

Time of Rainfall Event 1:30	Time of Visual Inspection 2:30	Optional: Amount of Rainfall at the Time of Observation (nearest tenth of an inch)
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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:	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Red	<input type="checkbox"/> Yellow	<input type="checkbox"/> Brown	<input type="checkbox"/> Other:
Odor:	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Musty	<input type="checkbox"/> Sewage	<input type="checkbox"/> Rotten Egg	<input type="checkbox"/> Other:
Clarity:	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Opaque	<input type="checkbox"/> Suspended Solids	<input type="checkbox"/> Other:
Floatables:	<input type="checkbox"/> None	<input type="checkbox"/> Foam	<input checked="" type="checkbox"/> Garbage	<input type="checkbox"/> Oily Film	<input type="checkbox"/> Other:
Deposits / Stains:	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Oily	<input type="checkbox"/> Sludge	<input type="checkbox"/> Sediments	<input type="checkbox"/> Other:

Comments:

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		ZIP Code 54911	
Name of Person Conducting Inspection JEREMY SEIBEL		Inspection Date 10/5/16	
Employer CITY OF APPLETON		Telephone Number	
Outfall Number (make reference to site map) 5	Description of Outfall (e.g., ditch, concrete pipe, grassed swale, etc.) SW INLETS		
Time of Rainfall Event 1:30 PM	Time of Visual Inspection 2:00 PM	Optional: Amount of Rainfall at the Time of Observation (nearest tenth of an inch)	
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: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Brown <input type="checkbox"/> Other:			
Odor: <input checked="" type="checkbox"/> None <input type="checkbox"/> Musty <input type="checkbox"/> Sewage <input type="checkbox"/> Rotten Egg <input type="checkbox"/> Other:			
Clarity: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Suspended Solids <input type="checkbox"/> Other:			
Floatables: <input checked="" type="checkbox"/> None <input type="checkbox"/> Foam <input type="checkbox"/> Garbage <input type="checkbox"/> Oily Film <input type="checkbox"/> Other:			
Deposits / Stains: <input type="checkbox"/> None <input type="checkbox"/> Oily <input type="checkbox"/> Sludge <input checked="" type="checkbox"/> Sediments <input checked="" type="checkbox"/> Other: RUST			
Comments:			

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Name of Person Conducting Inspection JEREMY SEIBEL		Inspection Date 10/5/16	
Employer CITY OF APPLETON		Telephone Number	

Outfall Number (make reference to site map) 6	Description of Outfall (e.g., ditch, concrete pipe, grassed swale, etc.) OVERLAND FLOW TO DRAINAGE SWALE
Time of Rainfall Event 1:30	Time of Visual Inspection 2:35
Optional: Amount of Rainfall at the Time of Observation (nearest tenth of an inch)	

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:	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Red	<input type="checkbox"/> Yellow	<input type="checkbox"/> Brown	<input type="checkbox"/> Other:
Odor:	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Musty	<input type="checkbox"/> Sewage	<input type="checkbox"/> Rotten Egg	<input type="checkbox"/> Other:
Clarity:	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Opaque	<input type="checkbox"/> Suspended Solids	<input type="checkbox"/> Other:
Floatables:	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Foam	<input checked="" type="checkbox"/> Garbage	<input type="checkbox"/> Oily Film	<input type="checkbox"/> Other:
Deposits / Stains:	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Oily	<input type="checkbox"/> Sludge	<input type="checkbox"/> Sediments	<input type="checkbox"/> Other:

Comments:

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Facility Name
MUNICIPAL SERVICE BUILDING

Street Address
2625 EAST GLENDALE AVENUE

City
APPLETON

State
WI

ZIP Code
54911

Name of Person Conducting Inspection

Inspection Date

Employer

Telephone Number

Outfall Number (make reference to site map) **6, 7, 8**

Description of Outfall (e.g., ditch, concrete pipe, grassed swale, etc.) **SANDRA ST ~~TO~~ OVERLAND FLOW TO DRAINAGE SWALE STORAGE**

Time of Rainfall Event
1:30

Time of Visual Inspection
2:00

Optional: Amount of Rainfall at the Time of Observation (nearest tenth of an inch)

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- Color: Clear Red Yellow Brown Other:
- Odor: None Musty Sewage Rotten Egg Other:
- Clarity: Clear Cloudy Opaque Suspended Solids Other:
- Floatables: None Foam Garbage Oily Film Other:
- Deposits / Stains: None Oily Sludge Sediments Other:

Comments:
SOME POOLING IN UNEVEN SPOTS / NEXT TO MILLINGS (UPSTREAM OF)

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