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

			. D						
Facility Name MUNICIF	PAL S	タロノノハ ビ	ייו וווארם.	N/ C					
Street Address		-KVICE	. WILUI	IV Ca	City			State	710.0-4:
2625 EA	ST GI	ENIDAL	F AUTO	مساور و	1 *	ETON		WI	ZIP Code 549 L I
Name of Person Co	nducting Inst	ection	AVE	TOE.	PATEL	EIUI	Inspection		24111
CAMERON :							6/23	116	
Employer	1.1351						Telephone		
DEM			•			•	'		
Outfall Number (mal	e reference	to site map)	Description of O	utfall (ə.g., dite	ch, concrete	ipe, grassed s	wale, etc.)		
1			STORM	SEWER	S INL	ET (S)			
Time of Rainfall Eve	nt T	ime of Visual	Inspection	Optional: A	mount of Rai	nfall at the Tim	e of Observa	tion (near	est tenth of an
7100 Am		7:35	>						
being discharged fi foam, oil sheen or a contamination.	any other vi	sual indicato	ally inspect the ors of storm wat	water. Inclu ter pollution a	and the prob	able sources	olor, odor, tu of any obse	irbidity, fl irved stor	oating solids, m water
Color:	X Clear	Red	Yellow	Brow	/n	Other:			
	X Clear X None	Red Musty			vn en Egg	Other:			
Odor:			Sewag	e Rotte		Other:	-		
Odor: Clarity:	✓ None	Musty	y Sewag	e Rotte	en Egg ended Solids	Other:			
Odor: Clarity: Floatables:	⊠ None ⊠ Clear	Musty Cloud	y Sewag	e Rotte	en Egg ended Solids	Other:			
Odor: Clarity: Floatables: Deposits / Stains:	X None X Clear X None	Musty Cloud	y Sewag	e Rotte	en Egg ended Solids Film	Other:			
Odor: Clarity: Floatables: Deposits / Stains:	X None X Clear X None	Musty Cloud	y Sewag	e Rotte	en Egg ended Solids Film	Other:			
Odor: Clarity: Floatables: Deposits / Stains:	X None X Clear X None	Musty Cloud	y Sewag	e Rotte	en Egg ended Solids Film	Other:			
Odor: Clarity: Floatables: Deposits / Stains:	X None X Clear X None	Musty Cloud	y Sewag	e Rotte	en Egg ended Solids Film	Other:			
Odor: Clarity: Floatables: Deposits / Stains:	X None X Clear X None	Musty Cloud	y Sewag	e Rotte	en Egg ended Solids Film	Other:			
Odor: Clarity: Floatables: Deposits / Stains:	X None X Clear X None	Musty Cloud	y Sewag	e Rotte	en Egg ended Solids Film	Other:			
Odor: Clarity: Floatables: Deposits / Stains:	X None X Clear X None	Musty Cloud	y Sewag	e Rotte	en Egg ended Solids Film	Other:			
Odor: Clarity: Floatables: Deposits / Stains:	X None X Clear X None	Musty Cloud	y Sewag	e Rotte	en Egg ended Solids Film	Other:			
Odor: Clarity: Floatables: Deposits / Stains:	X None X Clear X None	Musty Cloud	y Sewag	e Rotte	en Egg ended Solids Film	Other:			
Color: Clarity: Floatables: Deposits / Stains: Comments:	X None X Clear X None	Musty Cloud	y Sewag	e Rotte	en Egg ended Solids Film	Other:			

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

Facility Name		-							
MUNICIP	PAL S	ERVICE	BUILDI	V G					
Street Address					City			State	ZIP Code
2625 EA	ST G	LENDAL	E AVEN	IUE	APPL	ETON		$\omega_{\rm I}$	54911
Name of Person Co		pection					Inspection E	ate	
	15 J.						6/23	16	•
Employer							Telephone N	iumber	
DPW Outfall Number (mail	n reference	to 0140 10		42.92 f 19			<u> </u>		
Outfall Number (mal	(e rejerence								
2			OVERLA				INLET		•
Time of Rainfall Ever	nt i	Time of Visual I	•	Optional: A	mount of Rai	nfall at the Tim	e of Observat	ion (nea	rest tenth of an inch)
7:00 Am.		7:454				•	· <u>- ·</u>		
Describe your obset being discharged fi foam, oil sheen or contamination.	rom the fac	ility and visua	lly inspect the	water. Inclui	de any obse	ervations of co	olor, odor, tui	bidity, f	loating solids
Color:	ZÍ Clear	Red	Yellow	Brow	n	Other:			
Odor:	X None	Musty	Sewage	Rotte	n Egg	Other:			
Clarity:	Clear	Cloudy	Opaque	Susp	ended Solids	Other:			
Floatables:	None	Foam	Garbag	e Oily F	film	Other: 🖔	54416 060	anic	madder
Deposits / Stains:	None	Oily	Sludge	Sedin	nents	Other:	\\ //		· · · · · · · · · · · · · · · · · · ·
Comments: Organ	ic mad	Her such	as leave	s grass	settin	y at bo	stom		
This outfall could not	be evaluat	ted during this	quarter due to	the followin	ig reason:				

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Make any necessary changes to your Storm Water Pollution Prevention Plan as needed. Facility Name MUNICIPAL SERVICE BUILDING City State ZIP Code 2625 EAST GLENDALE AVENUE APPLETON 54911 Name of Person Conducting Inspection Inspection Date CHANGERON Employer Telephone Number Outfall Number (make reference to site map) Description of Outfall (e.g., ditch, concrete pipe, grassed swale, etc.) OVERLAND FLOW TO DRAINAGE SWALE (FUTURE: INLE Time of Rainfall Event Time of Visual Inspection Optional: Amount of Rainfall at the Time of Observation (nearest tenth of an inch) 7:00 Am 7:50 Am 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: Red __ Clear Brown Yellow Other: None Odor: Mustv Sewage Rotten Egg __Other: Clarity: Clear Cloudy Opaque Suspended Solids Other: Floatables: X None Foam Other: Garbage Oily Film Deposits / Stains: X Oily None Sludge **Sediments** U Other: not from schick's oil Comments: Liner in proposed inlets are starting to rip off

This outfall could not be evaluated during this quarter due to the following reason:

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	/ changes to	your Storm	water Polluti	on Prevention Plan a	is needed.			
Facility Name MUNICIPA	u Sm	ع سوسراره	2	_				
Street Address	ic oek	CVICE	JUILUIN				01-1-	
2625 EAS	TGIE	ALDA I E	AUENI	JE APPL	tothal		State WT	ZIP Code 549 11
Name of Person Condi			MUENT	DE HITTL	EIUN	Inspection I		54711
CAMERON SIME						6/23	116	
Employer			, ' ,			Telephone I		
DPW					•			
Outfall Number (make	reference to				oipe, grassed s	wale, etc.)		
4		5	5W INL	-ETS				
Time of Rainfall Event		e of Visual Ins		otional: Amount of Rai	nfall at the Time	of Observa	tion (near	rest tenth of an inch
7:00 AVA		6:00 RV			•			
Describe your observ being discharged fror foam, oil sheen or an contamination.	m the facility	and visually	inspect the wa	iter. Include any obse	rvations of co	ler, oder, tu	rbidity. fle	nating solids
Color:	X Clear	Red	Yellow	Brown	Other:		 	
Odor:	∑ Моле	Musty	Sewage	Rotten Egg	Other:		-	
Clarity:		Cloudy	Opaque	Suspended Solids	Other:			
Floatables:	None	Foam	Garbage	Oily Film	Other:			
Deposits / Stains: [None	Oily	Studge	X Sediments	Other:		•	
Comments:	ld Piled	. \$\$. ₩	lin a foc	t of Inlet				
his outfall could not he	o ovelveted	during this a		- E-11			<u>-</u> -	

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Make any necessa	ary changes to	o your Storm	Water Polluti	ion Preventio	n Plan a	as needed.			
Facility Name				······································				···	
MUNICIP	al Se	RVICE	BUILDIN	G					
Street Address				Cit	у			State	ZIP Code
2625 EAS	ST GU	ENDALE	AVENI	UE A	LPPL	ETON		WI	54911
Name of Person Cor	nducting Inspe	ction					Inspection	Date	<u> </u>
Cameron	Smit					***:	6	1231	16
Employer							Telephone	Number	
DPW		· · · · · · · · · · · · · · · · · · ·							
Outfall Number (mak	e reference to	site map) De			oncrete j	olpe, grassed s	waie, etc.)		
5			SW IN	•					
Time of Rainfall Ever	<u> </u>	ne of Visual In: 7 · 35 ₁₄	M						rest tenth of an inch
Describe your obsetting discharged from, oil sheen or a contamination.	om the facility	y and visually	/ inspect the wa	ater. Include a	my obse	ervations of co	ior odor t	arhidity f	lastina salida
Color:	⊠ Cļear	Red	Yellow	Brown		Other:	·· · · ·		
Odor:	None	Musty	Sewage	Rotten E	J g	Other:			
Clarity:	Clear	Cloudy	Opaque	Suspende	ed Solids	Other:			
Floatables:	∑ None	Foam	Garbage	Olly Film		Other:			
Deposits / Stains:	None	Oily	Sludge	Sediment	5	Other:			
Comments: Som	ie yellow	oish stan	ding water	ationst	54	salt sh	.δ		
			•						
	-								
	•							•	
				•					
his outfall could not	be evaluated	during this c	uarter due to ti	he following re	ason:				

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	*******		a to loades of cit	unuare me brome	5181 .					
Make any necess	ary change	s to your Ste	orm Water Pollut	ion Prevention	Plan as ne	eded.				
Facility Name			_							
MUNICIF	PAL S	ERVICE	BUILDIN	l G					•	
Street Address				City	·			State	ZIP Code	
2625 EA	<u>ST G</u>	LENDA	LE AVEN	UE A	PPLET	DN	₹	WI	54911	
Name of Person Co	. 1	spection				-	Inspection	Date		
<u>Lameron Sm</u>	1			·			W/2	2		
Employer							Telephone	Number		
DPW		<u> </u>	· · · · · · · · · · · · · · · · · · ·				<u> </u>			
Outfall Number (mai	ke reference	to site map)								
6			OVERLA	ND FLou	U TO	DRA	IN AG	e si	NALE	
Time of Rainfall Ever		Time of Visua	I Inspection C	Optional: Amount	of Rainfall	at the Tim	e of Observ	ation (near	est tenth of an i	nch)
7:00 Am	<u> </u>		DAM			•		•		,
Describe your obset being discharged fi foam, oll sheen or contamination.	rom the tac	ality and visu	ially inspect the w	ater. Include an	v observati	inns of co	dor odor t	orbidity fla	ooting gottee	
Color:	Clea	Red	Yellow	Brown		Other:	· · · · · · · · · · · · · · · · · · ·			
Odor:	None	Must	y Sewage	Rotten Egg		Other:		······································		•
Clarity:	⊠ Clear	Cloud	dy Dpaque	Suspended	Solids	Other:			ù*	
Floatables:	X None	Foam	ı Garbage	Oily Film		Other:				
Deposits / Stains:	None	Oily	Sludge	Sediments		Other:				
Comments: Some	Tenf &	cebris/G	Arbuge							<u>· </u>

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Make any necessa	ary changes	to your Storm	Water Pollu	tion Preventio	n Plan a	s needed.			
Facility Name	241 5		D						<u> </u>
MUNICIP	AC DE	RVICE	DUILDIN	19					
Street Address			-	Ci	ty			State	ZIP Code
2625 EA	ST GL	ENDALE	AVEN	UE !	APPLE	ETON	1	WI	54911
Name of Person Cor		ection				· ·	Inspection	Date	<u> </u>
CAMERON Smit	···						6/23/	116	
Employer	·······			··· ··································				Number	
DAW			•						
Outfall Number (mak	ce reference t	o site map) De	scription of Out	fall (e.g., ditch, d	concrete p	ipe, grassed s	wale, etc.)	·	· · · · · · · · · · · · · · · · · · ·
Time of Rainfall Ever	nt Ti	me of Visual Ins	pection (Optional: Amor	unt of Rain	fall at the Tim	e of Observ	ration (near	rest tenth of an inch
7:00 nm		11:00 pm		-		•		,	The state of the s
Describe your obsetted being discharged for foam, oil sheen or contamination.	rom the facili	ity and visually	inspect the w	vater, include :	anv obser	vations of co	lor, odor, t	urbidity. fle	nating entide
Color:	Clear	Red	Yellow	Brown		Other:			· · · · · · · · · · · · · · · · · · ·
Odor:	None	Musty	Sewage	Rotten E	gg	Other:			
Clarity:	Clear	Cloudy	Opaque	Suspend	ed Solids	Other:			U#
Floatables:	None	Foam	Garbage	Oily Film		Other:			
Deposits / Stains:	None	Oily	Sludge	Sedimen	tis	Other:			
Comments:									
	•								

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