

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 <b>MUNICIPAL SERVICE BUILDING</b>			
Street Address <b>2625 EAST GLENDALE AVENUE</b>		City <b>APPLETON</b>	State <b>WI</b>
		ZIP Code <b>54911</b>	
Name of Person Conducting Inspection <b>Cameron Smet</b>		Inspection Date <b>6/23/16</b>	
Employer <b>DW</b>		Telephone Number	
Outfall Number (make reference to site map) <b>1</b>	Description of Outfall (e.g., ditch, concrete pipe, grassed swale, etc.) <b>STORM SEWER INLET(S)</b>		
Time of Rainfall Event <b>7:00 AM</b>	Time of Visual Inspection <b>7:25</b>	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:

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

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

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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

CAMERON SMIT

Inspection Date

6/23/16

Employer

DPW

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

7:00am

Time of Visual Inspection

7:45am

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:  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: Some organic matter

Deposits / Stains:  None  Oily  Sludge  Sediments  Other: // //

Comments:

Organic matter such as leaves/grass settling at bottom

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Street Address <b>2625 EAST GLENDALE AVENUE</b>		City <b>APPLETON</b>	State <b>WI</b>
		ZIP Code <b>54911</b>	
Name of Person Conducting Inspection <b>AMBEROW SMITH</b>		Inspection Date <b>6/23/16</b>	
Employer <b>DPW</b>		Telephone Number	

Outfall Number (make reference to site map) <b>3</b>	Description of Outfall (e.g., ditch, concrete pipe, grassed swale, etc.) <b>OVERLAND FLOW TO DRAINAGE SWALE (FUTURE: INLET)</b>
Time of Rainfall Event <b>7:00 AM</b>	Time of Visual Inspection <b>7:50 AM</b>
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 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 checked="" type="checkbox"/> Oily	<input type="checkbox"/> Sludge	<input checked="" type="checkbox"/> Sediments	<input type="checkbox"/> Other: <i>not from vehicle oil</i>

Comments:

*Liner in proposed inlets are starting to rip off*

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		ZIP Code <b>54911</b>	
Name of Person Conducting Inspection <b>CAMERON SMET</b>		Inspection Date <b>6/23/16</b>	
Employer <b>DOW</b>		Telephone Number	
Outfall Number (make reference to site map) <b>4</b>	Description of Outfall (e.g., ditch, concrete pipe, grassed swale, etc.) <b>SW INLETS</b>		
Time of Rainfall Event <b>7:00AM</b>	Time of Visual Inspection <b>6:00AM</b>	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 type="checkbox"/> Other:	

Comments:

**Asphalt piled up w/in a foot of inlet**

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		ZIP Code <b>54911</b>	
Name of Person Conducting Inspection <b>Cameron Smit</b>		Inspection Date <b>6/23/16</b>	
Employer <b>DPW</b>		Telephone Number	
Outfall Number (make reference to site map) <b>5</b>	Description of Outfall (e.g., ditch, concrete pipe, grassed swale, etc.) <b>SW INLETS</b>		
Time of Rainfall Event <b>7:00 AM</b>	Time of Visual Inspection <b>7:35 AM</b>	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 checked="" 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 type="checkbox"/> Other:	

Comments:

*Some yellowish standing water at inlet by salt shed*

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Name of Person Conducting Inspection <i>Cameron Smit</i>		Inspection Date <i>6/25</i>	
Employer <i>DPW</i>		Telephone Number	
Outfall Number (make reference to site map) <b>6</b>	Description of Outfall (e.g., ditch, concrete pipe, grassed swale, etc.) <b>OVERLAND FLOW TO DRAINAGE SWALE</b>		
Time of Rainfall Event <i>7:00 AM</i>	Time of Visual Inspection <i>8:30 AM</i>	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:  
*Some leaf debris / Garbage*

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		ZIP Code <b>54911</b>	
Name of Person Conducting Inspection <b>Cameron Smit</b>		Inspection Date <b>6/23/16</b>	
Employer <b>DPW</b>		Telephone Number	
Outfall Number (make reference to site map)	Description of Outfall (e.g., ditch, concrete pipe, grassed swale, etc.)		

Time of Rainfall Event <b>7:00 AM</b>	Time of Visual Inspection <b>11:00 AM</b>	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 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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