Quarterly Visual Inspection - Field Sheet

Form 3400-176A (R 3/01)

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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 State City ZIP Code WI 54911 2625 EAST GI Inspection Date Name of Person Conducting Inspection 3/16 Telephone Number Employer Outfall Number (make reference to site map) Description of Outfall (e.g., ditch, concrete pipe, grassed swale, etc.) STORM SEWER INLET (S) Optional: Amount of Rainfall at the Time of Observation (nearest tenth of an inch) Time of Visual Inspection Time of Rainfall Event 7:10 Am 5:00 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: Clear Red Yellow __ Brown Other: None Odor: Musty Sewage Rotten Egg Other: Clarity: X Clear Cloudy _ Opaque Suspended Solids Other: None Garbage Floatables: Oily Film Other Foam None Oily Other: Deposits / Stains: Sludge Sediments Comments:

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Make any necessa	ary changes t	o your Storm	Water Polluti	on Preven	tion Plan a	as needed.			
Facility Name			_						1117
MUNICIP	AL SE	RVICE	BUILDIN	G					
Street Address					City			State	ZIP Code
2625 EA	ST GL	ENDALE	AVEN	UE	APPL	ETON		WI	54911
Name of Person Co	nducting Inspe	ection					Inspection		
Camero	<u>n Sm</u>	+					3/	16	
Employer							Telephone	Number	
City,	of Appl	cton			100 1				
Outfall Number (mak	ke reference to	` '	•		•				
2		C	IVERLAN	4D FL	OW T	O SW	INLE	1 5	
Time of Rainfall Ever	nt Tir	ne of Visual Ins	spection O	ptional: An	nount of Rai	nfall at the Tim	e of Observa	ition (near	est tenth of an inch)
5:00AW		8 00	Am						
Describe your obsetting discharged from, oil sheen or contamination.	rom the facili	y and visually	inspect the wa	ater. Includ	le any obse	ervations of co	olor, odor, tu	rbidity, fl	oating solids.
Color:	Clear	Red	Yellow	Brown	3	Other:			
Odor:	None	Musty	Sewage	Rotter	n Egg	Other:			
Clarity:	Clear	Cloudy	Opaque	Suspe	ended Solids	Other:			
Floatables:	None	Foam	Garbage	Olly F	ilm	Other:			
Deposits / Stains:	None	Olly	Sludge	Sedim	ents	Other:			
Comments:	•								
		_							
	•								

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

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Make any necessa Facility Name									
MUNICIF	ML SE	RVICE	BUILDIN	G					
Street Address					City			State	ZIP Code
2625 EA			AVENU	JE J	APPLI	ETON		WI	54911
Name of Person Co							Inspection		
<u>Camero</u>	<u>m Sh</u>	nit					3/	16	
		pleton					Telephone	Number	
Outfall Number (mal	ke reference to								
3		0	VERLAN	D PLOI	OT W	DRAIN	AGES	WALE	E (FUTURE:1
Time of Rainfall Eve	1	ne of Visual Ins	spection O						rest tenth of an inch)
Describe your obsorbeing discharged for football of the footba	rom the facilit	y and visually	inspect the wa	ter. Includ	e any obse	vations of co	lor, odor, te	urbidity, flo	oating solids.
Color:	Clear	Red	Yellow	Brown		Other:	growel s	tained	(Remost)
Odor:	None	Musty	Sewage	Rotter	Egg	Other:			
Clarity:	Clear	X Cloudy	Ораque	Suspe	nded Solids	Other:			1200000
loatables:	None	Foam	Garbage	Oily Fi	lm	Other:	A A A A A A A A A A A A A A A A A A A		
Deposits / Stains:	X None	Oily	Sludge	SedIm	ents	Other:			
Comments:									-
			٠						

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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 City	State ZIP Code
2625 EAST GLENDALE AVENUE APPLETON	WI 54911
	Inspection Date
Cameron Smit	3/16
	Telephone Number
City of Appleton	
Outfall Number (make reference to site map) Description of Outfall (e.g., ditch, concrete pipe, grassed sw	vale, etc.)
4 SW INLETS	
Time of Rainfall Event Time of Visual Inspection Optional: Amount of Rainfall at the Time	of Observation (nearest tenth of an inch)
5.00 mg 8.30	
Describe your observations. An easy way to conduct this inspection is to use a glass jar to collect being discharged from the facility and visually inspect the water. Include any observations of colfoam, oil sheen or any other visual indicators of storm water pollution and the probable sources of contamination.	or, odor, turbidity, floating solids,
Color: ☐ Clear ☐ Red ☐ Yellow ☐ Brown ☑ Other: ᠘	3,4-7 - milky brown
Odor: None Musty Sewage Rotten Egg Other:	
Clarity: Clear Cloudy Opaque Suspended Solids Other:	
Floatables: X None Foam Garbage Oily Film Other:	
Deposits / Stains: X None Oily Sludge Sediments Other:	
Comments:	
4-1, 4-2 - starting to fill with leaves	
4-37 Brown from growel/Bio material runoff	

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management r laci	acco triat cot	na po asca to	roduce or can	inate the problem.					
Make any necessa	ry changes t	o your Storm	Water Poliuti	on Prevention Plan	n as needed.				
Facility Name MUNICIP	AL SE	RVICE	BUILDIN	G				T	
Street Address				Çity];	State	ZIP Code	
2625 EAS	ST GLI	ENDALE	AVEN	UE APPL	LETON		$\omega_{ m I}$	5491	l
Name of Person Con	iducting Inspe	ction		anni anni anni anni anni anni anni anni		Inspection C	* .	1···· ,,,,	
Cameran	Simit					···· / /	6		
Employer City of	Λ		•			Telephone N	vumber		
Outfall Number (make	e reference to	site man\iDes	erintion of Outf	all (e.g., ditch, concret	e nine graceod c	wale etc.)			
5	0 1010101100 10	and map, Dec	SW IN	•	o pipo, grassea s	wale, 610./			
Time of Rainfall Even	it Tin	ne of Visual Ins		ptional: Amount of R	tainfall at the Tim	e of Observat	ion (nea	est tenth of ar	ı inch)
being discharged fr	om the facilit	easy way to o	conduct this ins	spection is to use a g ater. Include any ob pollution and the pr	servations of co	lor, odor, tur	bidity, fl	oating solids,	
Color:	Clear	Red	Yellow	Brown	Other:				
Odor:	None	Musty	Sewage	Rotten Egg	Other:	•			
Clarity:	Clear	Cloudy	Opaque	Suspended Sol	ids · Other:				
Floatables:	None	Foam	Garbage	Oily Film	Other:				<u></u>
Deposits / Stains:	None	Oily	Sludge	Sediments	Other:			****	-
Comments:	sa pile	e of o	1 dry wh	ere the Sen	n. was pe	uned,	W,A	notify	tne
Med	hanies.								
5 · 2 - cl	000y g	ravel N	noff-So	me sedimen	+				
5-3 - De	aher rui	noff							
	•								
This outfall could not	be evaluate	d during this o	guarter due to	the following reason	<u></u>				

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Make any necessar	ry change:	s to your Storm	Water Pollus	tion Preven	tion Plan	as needed.			
Facility Name			`						
MUNICIP	AL S	ervice 1	<u> SUILDIN</u>	l G	-				
Street Address				•	City			State	ZIP Code
2625 EAS			AVEN	UE	APPL	ETON		WI	54911
Name of Person Con	=						Inspection		
Camera	<u> 1 Si</u>	nit					3//	<i>b</i>	
Employer	Λ A	, •					Telephone	Number	
City a		ppleder					<u> </u>		
Outfall Number (make	e reference		•			· · ·	•		
6		0	verla	ND F	Low -	10 DRA	IN AGE	5 SI	NALE
Time of Rainfall Even	t T	Time of Visual Ins		Optional: Ar	nount of Ra	infall at the Time	e of Observa	ation (near	est tenth of an inch)
5:00 Am		8.50							
Describe your obse being discharged fro foam, oil sheen or a contamination.	om the fac	cility and visually	inspect the v	vater. Includ	de any obs	ervations of co	lor, odor, tu	ırbidity, fl	oating solids,
Color:	⊠ Clea	r Red	Yellow	Brow	n	Other:			
Odor:	None	Musty	Sewage	Rotte	n Egg	Other:			
Clarity:	Clear	r Cloudy	Opaque	Susp	ended Solid	s Other:			.•
Floatables:	None	Foam	☐ Garbage	Oily F	ilm	Other:			
Deposits / Stains:	None	Oily	Sludge	Sedin	nents	Other:			
Comments: $Nee \partial_S$	to be	picked(Coolune						
		-							·
This outfall could not	ha avalua	ted during this s	warter due to	the follower	na reacon:				
The Outan Court Hot	DO CYRIUC	nou during this t	juantor dae to	THE POSTOVALL	ig reason.				

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MUNICIPAL SERVICE BUILDING				
Street Address City		State	ZIP Code	
2625 EAST GLENDALE AVENUE APPLETON		WI	54911	
Name of Person Conducting Inspection	Inspection			
Cameron Smit	3/	16		
Employer	Telephone Number			
City of Apple ton				
Outfall Number (make reference to site map) Description of Outfall (e.g., ditch, concrete pipe, grassed	swale, etc.)			
8				
Time of Rainfall Event Time of Visual Inspection Optional: Amount of Rainfall at the Tir	ne of Observa	ition (near	est tenth of an inch)	
5:00 Am 11:30 sm			oot torkin or air incary	
Describe your observations. An easy way to conduct this inspection is to use a glass jar to collibeing discharged from the facility and visually inspect the water. Include any observations of coam, oil sheen or any other visual indicators of storm water pollution and the probable sources contamination.	alar adar fu	rhidite fle	ating golida	
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: Road Could be swept				
his outfall could not be evaluated during this quarter due to the following reason:				

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