

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<br><b>MUNICIPAL SERVICE BUILDING</b>  |   |  |                                |
| Street Address<br><b>2625 EAST GLENDALE AVENUE</b>  |   | City<br><b>APPLETON</b>  | State<br><b>WI</b>             |
|   |   | ZIP Code<br><b>54911</b>   |                                |
| Name of Person Conducting Inspection<br><b>Cameron Smit</b>   |   |  | Inspection Date<br><b>3/16</b> |
| Employer<br><b>City of Appleton</b>   |   |  | Telephone Number               |
| Outfall Number (make reference to site map)<br><b>1</b>   | Description of Outfall (e.g., ditch, concrete pipe, grassed swale, etc.)<br><b>STORM SEWER INLET(S)</b> |  |                                |
| Time of Rainfall Event<br><b>5:00 AM</b>  | Time of Visual Inspection<br><b>7:10 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 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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|   |   | ZIP Code<br><b>54911</b>   |                                  |
| Name of Person Conducting Inspection<br><b>Cameron Smit</b>   |   | Inspection Date<br><b>3/16</b>   |                                  |
| Employer<br><b>City of Appleton</b>   |   | Telephone Number   |                                  |
| Outfall Number (make reference to site map)<br><b>2</b>   | Description of Outfall (e.g., ditch, concrete pipe, grassed swale, etc.)<br><b>OVERLAND FLOW TO SW INLETS</b> |  |                                  |
| Time of Rainfall Event<br><b>5:00AM</b>   | Time of Visual Inspection<br><b>8:00AM</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 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**

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|--|-------------------------|--------------------|--------------------------|
| Street Address<br><b>2625 EAST GLENDALE AVENUE</b> | City<br><b>APPLETON</b> | State<br><b>WI</b> | ZIP Code<br><b>54911</b> |
|--|-------------------------|--------------------|--------------------------|

|   |                                |
|---|--------------------------------|
| Name of Person Conducting Inspection<br><b>Cameron Smit</b> | Inspection Date<br><b>3/16</b> |
|---|--------------------------------|

|                                     |                  |
|-------------------------------------|------------------|
| Employer<br><b>City of Appleton</b> | Telephone Number |
|-------------------------------------|------------------|

|   |   |
|---|---|
| Outfall Number (make reference to site map)<br><b>3</b> | Description of Outfall (e.g., ditch, concrete pipe, grassed swale, etc.)<br><b>OVERLAND FLOW TO DRAINAGE SWALE (FUTURE INLET)</b> |
|---|---|

|  |   |  |
|--|---|--|
| Time of Rainfall Event<br><b>5:00 AM</b> | Time of Visual Inspection<br><b>8:05 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 type="checkbox"/> Brown            | <input checked="" type="checkbox"/> Other: <b>Gravel stained (runoff)</b> |
| 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 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<br><b>54911</b>   |                                |
| Name of Person Conducting Inspection<br><b>Cameron Smit</b>   |  |  | Inspection Date<br><b>3/16</b> |
| Employer<br><b>City of Appleton</b>   |  |  | Telephone Number               |
| Outfall Number (make reference to site map)<br><b>4</b>   | Description of Outfall (e.g., ditch, concrete pipe, grassed swale, etc.)<br><b>SW INLETS</b> |  |                                |
| Time of Rainfall Event<br><b>5:00am</b>   | Time of Visual Inspection<br><b>8:30</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 type="checkbox"/> Brown <input checked="" type="checkbox"/> Other: <b>4-3, 4-7 - milky brown</b>  |  |  |                                |
| 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 checked="" type="checkbox"/> None <input type="checkbox"/> Oily <input type="checkbox"/> Sludge <input type="checkbox"/> Sediments <input type="checkbox"/> Other:  |  |  |                                |

Comments:

**4-1, 4-2 - starting to fill with leaves**  
**4-3, 4-7 Brown from gravel / bio material runoff**

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|   |  | ZIP Code<br><b>54911</b>   |                    |
| Name of Person Conducting Inspection<br><b>Cameron Smit</b> |  | Inspection Date<br><b>3/16</b>   |                    |
| Employer<br><b>City of Appleton</b>                         |  | Telephone Number   |                    |
| Outfall Number (make reference to site map)<br><b>5</b>     | Description of Outfall (e.g., ditch, concrete pipe, grassed swale, etc.)<br><b>SW INLETS</b> |  |                    |
| Time of Rainfall Event<br><b>5:00</b>                       | Time of Visual Inspection<br><b>8:30 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 checked="" type="checkbox"/> None | <input type="checkbox"/> Oily              | <input type="checkbox"/> Sludge  | <input checked="" type="checkbox"/> Sediments | <input type="checkbox"/> Other: |

Comments:  
 Found a pile of oil dry where the semi was parked, will notify the mechanics.  
 5-2 - cloudy gravel runoff - some sediment  
 5-3 - Darker runoff

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|   |  | ZIP Code<br><b>54911</b>   |                    |
| Name of Person Conducting Inspection<br><b>Cameron Smit</b> |  | Inspection Date<br><b>3/16</b>   |                    |
| Employer<br><b>City of Appleton</b>                         |  | Telephone Number   |                    |
| Outfall Number (make reference to site map)<br><b>6</b>     | Description of Outfall (e.g., ditch, concrete pipe, grassed swale, etc.)<br><b>OVERLAND FLOW TO DRAINAGE SWALE</b> |  |                    |
| Time of Rainfall Event<br><b>5:00 AM</b>                    | Time of Visual Inspection<br><b>8:50 AM</b>  | Optional: Amount of Rainfall at the Time of Observation (nearest tenth of an inch) |                    |

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|                    |   |                                 |   |   |                                 |
|--------------------|---|---------------------------------|---|---|---------------------------------|
| 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:

*Needs to be picked (garbage)*

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

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|   |                                |
|---|--------------------------------|
| Name of Person Conducting Inspection<br><b>Cameron Smit</b> | Inspection Date<br><b>3/16</b> |
|---|--------------------------------|

|                                     |                  |
|-------------------------------------|------------------|
| Employer<br><b>City of Appleton</b> | Telephone Number |
|-------------------------------------|------------------|

|   |  |
|---|--|
| Outfall Number (make reference to site map)<br><b>8</b> | Description of Outfall (e.g., ditch, concrete pipe, grassed swale, etc.) |
|---|--|

|  |  |  |
|--|--|--|
| Time of Rainfall Event<br><b>5:00 AM</b> | Time of Visual Inspection<br><b>11:30 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 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:  
**Road could be swept**

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| Name of Person Conducting Inspection<br><b>Cameron Smit</b>   |  |  | Inspection Date<br><b>3/16</b> |                          |
| Employer<br><b>City of Appleton</b>   |  |  | Telephone Number               |                          |
| Outfall Number (make reference to site map)<br><b>7</b>   |  | Description of Outfall (e.g., ditch, concrete pipe, grassed swale, etc.)           |                                |                          |
| Time of Rainfall Event<br><b>5:00 AM</b>  | Time of Visual Inspection<br><b>11:30 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 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:

Road could be swept

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