# Appleton Wastewater Treatment Plant Stormwater Pollution Prevention - Stormwater Inspection Reports Calendar Year 2016

Quarterly Visual Inspection

| Outfall Number | 1st Quarter | 2nd Quarter | 3rd Quarter | 4th Quarter | Comments  |
|----------------|-------------|-------------|-------------|-------------|-----------|
|                | 3/8/2016    | 4/28/2016   | 9/27/2016   | 12/28/2016  |           |
| 2              | 3/8/2016    | 4/28/2016   | 9/27/2016   | 12/28/2016  | Submerged |
| 3              | 3/8/2016    | 4/28/2016   | 9/27/2016   | 12/28/2016  | Submerged |
| 4              | 3/8/2016    | 4/28/2016   | 9/27/2016   | 12/28/2016  |           |
|                |             |             |             |             |           |
|                |             |             |             |             |           |

Semi-Annual Dry Weather Inspection

| Outfall Number | January - June | July - December | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|----------------|----------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                | 3/8/2016       | 12/22/2016      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 2              | 3/8/2016       | 12/22/2016      | Submerged                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 3              | 3/8/2016       | 12/22/2016      | Submerged                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 4              | 3/8/2016       | 12/22/2016      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                |                |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                |                |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                |                |                 | THE PROPERTY OF THE PROPERTY O |

Staff Training Date(s) SWPP/SPCC =

not all staff completed training

Annual Facility Site Compliance Report (AFSCI)

Completion Date = 12/28/

State of Wisconsin Department of Natural Resources <u>dnr.wi.gov</u>

Section I: Facility/Site Information

Facility/Site Name (As Appears on Permit Authorization)

# Annual Facility Site Compliance Inspection Report (AFSCI)

For Storm Water Discharges Associated With Industrial Activity Under Wisconsin Pollutant Discharge Elimination System (WPDES) Permit Form 3400-176 (R 5/14)

County

Notice: This form is authorized by s. NR 216.29(2), Wis. Adm. Code. Submittal of a completed form to the Department is mandatory for industrial facilities covered under a Tier 1 storm water general permit. Facilities covered under a Tier 1 permit are not required to submit AFSCI reports after submittal of the second AFSCI report, unless so directed by the Department. However, these inspections and quarterly visual inspections shall still be conducted and results shall be kept on site for Department inspection. Facilities covered under a Tier 2 storm water general, industry-specific general or individual permit shall keep the results of their AFSCI and quarterly visual inspections on site for Department inspection. Failure to comply with these regulations may result in fines up to \$25,000 per day pursuant to s. 283.91, Wis. Stats.

Personally identifiable information on this form may be used for other water quality program purposes.

Please type or clearly print your answers to all questions.

| Location Address/Description (if different from mailing address be                                                                                                                                                                                                                                                                             | town Plan                                                                                             | 1 Butag                                                                                           | 6.1791                                    | · Č.                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------|
| Location Address/Description (if different from mailing address be                                                                                                                                                                                                                                                                             | ow)                                                                                                   | State                                                                                             | ZIP Code                                  |                                       |
| 2006 F. Newsberry Street Apple  © City O Township O Village                                                                                                                                                                                                                                                                                    | tor.                                                                                                  | WI                                                                                                | to by                                     | 915                                   |
| Ø City ○ Township ○ Village                                                                                                                                                                                                                                                                                                                    | Facility Identification                                                                               | n Number (FID) and/o                                                                              | r FIN Nur                                 | nber if known:                        |
| of                                                                                                                                                                                                                                                                                                                                             | FID                                                                                                   | FIN                                                                                               |                                           |                                       |
| Section II: Facility/Site Contact Person                                                                                                                                                                                                                                                                                                       |                                                                                                       |                                                                                                   |                                           | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| Local Contact Person                                                                                                                                                                                                                                                                                                                           | Mailing Address (if o                                                                                 | lifferent than site loca                                                                          | tion addre                                | ess)                                  |
| Title                                                                                                                                                                                                                                                                                                                                          | *                                                                                                     |                                                                                                   |                                           |                                       |
| Title                                                                                                                                                                                                                                                                                                                                          | Municipality (if differ                                                                               | ent than above)                                                                                   |                                           |                                       |
| Environmental Pragramas Coordinate. Telephone (include area code)                                                                                                                                                                                                                                                                              | ~                                                                                                     |                                                                                                   |                                           |                                       |
| Telephone (include area code)                                                                                                                                                                                                                                                                                                                  | State                                                                                                 | ZIP Code (if different                                                                            | from abov                                 | /e)                                   |
|                                                                                                                                                                                                                                                                                                                                                | WI                                                                                                    | ÷                                                                                                 |                                           |                                       |
| (9,20) 832 - 5 7 4 5<br>E-mail address or Website (if applicable)                                                                                                                                                                                                                                                                              |                                                                                                       | Fax (include area cod                                                                             | •                                         |                                       |
| brian Kreskic Appleton . org                                                                                                                                                                                                                                                                                                                   |                                                                                                       | (920) 832 -                                                                                       | 5-949                                     | <u> </u>                              |
| Section III: Certification & Signature                                                                                                                                                                                                                                                                                                         | uel Feeility Site Con                                                                                 | onligado Incapation                                                                               | Panart \                                  |                                       |
| (Person attesting to the accuracy and completeness of Anr<br>This form must be signed by an official representative of the                                                                                                                                                                                                                     |                                                                                                       |                                                                                                   |                                           |                                       |
| Code. See instructions on page 4. If this form is not signed, o                                                                                                                                                                                                                                                                                | or is found to be inco                                                                                | mplete, it will be ret                                                                            | urned.                                    | (1), <b>11</b> 10. Adm.               |
| I certify under penalty of law that this document and all attachmer with a system designed to assure that qualified personnel properl of the person or persons who manage the system or those persor submitted is, to the best of my knowledge and belief, true, accura submitting false information, including the possibility of fine and in | its were prepared under<br>y gather and evaluate<br>ns directly responsible<br>te, and complete. I am | er my direction or sup<br>the information submi<br>for gathering the info<br>aware that there are | ervision ir<br>itted. Base<br>rmation, th | ed on my inquiry<br>ne information    |
| Signature of Authorized Representative                                                                                                                                                                                                                                                                                                         | Telephone Number                                                                                      | (include area code)                                                                               |                                           |                                       |
| Type or Print Name                                                                                                                                                                                                                                                                                                                             | (920) 8                                                                                               | 32 - 5945                                                                                         | S. F.                                     |                                       |
| Type or Print Name                                                                                                                                                                                                                                                                                                                             | Company Name                                                                                          |                                                                                                   |                                           |                                       |
| Brian J. Kresk, Position Title                                                                                                                                                                                                                                                                                                                 | City of                                                                                               | Apple ton                                                                                         |                                           | •                                     |
| Position Title                                                                                                                                                                                                                                                                                                                                 | Mailing Address                                                                                       |                                                                                                   |                                           | ,                                     |
| Environmental Programs Coordinate Date Signed                                                                                                                                                                                                                                                                                                  | r 2006 E.                                                                                             | Newsberry                                                                                         | Stree                                     | 4                                     |
| Date Signed                                                                                                                                                                                                                                                                                                                                    | Municipality                                                                                          |                                                                                                   | State                                     | ZIP Code                              |
| 12-28-16                                                                                                                                                                                                                                                                                                                                       | Municipality  Appled                                                                                  | on.                                                                                               | WI                                        | 57/9/5                                |
| How to Use this Form:                                                                                                                                                                                                                                                                                                                          |                                                                                                       | •                                                                                                 |                                           |                                       |

your facility is operating in compliance with your Storm Water Pollution Prevention Plan (SWPPP). You should use the results of this inspection to determine the extent to which your SWPPP needs to be updated to prevent pollution from new source areas, as well as to correct any inadequacies that the plan may have in handling existing source areas. This first level of monitoring is addressed in Section IV of this Annual Report on page 2.

The second level of storm water monitoring consists of quarterly visual observations of storm water leaving the site during runoff events caused by snow-melt or rainfall. This is a practical, low cost tool for identifying obvious contamination of storm water discharges, and can also help identify which practices are ineffective. The goal of quarterly inspections is to obtain results from a set of four inspections that are distributed as evenly as possible throughout the year and which depict runoff quality during each of the four seasons. This second level of monitoring is addressed in Section V of this Annual Report on page 3.

# Annual Facility Site Compliance Inspection Report (AFSCI) Form 3400-176 (R 5/14) Page 2 of 5

Form 3400-176 (R 5/14)

Section IV: Annual Facility Site Compliance Inspection

| remains current; potential pollution sources at your facility are in                                                                                         |                                                        |                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|----------------------------|
| that the Best Management Practices prescribed in your SWPP                                                                                                   | or are being implemented, properly operated,           | and adequately maintained. |
| Name of Person Conducting Inspection                                                                                                                         | Inspection Date                                        |                            |
| Boun Voeski                                                                                                                                                  | 12-20-16                                               |                            |
| Employer                                                                                                                                                     | Telephone Number                                       |                            |
| City of Apolotion                                                                                                                                            | (920)-832 -5945                                        | e modern of                |
| Your inspection should start with a review of your written SWPI these inspections, you find that the provisions in your SWPPP discharged from your facility. | PP kept at your facility. The SWPPP should be          | be amended if, through     |
| Has your SWPPP been updated to include current Non-St                                                                                                        | orm Water Discharge Evaluation results?                | ⊗ Yes ○ No ○ N/A           |
| <ol> <li>Has your SWPPP been amended for any new construction<br/>conditions at the facility?</li> </ol>                                                     | n that would affect the site map or drainage           | ⊗Yes ○No ○N/A              |
| 3. Has your SWPPP been amended for any changes in facili new source areas for contamination of storm water?                                                  | ty operations that could be identified as              | OYes ONo ⊗N/A              |
| <ol> <li>Are there any materials at the facility that are handled, sto<br/>exposure to storm water that are not currently addressed in</li> </ol>            | red, or disposed in a manner to allow<br>n your SWPPP? | OYes ⊗No ON/A              |
| Are there any maintenance or material handling activities addressed in your SWPPP?                                                                           | conducted outdoors that have not been                  | ○Yes ⊗ No ○ N/A            |
| 6. Are outside areas kept in a neat and orderly condition?                                                                                                   | ·                                                      | ⊗Yes ○No ○N/A              |
| 7. Are regular housekeeping inspections made?                                                                                                                |                                                        | ⊗Yes ○No ○N/A              |
| 8. Do you see spots, pools, puddles, or other traces of oils, g                                                                                              | grease, or other chemicals on the ground?              | ○Yes ⊗No ○N/A              |
| 9. Are particulates on the ground from industrial operations of                                                                                              | or processes being controlled?                         | ⊗Yes ○No ○N/A              |
| 10. Do you see leaking equipment, pipes or containers?                                                                                                       |                                                        | ○Yes ⊗No ○N/A              |
| 11. Do drips, spills, or leaks occur when materials are being to                                                                                             | ransferred from one source to another?                 | OYes ⊗ No O N/A            |
| 12. Are drips or leaks from equipment or machinery being cor                                                                                                 | ntrolled?                                              | ○Yes ○No ⊗N/A              |
| 13. Are cleanup procedures used for spilled solids?                                                                                                          |                                                        | ⊗Yes ○No ○N/A              |
| 14. Are absorbent materials (floor dry, kitty litter, etc.) regularl                                                                                         | y used in certain areas to absorb spills?              | ⊗Yes ○No ○N/A              |
| 15. Can you find discoloration, residue, or corrosion on the ro<br>drain work areas?                                                                         | of or around vents or pipes that ventilate or          | OYes ⊗ No O N/A            |
| 16. Are Best Management Practices implemented to reduce of from source areas at the facility?                                                                | or eliminate contamination of storm water              | ⊗Yes ○No ○N/A              |
| 17. Are Best Management Practices adequately maintained?                                                                                                     |                                                        | ⊗Yes ○ No ○ N/A            |
| 18. Are there significant changes to your SWPPP needed to control a discharge of contaminated storm water from you                                           |                                                        | OYes ONo ⊗N/A              |

Annual Facility Site Compliance Inspection Report (AFSCI)
Form 3400-176 (R 5/14) Page 3 of 5

Comments:

# **Annual Facility Site Compliance Inspection Report (AFSCI)**

Form 3400-176 (R 5/14)

Page 4 of 5

## Section V: Quarterly Visual Inspection Reports

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, Tier 2, and Nonmetallic Mining Industrial Storm Water General Permits. These inspections 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 soon thereafter 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. If you were unable to evaluate an outfall during a specific quarter, this should be indicated along with a reason as to why this could not be done.

|                | Date of Inspection |             |                    |             |
|----------------|--------------------|-------------|--------------------|-------------|
| Outfall Number | 1st Quarter        | 2nd Quarter | <u>3rd Quarter</u> | 4th Quarter |
|                | 3-8-16             | 4-28.16     | 9-27-16            | 12-28-16    |
| 2              | 3-8-16             | 4-20-16     | 9-27-16            | 12-28-16    |
| 3              | 3-8-16             | 4-28-16     | 9-27-16            | 12-25-16    |
| 4              | 3-8-16             | 4-28-16     | 9-27-16            | 12-28-16    |
|                | ·                  |             |                    |             |
|                |                    |             |                    |             |
|                |                    | ·           |                    |             |
|                |                    |             |                    |             |
|                |                    |             |                    |             |
| ·              |                    |             |                    |             |
|                |                    | ·           |                    |             |

Briefly summarize what you found when conducting your Quarterly Visual Inspections. (Include any observations of color, odor, turbidity, floating solids, foam, oil sheen, or any other indications of storm water pollution and the probable sources of any observed storm water contamination.)

#### Instructions

## Section I: Facility/Site Information

Provide the name of the facility as it appears on the permit application or permit cover letter and location address. If known, provide the Facility Identification (FID) and/or FIN Number assigned by the WDNR.

## Section II: Facility/Site Contact Person

Provide the local contact person information for the facility. The mailing address should be given for the facility contact person if it is different from the facility site location address information.

## Section III: Certification & Signature

State Statutes provide for severe penalties for submitting false information on this AFSCI form. State regulations require this form be signed as follows:

- 1. For a corporation, by a principal executive officer of at least the level of Vice President, or a duly authorized representative having overall responsibility for the operation covered by this permit.
- For a unit of government, a principal executive officer, a ranking elected official, or other duly authorized representative.
- For a partnership, by a general partner, for a sole proprietorship, by the proprietor.
- For a limited liability company, by member or manager.

## Section IV: Annual Facility Site Compliance Inspection

Provide the name of the person conducting the inspection, inspection date, name of employer, and telephone number. Check the appropriate box for each of the listed questions and provide explanations in the comment box as needed.

#### **Section V: Quarterly Visual Inspection Reports**

Provide the outfall number in the table and the dates of each quarterly visual inspection. Summarize the findings of your visual inspections below the table. Attach additional sheets if needed.

### Mailing Address

Unless otherwise directed, mail this completed form to the Wisconsin Department of Natural Resources (WDNR) office associated with

|                                                                   | facility site location                                                  |                                                                 | Soloni goparanon or riadrar rissociose (112711 y cines associated mai                                     |
|-------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
|                                                                   |                                                                         | NORTHER                                                         | RN REGION (NOR)                                                                                           |
| Ashland<br>Barron<br>Bayfield<br>Burnett<br>Douglas<br>Florence   | Forest<br>Iron<br>Langlade<br>Lincoln<br>Oneida<br>Polk                 | Price<br>Rusk<br>Sawyer<br>Taylor<br>Vilas<br>Washburn          | WDNR Baldwin Service Center<br>890 Spruce Street<br>Baldwin, WI 54002<br>715-684-2914 ext. 109            |
|                                                                   |                                                                         | NORTHEA                                                         | ST REGION (NER)                                                                                           |
| Brown<br>Calumet<br>Door<br>Fond du Lac<br>Green Lake<br>Kewaunee | Manitowoc<br>Marinette<br>Marquette<br>Menominee<br>Oconto<br>Outagamie | Shawano<br>Waupaca<br>Waushara<br>Winnebago                     | WDNR Northeast Regional Headquarters<br>2984 Shawano Avenue<br>Green Bay, WI 54313-6727<br>(920) 662-5100 |
|                                                                   |                                                                         | WEST CENT                                                       | RAL REGION (WCR)                                                                                          |
| Adams Buffalo Chippewa Clark Crawford Dunn Eau Claire             | Jackson<br>Juneau<br>La Crosse<br>Marathon<br>Monroe<br>Pepin           | Pierce<br>Portage<br>St. Croix<br>Trempealeau<br>Vernon<br>Wood | WDNR Baldwin Service Center<br>890 Spruce Street<br>Baldwin, WI 54002<br>715-684-2914 ext. 109            |
| Columbia                                                          | Green                                                                   | SOUTH CENT<br>Richland                                          | TRAL REGION (SCR)                                                                                         |
|                                                                   |                                                                         |                                                                 | WDNR South Central Regional Headquarters                                                                  |

| Dane<br>Dodge<br>Grant | Green<br>Iowa<br>Jefferson<br>LaFayette | Richiand<br>Rock<br>Sauk | WDNR South Central Regional Headquarters<br>3911 Fish Hatchery Road<br>Fitchburg, WI 53711<br>(608) 275-3266 |
|------------------------|-----------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------|
|------------------------|-----------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------|

#### SOUTHEAST REGION (SER)

| Kenosha   | Racine    | Washington | WDNR Waukesha Service Center      |
|-----------|-----------|------------|-----------------------------------|
| Milwaukee | Sheboygan | Waukesha   | 141 N.W. Barstow Street, Room 180 |
| Ozaukee   | Walworth  | •          | Waukesha, WI 53188                |
|           |           |            | 1,000, 574,0400                   |

(262) 574-2100

# Stormwater Pollution Prevention Plan Wastewater Treatment Plant

| City | of A | Annl  | eton.  | M   | iscor | ein  |
|------|------|-------|--------|-----|-------|------|
| UILV | UI F | יוטטר | ULUII. | VVI | SCUL  | SIII |

( (

| Re  | port        |
|-----|-------------|
| 110 | $\rho_{Oi}$ |

| City of Appl                | eton, Wisconsin                                                                                                           | . Report                                                    |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
|                             | Non-Stormwater Discharges                                                                                                 |                                                             |
| Facility Ins                | pected:                                                                                                                   |                                                             |
| Name:<br>Location:<br>Date: | City of Appleton, Wastewater Treatment Plant 2006 East Newberry Street, Appleton, WI 54911  /2-22-/6                      | -                                                           |
| Start Time:                 | /230 End Time: /300                                                                                                       | •                                                           |
|                             | outfalls for non-stormwater discharges during normal business h<br>dry periods. Observations should be made twice a year. | nours. Evaluations should take                              |
| OUTFALL C                   | 1                                                                                                                         |                                                             |
|                             | dors?                                                                                                                     | Yes No Yes No           |
| If any quest                | ions were answered yes, briefly describe and state possible sour                                                          | ce:                                                         |
|                             |                                                                                                                           |                                                             |
| Test Metho                  | d: Visual Observation Overland Other:                                                                                     |                                                             |
| OUTFALL (                   | 02                                                                                                                        |                                                             |
|                             | dors?                                                                                                                     | Yes No Yes No No Yes No |
| If any quest                | ions were answered yes, briefly describe and state possible sour                                                          | ce:                                                         |
| Test Metho                  | d: Visual Observation - Overland Other:                                                                                   |                                                             |
| OUTFALL (                   | 03                                                                                                                        |                                                             |
|                             | dors?                                                                                                                     | YesNo<br>YesNo<br>YesNo                                     |
| If any quest                | ions were answered yes, briefly describe and state possible sour                                                          | rce:                                                        |

5 of 6

Test Method: Visual Observation - Overland

# Stormwater Pollution Prevention Plan Wastewater Treatment Plant

| City o | f Ani | nlaton | Wisco | nein |
|--------|-------|--------|-------|------|

Time:

| _ ,    |  |
|--------|--|
| Renort |  |
|        |  |

|                                                                                                                       | Non-Stormw                                                     | ater Discharges           |                   |                    |  |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------|-------------------|--------------------|--|
| Facility Inspected:                                                                                                   |                                                                |                           |                   |                    |  |
| Location: 2006 East                                                                                                   | pleton, Wastewater Treatme<br>Newberry Street, Appleton, \<br> | WI 54911                  | <b>-</b> .        |                    |  |
| Evaluate all outfalls for                                                                                             | non-stormwater discharges du<br>s. Observations should be mad  | ring normal business h    | ours. Evalu       | ations should take |  |
| OUTFALL 04                                                                                                            |                                                                | •                         |                   |                    |  |
| Is there currently water<br>Are there stains or colo<br>Are there sludges?<br>Are there odors?<br>Other Observations: | flow or evidence of dry weathe<br>ring?                        | er flow?                  | Yes<br>Yes<br>Yes |                    |  |
| If any questions were a                                                                                               | nswered yes, briefly describe a                                | and state possible source | ce:               |                    |  |
|                                                                                                                       |                                                                |                           |                   |                    |  |
| Test Method: Visual C                                                                                                 | bservation -Overland                                           | Other:                    |                   | ·                  |  |
|                                                                                                                       | an J. Kreski                                                   |                           |                   |                    |  |
| (Signature)                                                                                                           | - Gran                                                         |                           | _                 |                    |  |
| Name: Brya                                                                                                            | n Kreski                                                       |                           | _                 |                    |  |
| Date: 12-                                                                                                             | 22-16                                                          |                           |                   |                    |  |

# **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.

Comments:

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 City of Appleton Wastewater Treatment Facility Street Address ZIP Code State 2006 East Newberry Street Appleton WI 54911 Name of Person Conducting Inspection Inspection Date 2-28-16 Telephone Number Employer City of Appleton 832-5945 Description of Outfall (e.g., ditch, concrete pipe, grassed swale, etc.) Outfall Number (make reference to site map) Outfall No. 1 Concrete Pipe Time of Rainfall Event Time of Visual Inspection Optional: Amount of Rainfall at the Time of Observation (nearest tenth of an inch) 2/188 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 coloer, odor, turbidity, floating solids, foam, oil sheen or any other visual indicators of storm water pollution and the probably sources of any observed storm water combination. Clear Red Yellow Other: Color: Brown Odor: None Musty Sewage Rotten Egg Other: Clear Cloudy Suspended Solids Other: Clarity: Opaque Garbage Oily Film Other: Floatables: None Foam Sediments Other: Deposits/Stains: None Sludge

# **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 chang                                                                       | ges to your <mark>Sto</mark> r | m Water Pol     | llution Prever  | ition Plan as    | needed.         |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |
|------------------------------------------------------------------------------------------------|--------------------------------|-----------------|-----------------|------------------|-----------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| Facility Name<br>City of Appleton Wa                                                           | astewater Tr                   | eatment F       | acility         |                  |                 |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | •          |
| Street Address<br>2006 East Newberr                                                            | y Street                       | -               |                 | City<br>Appletor | 1               | State<br>WI   | ZIP Code<br>54911                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |
| Name of Person Conducting                                                                      | . 7                            |                 | -               |                  | Inspection Date |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |
| Employer<br>City of Appleton                                                                   |                                |                 |                 |                  | Telephone       |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |
| Outfall Number (make refe<br>Outfall No. 2                                                     | erence to site ma              | ap)             | Concrete        | e Pipe           |                 |               | ssed swale, etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |
| Time of Rainfall Event 1                                                                       | Fime of Visual Ir              | spection        |                 |                  |                 |               | ation (nearest tent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
| Describe your observations being discharged from the foam, oil sheen or any other combination. | facility and visu              | ally inspect th | he water. Inclu | de any observ    | ations of col   | oer, odor, tu | ırbidity, floating s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | olids,     |
| Color:                                                                                         | Clear                          | Red             | Yellow          |                  | Brow            | 'n            | Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø    Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø     Ø | :          |
| Odor:                                                                                          | None                           | Musty           | Sewag           | e                | Rotte           | n Egg         | Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | : A        |
| Clarity:                                                                                       | Clear                          | Cloudy          | Opaque          | 9                | Susp            | ended Solid   | ls Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | : <u> </u> |
| Floatables:                                                                                    | None                           | Foam            | Garbag          |                  | Oily            | Film          | Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | : A        |
| Deposits/Stains:                                                                               | None                           | Oily            | Sludge          | e                | Sedi            | ments         | Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | · *        |
| Comments: * Sub                                                                                | mais ed                        |                 |                 |                  |                 |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |

( /

# **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 chang                                                                               | ges to your Stor  | m Water Pol     | lution Prever   | ition Plan as    | needed.             |                 |                     |             |
|--------------------------------------------------------------------------------------------------------|-------------------|-----------------|-----------------|------------------|---------------------|-----------------|---------------------|-------------|
| Facility Name<br>City of Appleton Wa                                                                   | astewater Tre     | eatment F       | acility         |                  |                     |                 |                     |             |
| Street Address<br>2006 East Newberr                                                                    | y Street          |                 | ,               | City<br>Appletor | 1                   | State<br>WI     | ZIP Code<br>54911   |             |
| Name of Person Conduction Brian Kre.                                                                   | **                |                 |                 |                  | Inspection D        | )ate<br>3-/6    |                     |             |
| Employer<br>City of Appleton                                                                           |                   | -               |                 |                  | Telephone I<br>(名な) | Number<br>ナパユ ー | 5945                |             |
| Outfall Number (make refe<br>Outfall No. 3                                                             | rence to site ma  | ıp)             | PVC Pip         | e .              |                     |                 | sed swale, etc.)    | •           |
|                                                                                                        | ime of Visual In  | spection        | Optional: Am    | ount of Rainfa   | all at the Time     | e of Observati  | ion (nearest tenth  | of an inch) |
| Describe your observations<br>being discharged from the<br>foam, oil sheen or any othe<br>combination. | facility and visu | ally inspect th | ne water. Inclu | de any observ    | ations of col       | oer, odor, turb | oidity, floating so |             |
| Color:                                                                                                 | Clear             | Red             | Yellow          |                  | Brow                | n               | Other:              | *           |
| Odor:                                                                                                  | None ·            | Musty           | Sewag           | e                | Rotte               | n Egg           | Other:              | *           |
| Clarity:                                                                                               | Clear             | Cloudy          | Opaque          | •                | Susp                | ended Solids    | Other:              | *           |
| Floatables:                                                                                            | None              | Foam            | Garbag          | je               | Oily I              | Film            | Other:              | *           |
| Deposits/Stains:                                                                                       | None              | Oily            | Sludge          | e :              | Sedir               | ments           | Other:              | · *         |
| Comments: 40 < 1. /                                                                                    |                   | <i>y</i> .      |                 |                  |                     |                 |                     |             |

((

# **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.

Comments:

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 City of Appleton Wastewater Treatment Facility                                                                                                                                                                     |                                            |                      | • •-                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------|--------------------------------|
| Street Address<br>2006 East Newberry Street                                                                                                                                                                                      | City<br>Appleton                           | State<br>WI          | ZIP Code 54911                 |
| Name of Person Conducting Inspection Brian Kres Ki                                                                                                                                                                               | 12                                         | ion Date<br>23-16    |                                |
| City of Appleton                                                                                                                                                                                                                 |                                            | one Number  /) 832   | 5945                           |
|                                                                                                                                                                                                                                  | n of Outfall (e.g., ditch, co<br>rete Pipe | oncrete pipe, grass  | sed swale, etc.)               |
| Time of Rainfall Event Time of Visual Inspection Optional:                                                                                                                                                                       | Amount of Rainfall at the                  | Time of Observat     | ion (nearest tenth of an inch) |
| Describe your observations. An easy way to conduct this inspecti-<br>being discharged from the facility and visually inspect the water. I<br>foam, oil sheen or any other visual indicators of storm water pollu<br>combination. | nclude any observations o                  | f coloer, odor, turb | oidity, floating solids,       |
| Color: Clear Red Yel                                                                                                                                                                                                             | low                                        | Brown                | Other:                         |
| Odor: None Musty See                                                                                                                                                                                                             | wage                                       | Rotten Egg           | Other:                         |
| Clarity: Clear Cloudy Ope                                                                                                                                                                                                        | aque                                       | Suspended Solids     | Other:                         |
| Floatables: None Foam Ga                                                                                                                                                                                                         | bage                                       | Oily Film            | Other:                         |
| Deposits/Stains: None Oily Sli                                                                                                                                                                                                   | udge                                       | Sediments            | Other:                         |

# **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.

Comments:

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 Preve                                                                                                                                                                  | tion Plan as needed.               |                  |                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------|---------------------------------|
| Facility Name City of Appleton Wastewater Treatment Facility                                                                                                                                                                    |                                    | ,                |                                 |
| Street Address<br>2006 East Newberry Street                                                                                                                                                                                     | City<br>Appleton                   | State<br>VVI     | ZIP Code<br>54911               |
| Name of Person Conducting Inspection  Brian Kres Kr                                                                                                                                                                             | Inspection                         | 1-27-16          |                                 |
| City of Appleton                                                                                                                                                                                                                | Telephon<br><i>G</i>               | Number           | 2-23/                           |
| Outfall Number (make reference to site map) Outfall No. 4  Description of Concrete                                                                                                                                              | Outfall (e.g., ditch, conc<br>Pipe | rete pipe, gras  | sed swale, etc.)                |
| Time of Rainfall Event   Time of Visual Inspection   Optional: Ar                                                                                                                                                               | ount of Rainfall at the Ti         | me of Observa    | tion (nearest tenth of an inch) |
| Describe your observations. An easy way to conduct this inspection being discharged from the facility and visually inspect the water. Inclifoam, oil sheen or any other visual indicators of storm water pollution combination. | de any observations of c           | oloer, odor, tur | bidity, floating solids,        |
| Color: Clear Red Yellow                                                                                                                                                                                                         | Bro                                | wn               | Other:                          |
| Odor: None Musty Sewag                                                                                                                                                                                                          | Ro                                 | ten Egg          | Other:                          |
| Clarity: Clear Cloudy Opaqu                                                                                                                                                                                                     | Su                                 | spended Solids   | Other:                          |
| Floatables: None Foam Garba                                                                                                                                                                                                     | e Oil                              | / Film           | Other:                          |
| Deposits/Stains: None Oily Sludg                                                                                                                                                                                                | Se                                 | diments          | Other:                          |

# **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 a 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 City of Appleton Wastewater Treatment Facility Street Address State ZIP Code City 2006 East Newberry Street Appleton 54911 Name of Person Conducting Inspection Inspection Date Employer City of Appleton Outfall Number (make reference to site map) Description of Outfall (e.g., ditch, concrete pipe, grassed swale, etc.) Outfall No. 1 Concrete Pipe Time of Rainfall Event Time of Visual Inspection 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 coloer, odor, turbidity, floating solids, foam, oil sheen or any other visual indicators of storm water pollution and the probably sources of any observed storm water combination. Color: Clear Red Yellow Brown Other: Musty None Rotten Egg Other: Odor: Sewage Clarity: Clear Cloudy Opaque Suspended Solids Other: Garbage Óilv Film Other: Floatables: None Foam Deposits/Stains: Şludge Sediments Other: Comments:

# **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<br>City of Appleton V                                                        | Vastewater Treatn           | nent Facili  | ty                                  |          |                             |               |                      |
|--------------------------------------------------------------------------------------------|-----------------------------|--------------|-------------------------------------|----------|-----------------------------|---------------|----------------------|
| Street Address<br>2006 East Newbe                                                          | rry Street                  | •            | City<br>App                         | leton    | State<br>WI                 | ZIP Co<br>549 |                      |
| Name of Person Conduc<br>忍かんのか                                                             |                             |              |                                     |          | spection Date               | \$<br>        |                      |
| Employer<br>City of Appleton                                                               |                             |              |                                     |          | elephone Number<br>ダンピー とう2 |               |                      |
| Outfall Number (make re<br>Outfall No. 2                                                   | ference to site map)        |              | cription of Outfall<br>oncrete Pipe |          | ch, concrete pipe, grass    | ed swal       | e, etc.)             |
| Time of Rainfall Event                                                                     | Time of Visual Inspect      | ion Opti     |                                     | Rainfall | at the Time of Observat     | ion (near     | est tenth of an incl |
| Describe your observation being discharged from the foam, oil sheen or any of combination. | ne facility and visually in | spect the wa | iter. Include any o                 | bservat  | ions of coloer, odor, turb  | oidity, flo   | ating solids,        |
| 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:               |
| Commonts                                                                                   | . 194                       |              |                                     |          |                             |               |                      |

# **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 City of Appleton W                                                            | astewater T      | reatment F       | acility                |                            |                 |                |              |                        |
|---------------------------------------------------------------------------------------------|------------------|------------------|------------------------|----------------------------|-----------------|----------------|--------------|------------------------|
| Street Address<br>2006 East Newber                                                          | ry Street        |                  | ,                      | City<br>Appletor           | n               | State<br>WI    | ZIP C<br>549 |                        |
| Name of Person Conducti                                                                     | ng Inspection    | rest             |                        |                            |                 | · 2.7.         | 16           |                        |
| Employer City of Appleton                                                                   |                  |                  |                        |                            |                 | umber<br>- 83. |              | N <sub>MG</sub> .      |
| Outfall Number (make refe<br>Outfall No. 3                                                  | erence to site n | пар) .           | Description of PVC Pip |                            | ditch, concret  | e pipe, gras   | ssed swa     | ıle, etc.)             |
| Time of Rainfall Event                                                                      | Time of Visual   | Inspection<br>25 | 1 '                    | nount of Rainfa<br>< ♂ : / | all at the Time | of Observa     | ation (nea   | rest tenth of an inch) |
| Describe your observation being discharged from the foam, oil sheen or any oth combination. | facility and vis | ually inspect t  | he water. Inclu        | ide any observ             | vations of colo | er, odor, tu   | rbidity, flo | oating solids,         |
| Color:                                                                                      | Clear            | Red              | Yellow                 |                            | Brown           |                |              | Other:                 |
| Odor:                                                                                       | None             | Musty            | Sewag                  | e                          | Rotte           | n Egg          |              | Other:                 |
| Clarity:                                                                                    | Clear            | Cloudy           | Opaque                 |                            | Suspe           | nded Solid     | s            | Other:                 |
| Floatables:                                                                                 | None             | Foam             | Garbag                 | ge .                       | Oily F          | ilm            |              | Other: ,               |
| Deposits/Stains:                                                                            | None             | Oily             | Sludge                 | <u>.</u>                   | Sedin           | nents          |              | Other:                 |
| Comments: Six                                                                               | by premind       |                  |                        |                            |                 |                |              |                        |

# **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 a 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 City of Appleton V                                 | Vastewater Treatment                                              | Facility                                          |                                                                                                        |                                      |  |  |  |  |
|------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------------------------|--|--|--|--|
| Street Address<br>2006 East Newbe                                | rry Street                                                        | City<br>App                                       | leton State                                                                                            | ZIP Code<br>54911                    |  |  |  |  |
| Name of Person Conduc                                            | 4                                                                 |                                                   | Inspection Date  4-26-16                                                                               |                                      |  |  |  |  |
| Employer<br>City of Appleton                                     |                                                                   |                                                   |                                                                                                        |                                      |  |  |  |  |
| Outfall Number (make re<br>Outfall No. 1                         | ference to site map)                                              | Description of Outfall<br>Concrete Pipe           | (e.g., ditch, concrete pipe, grasse                                                                    | ed swale, etc.)                      |  |  |  |  |
| Time of Rainfall Event                                           | Time of Visual Inspection                                         | Optional: Amount of                               | Rainfall at the Time of Observation                                                                    | on (nearest tenth of an inch)        |  |  |  |  |
| being discharged from the foam, oil sheen or any of combination. | e facility and visually inspect<br>her visual indicators of storm | the water. Include any of water pollution and the | a glass jar to collect a sample of observations of coloer, odor, turbi probably sources of any observe | dity, floating solids, d storm water |  |  |  |  |
| Color:                                                           | Clear Red                                                         | Yellow                                            | Brown                                                                                                  | Other:                               |  |  |  |  |
| Odor:                                                            | None Musty                                                        | Sewage                                            | Rotten Egg                                                                                             | Other:                               |  |  |  |  |
| Clarity:                                                         | Clear Cloud                                                       | y Dpaque                                          | Suspended Solids                                                                                       | Other:                               |  |  |  |  |
| Floatables:                                                      | None Foam                                                         | Garbage                                           | Oily Film                                                                                              | Other:                               |  |  |  |  |
| Deposits/Stains:                                                 | None Oily                                                         | Şludge                                            | Sediments                                                                                              | Other: Sand grave                    |  |  |  |  |
| Comments: ~ S                                                    | eme solimenter ;                                                  | project (                                         | up - Constr<br>related<br>impleted the                                                                 | early April.                         |  |  |  |  |

# **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 City of Appleton V                                                         | Vastewater Tr        | eatment F      | acility                    |                  |                 |                        | ·            | •                      |
|------------------------------------------------------------------------------------------|----------------------|----------------|----------------------------|------------------|-----------------|------------------------|--------------|------------------------|
| Street Address<br>2006 East Newbe                                                        | rry Street           |                | ,                          | City<br>Appletor | n               | State<br>WI            | ZIP C<br>549 |                        |
| Name of Person Conduc                                                                    | 111 111              |                |                            |                  | Inspection D    | ate<br>1 <i>}</i> -/ ८ | ( )          |                        |
| Employer City of Appleton                                                                |                      |                | y - 2953                   |                  |                 |                        |              |                        |
| Outfall Number (make re<br>Outfall No. 2                                                 | eference to site ma  | ap)            | Description of<br>Concrete |                  | ditch, concre   | e pipe, gras           | ssed swa     | le, etc.)              |
| Time of Rainfall Event                                                                   | Time of Visual Ir    | •              | Optional: Am               | ount of Rainf    | all at the Time | of Observa             | ation (nea   | rest tenth of an inch) |
| Describe your observation being discharged from the foam, oil sheen or any ocombination. | ne facility and visu | ally inspect t | he water. Inclu            | de any obser     | vations of cold | er, odor, tu           | rbidity, fl  | oating solids,         |
| Color:                                                                                   | Clear                | Red            | Yellow                     |                  | Brown           | ı                      |              | Other:                 |
| Odor:                                                                                    | None                 | Musty          | Sewage                     | e                | Rotte           | n Egg                  |              | Other:                 |
| Clarity:                                                                                 | Clear                | Cloudy         | Opaque                     | 9                | Suspe           | ended Solid            | s            | Other:                 |
| Floatables:                                                                              | None                 | Foam           | Garbag                     | je               | Oily F          | ilm .                  |              | Other:                 |
| Deposits/Stains:                                                                         | None                 | Oily           | Sludge                     | e ·              | Sedin           | nents                  |              | Other:                 |
| Comments:                                                                                | at week              | . 5            |                            | •                |                 |                        |              |                        |

# **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.

| City of Appleton W                                                                          |                                                                     |                                                              |                                                          | City                                                      | State                                           | 171          | P Code                                         |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------|--------------|------------------------------------------------|
| 2006 East Newber                                                                            | ry Street                                                           |                                                              |                                                          | Appleto                                                   |                                                 |              | 54911                                          |
| Name of Person Conducti<br>Brian                                                            | ing Inspection                                                      |                                                              |                                                          |                                                           | Inspection Date  Telephone Number               | 8 - 1        |                                                |
| Employer<br>City of Appleton                                                                |                                                                     |                                                              |                                                          |                                                           | 120 - 8.                                        | 32 -         |                                                |
| Outfall Number (make refe<br>Outfall No. 3                                                  | erence to site m                                                    | ар) .                                                        | Description of PVC Pi                                    |                                                           | ditch, concrete pipe,                           | grassed      | swale, etc.)                                   |
| Time of Rainfall Event                                                                      | Time of Visual I                                                    |                                                              | '                                                        | mount of Rainf                                            | all at the Time of Ob                           | servation    | (nearest tenth of an inch                      |
| Describe your observation                                                                   |                                                                     |                                                              |                                                          |                                                           | ss jar to collect a san                         | nple of the  | e storm water                                  |
| Describe your observation being discharged from the foam, oil sheen or any oth combination. | ns. An easy way<br>e facility and visi                              | to conduct th                                                | is inspection<br>he water. Incl                          | is to use a gla<br>ude any obser                          | vations of coloer, odd                          | or, turbidit | y, floating solids,                            |
| peing discharged from the foam, oil sheen or any oth combination.                           | ns. An easy way<br>e facility and visi                              | to conduct th                                                | is inspection<br>he water. Incl                          | is to use a glas<br>ude any obser<br>n and the prob       | vations of coloer, odd                          | or, turbidit | y, floating solids,                            |
| peing discharged from the oam, oil sheen or any oth combination.                            | ns. An easy way<br>e facility and visi<br>ner visual indical        | to conduct th<br>ually inspect th<br>tors of storm v         | is inspection<br>ne water. Incl<br>water pollution       | is to use a glasude any obsernand the proba               | vations of coloer, odd<br>ably sources of any c | or, turbidit | y, floating solids,<br>storm water             |
| being discharged from the<br>foam, oil sheen or any oth                                     | ns. An easy way e facility and visi ner visual indical              | to conduct the ually inspect the tors of storm very Red      | is inspection he water. Incl water pollution Yellov      | is to use a glas<br>ude any obser<br>n and the proba<br>v | vations of coloer, odd                          | or, turbidit | y, floating solids, storm water  Other:        |
| being discharged from the foam, oil sheen or any oth combination.  Color:                   | ns. An easy way e facility and visi ner visual indicat  Clear  None | to conduct the ually inspect the tors of storm versions. Red | is inspection he water. Incl water pollution Yellov Sewa | is to use a glas ude any obser n and the probs v ge       | Partien Egg                                     | or, turbidit | y, floating solids, storm water  Other: Other: |

# **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 City of Appleton W                                                                   | /astewater Trea         | itment F     | acility                    |                          | ,               |               |                                   |
|----------------------------------------------------------------------------------------------------|-------------------------|--------------|----------------------------|--------------------------|-----------------|---------------|-----------------------------------|
| Street Address<br>2006 East Newber                                                                 | ry Street               |              |                            | City<br>Appletor         | 1               | State<br>WI   | ZIP Code<br>54911                 |
| Name of Person Conduct                                                                             | ina Inspection          | <i>(</i> .   |                            |                          |                 | 1-28-         | 16                                |
| Employer City of Appleton Outfall Number (make reference to site map) Description of Outfall (e.g. |                         |              |                            |                          | Telephone i     |               | 32-2316                           |
| Outfall Number (make red<br>Outfall No. 4                                                          | erence to site map)     |              | Description of<br>Concrete | Outfall (e.g.,<br>e Pipe | ditch, concre   | te pipe, gra  | assed swale, etc.)                |
| Time of Rainfall Event                                                                             | Time of Visual Insp     | ection       | 1 '                        | ount of Rainfa           | all at the Time | e of Observ   | vation (nearest tenth of an inch) |
| Describe your observation being discharged from the foam, oil sheen or any other combination.      | e facility and visually | y inspect tl | he water. Inclu            | de any observ            | ations of col   | oer, odor, ti | urbidity, floating solids,        |
| Color:                                                                                             | Clear                   | Red          | Yellow                     |                          | Brow            | n             | Other:                            |
| Odor:                                                                                              | None                    | Musty        | Sewag                      | 9                        | Rotte           | n Egg         | Other:                            |
| Clarity:                                                                                           | Clear                   | Cloudy       | Opaque                     | <del>-</del>             | Susp            | ended Solid   | ds Other:                         |
| Floatables:                                                                                        | None                    | Foam         | Garbag                     | e                        | Oily i          | Film          | Other:                            |
| Deposits/Stains:                                                                                   | None                    | Oily         | Sludge                     | e                        | Sedir           | nents         | Other:                            |
| Comments: 50.                                                                                      | me flori                | le se        | J. J.                      | 2000                     | - 50<br>Fl      | me            | debirs with                       |

# **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 City of Appleton Wastewater Treatment Facility Street Address State ZIP Code 2006 East Newberry Street Appleton 54911 Name of Person Conducting Inspection Inspection Date Employer City of Appleton Outfall Number (make reference to site map) Description of Outfall (e.g., ditch, concrete pipe, grassed swale, etc.) Outfall No. 1 Concrete Pipe Optional: Amount of Rainfall at the Time of Observation (nearest tenth of an inch) Time of Rainfall Event Time of Visual Inspection For Short duration 0300 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 coloer, odor, turbidity, floating solids, foam, oil sheen or any other visual indicators of storm water pollution and the probably sources of any observed storm water combination. Clear Red Yellow Color: Brown Other: Odor: None Mustv Sewage Rotten Egg Other: Cloudy Clarity: Clear Opaque Suspended Solids Other: Floatables: None Garbage Foam Oily Film Other: None Deposits/Stains: Oily Sludge Sediments Other: Conditions. water with lonstruction meterial (sand, clay)

# **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.

Comments:

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 City of Appleton Wastewater Treatment Facility                                                                                                                                                                        |                                                                                                                   |  |  |  |  |  |
| Street Address<br>2006 East Newberry Street                                                                                                                                                                                         | City State ZIP Code Appleton WI 54911                                                                             |  |  |  |  |  |
| Name of Person Conducting Inspection  Brian Kres Ki                                                                                                                                                                                 | Inspection Date                                                                                                   |  |  |  |  |  |
| Employer<br>City of Appleton                                                                                                                                                                                                        | Telephone Number 920 - 832 - 5945                                                                                 |  |  |  |  |  |
| Outfall Number (make reference to site map) Outfall No. 2  Description of Concrete                                                                                                                                                  | of Outfall (e.g., ditch, concrete pipe, grassed swale, etc.)<br>te Pipe                                           |  |  |  |  |  |
|                                                                                                                                                                                                                                     | mount of Rainfall at the Time of Observation (nearest tenth of an inch) For Short durestion - vian off from since |  |  |  |  |  |
| Describe your observations. An easy way to conduct this inspection is being discharged from the facility and visually inspect the water. Inclu foam, oil sheen or any other visual indicators of storm water pollution combination. | lude any observations of coloer, odor, turbidity, floating solids,                                                |  |  |  |  |  |
| Color: Clear Red Yellow                                                                                                                                                                                                             | w Brown Other:                                                                                                    |  |  |  |  |  |
| Odor: None Musty Sewag                                                                                                                                                                                                              | ge Rotten Egg Other:                                                                                              |  |  |  |  |  |
| Clarity: Clear Cloudy Opaque                                                                                                                                                                                                        | ue Suspended Solids Other:                                                                                        |  |  |  |  |  |
| Floatables: None Foam Garbag                                                                                                                                                                                                        | age Oily Film Other:                                                                                              |  |  |  |  |  |
| Deposits/Stains: None Oily Sludge                                                                                                                                                                                                   | ge Sediments Other:                                                                                               |  |  |  |  |  |

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

Submerzed

# **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.

|                                          | inges to your Storm Water Po                                                                 | Ilution Prevention             | n Plan as needed.          |                 |                                             | ı                                     |
|------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------|----------------------------|-----------------|---------------------------------------------|---------------------------------------|
| Facility Name City of Appleton V         | Vastewater Treatment F                                                                       | acility                        |                            |                 |                                             | -                                     |
| Street Address<br>2006 East Newbe        | rry Street                                                                                   | City<br>A                      | y<br>Appleton              | State<br>WI     | ZIP Code<br>54911                           |                                       |
| Name of Person Conduction                |                                                                                              |                                | Inspection [               | Date<br>8 - 16  |                                             |                                       |
| Employer<br>City of Appleton             |                                                                                              |                                | Telephone I                | Number          | -5945                                       |                                       |
| Outfall Number (make re<br>Outfall No. 3 | ference to site map)                                                                         | Description of Out<br>PVC Pipe | tfall (e.g., ditch, concre | te pipe, grass  | ed swale, etc.)                             |                                       |
| Time of Rainfall Event<br>の多むマ           | Time of Visual Inspection                                                                    | 1 '                            | 4                          |                 | on (nearest tenth of an inch) - run eH from | sno.                                  |
| being discharged from the                | ons. An easy way to conduct the facility and visually inspect the visual indicators of storm | he water. Include a            | any observations of col    | oer, odor, turb | idity, floating solids,                     | , , , , , , , , , , , , , , , , , , , |
| Color:                                   | Clear Red                                                                                    | Yellow                         | Brow                       | n               | Other:                                      | _                                     |
| Odor:                                    | None Musty                                                                                   | Sewage                         | Rotte                      | n Egg           | Other:                                      | _                                     |
| Clarity:                                 | Clear Cloudy                                                                                 | Opaque                         | Susp                       | ended Solids    | Other:                                      | _                                     |
| Floatables:                              | None Foam                                                                                    | Garbage                        | Oily I                     | Film            | Other:                                      | <u>.</u>                              |
| Deposits/Stains:                         | None Oily                                                                                    | Sludge                         | Sedir                      | ments           | Other:                                      |                                       |
| Comments:                                | Submaged                                                                                     | manager -                      |                            |                 |                                             |                                       |

# **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 cha                                                                                                                            | inges to your <b>Sto</b> i | rm Water Po | Ilution Preve   | ntion Plan as   | needed.      |              |                     |      | _                |
|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------|-----------------|-----------------|--------------|--------------|---------------------|------|------------------|
| Facility Name City of Appleton V                                                                                                                  | Vastewater Tr              | eatment F   | acility         |                 |              |              |                     |      | 1.               |
| Street Address<br>2006 East Newbe                                                                                                                 | rry Street                 |             |                 | City<br>Appleto | n            | State<br>WI  | ZIP Code<br>54911   |      | -                |
| Name of Person Conducting Inspection  Brian Kreski                                                                                                |                            |             |                 |                 | Inspection [ | )<br>3 - 8   | -16                 |      | 1.               |
| Employer City of Appleton                                                                                                                         |                            |             |                 |                 | /            | Number - 832 | -3945               |      |                  |
| Outfall Number (make reference to site map) Outfall No. 4  Description of Outfall (e.g., ditch, concrete pipe, grassed swale, etc.) Concrete Pipe |                            |             |                 |                 |              |              |                     |      |                  |
| Time of Rainfall Event                                                                                                                            | Time of Visual Ir          | rspection   |                 |                 |              |              | tion (nearest tenth | - ·  | ]<br>Snor<br>mek |
| foam, oil sheen or any o combination.  Color:                                                                                                     | Clear                      | Red         | water pollution | •               | Brow         |              | Other:              |      | -                |
| Odor:                                                                                                                                             | None                       | Musty       | Sewag           | le              | Rotte        | en Egg       | Other:              |      | - ·              |
| Clarity:                                                                                                                                          | Clear                      | Cloudy      | Opaqu           | e               | Susp         | ended Solids | other:              |      | _                |
| Floatables:                                                                                                                                       | None                       | Foam        | Garba           | ge              | Oily I       | Film         | Other:              |      | _                |
| Deposits/Stains:                                                                                                                                  | None                       | Oily        | Sludg           | e               | Sedir        | ments        | Other:              |      | _                |
| Comments:                                                                                                                                         | muons                      | Flow        | 1 - 5           | Mans            | me (1        | e is         | addin               | 35 F |                  |
| the                                                                                                                                               | Muons<br>Cloudy            | faiss       | •               |                 |              | . * 2        | ч                   |      |                  |

# Stormwater Pollution Prevention Plan Wastewater Treatment Plant

| City of Appleton Wisconsi |   |
|---------------------------|---|
|                           | n |

Report

| Non-Stormwater Dis | scharges |
|--------------------|----------|
|--------------------|----------|

| Facility Ins       | pected:                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |             |                   |                     |
|--------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------|-------------------|---------------------|
| Name:<br>Location: | City of Appleton, Wa<br>2006 East Newberry              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |             |                   | •                   |
| Date:              | 3-8-16                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |             |                   |                     |
| Start Time:        |                                                         | End Time:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1200          |             |                   |                     |
|                    | outfalls for non-stormw<br>dry periods. Observat        | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | -             |             | ours. Evalu       | uations should take |
| OUTFALL C          | )1                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |             |                   |                     |
|                    | dors?                                                   | ence of dry weath                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | er flow?      |             | Yes<br>Yes<br>Yes | <br>_ No            |
| Marin Ca           | ions were answered ye<br>endshins have<br>aterial Howar | resulted                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | in inci       | vers ed     | run               | off Jadding         |
| Test Metho         | d: Visual Observation                                   | - Overland                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Shomesa       | Other:      | 2 rous            | no project.         |
| OUTFALL (          |                                                         | Washington and the second seco |               |             |                   |                     |
| Is there cur       | rently water flow or evic                               | lence of drv weath                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | er flow?      |             | Yes               | No                  |
|                    | ains or coloring?                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |             | Yes               | No No               |
| Are there sl       | _                                                       | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               |             | Yes               | No                  |
| Are there or       | <b>—</b>                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |             | Yes               |                     |
| Other Obse         |                                                         | Submen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | el            |             |                   |                     |
| If any quest       | ions were answered ye                                   | s, briefly describe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | and state pos | sible sourc | ce:               |                     |
|                    |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |             |                   |                     |
| Test Metho         | d: Visual Observation                                   | Overland                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               | Other:      |                   |                     |
| OUTFALL            | 03                                                      | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ŕ             |             |                   |                     |
| Is there cur       | rently water flow or evid                               | lence of dry weath                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | er flow?      |             | Yes               | No                  |
|                    | tains or coloring?                                      | ichice of ary weath                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 101 11044 :   |             | Yes               |                     |
| Are there s        | ~                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |             | Yes               |                     |
| Are there o        |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |             | Yes               | No                  |
| Other Obse         |                                                         | submer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>el</u>     |             |                   |                     |
| If any quest       | tions were answered ye                                  | es, briefly describe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | and state pos | sible sour  | be:               | ·                   |
|                    |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |             |                   |                     |
| Test Metho         | d: Visual Observatjon                                   | - Overland                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               | Other:      |                   |                     |

# Stormwater Pollution Prevention Plan Wastewater Treatment Plant

1200

Time:

| City of Appleton, W | iscons/ | ir |
|---------------------|---------|----|
|---------------------|---------|----|

Report

|                      | Non-Stormwater Discharge                                                                                             | s                                                       |
|----------------------|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| Facility Ins         | pected:                                                                                                              |                                                         |
| Name:<br>Location:   | City of Appleton, Wastewater Treatment Plant<br>2006 East Newberry Street, Appleton, WI 54911                        |                                                         |
| Date:<br>Start Time: | End Time:                                                                                                            |                                                         |
|                      | outfalls for non-stormwater discharges during normal bus<br>g dry periods. Observations should be made twice a year. | siness hours. Evaluations should take                   |
| OUTFALL 0            | )4                                                                                                                   |                                                         |
|                      | dors?                                                                                                                | Yes No No Yes No No Yes No No Yes No Yes No Yes Tuno FF |
| If any quest         | ions were answered yes, briefly describe and state possib                                                            | ele source:                                             |
| Test Method          | d: Visual Observation - Overland                                                                                     | Other:                                                  |
| Inspected b          | y: .                                                                                                                 |                                                         |
| (Signatufe)          | Sur Glan                                                                                                             |                                                         |
| Name:                | Brian Kreski                                                                                                         | ·                                                       |
| Data:                | 2-0-16                                                                                                               |                                                         |