

**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
1	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
1	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	

Staff Training Date(s) SWPP/SPCC = not all staff completed training

Annual Facility Site Compliance Report (AFSCI)

Completion Date = 12/28/2016

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)

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.

Section I: Facility/Site Information			
Facility/Site Name (As Appears on Permit Authorization)		County	
<i>City of Appleton Wastewater Treatment Plant</i>		<i>Outagamie</i>	
Location Address/Description (if different from mailing address below)		State	ZIP Code
<i>2006 E. Newberry Street, Appleton</i>		WI	<i>54915</i>
<input checked="" type="radio"/> City <input type="radio"/> Township <input type="radio"/> Village of		Facility Identification Number (FID) and/or FIN Number if known:	
		FID	FIN

Section II: Facility/Site Contact Person		
Local Contact Person		Mailing Address (if different than site location address)
<i>Brian J. Kreski</i>		
Title		Municipality (if different than above)
<i>Environmental Programs Coordinator</i>		
Telephone (include area code)	State	ZIP Code (if different from above)
<i>(920) 832-5945</i>	WI	
E-mail address or Website (if applicable)	Fax (include area code)	
<i>brian.kreski@Appleton.org</i>	<i>(920) 832-5949</i>	

Section III: Certification & Signature
 (Person attesting to the accuracy and completeness of Annual Facility Site Compliance Inspection Report.)

This form must be signed by an official representative of the permitted facility in accordance with s. NR 216.22(7), Wis. Adm. Code. See instructions on page 4. If this form is not signed, or is found to be incomplete, it will be returned.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Authorized Representative		Telephone Number (include area code)	
<i>Brian J. Kreski</i>		<i>(920) 832-5945</i>	
Type or Print Name		Company Name	
<i>Brian J. Kreski</i>		<i>City of Appleton</i>	
Position Title		Mailing Address	
<i>Environmental Programs Coordinator</i>		<i>2006 E. Newberry Street</i>	
Date Signed	Municipality	State	ZIP Code
<i>12-28-16</i>	<i>Appleton</i>	WI	<i>54915</i>

How to Use this Form:

The first level of storm water monitoring consists of a comprehensive annual facility site compliance inspection (AFSCI) to determine if 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)

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Section IV: Annual Facility Site Compliance Inspection

The Annual Facility Site Compliance Inspection shall be adequate to verify that: your Storm Water Pollution Prevention Plan (SWPPP) remains current; potential pollution sources at your facility are identified; the facility site map and drainage map remain accurate; and that the Best Management Practices prescribed in your SWPPP are being implemented, properly operated, and adequately maintained.

Name of Person Conducting Inspection <i>Brian Koest</i>	Inspection Date <i>12-20-16</i>
Employer <i>City of Appleton</i>	Telephone Number <i>(920)-832-5945</i>

Your inspection should start with a review of your written SWPPP kept at your facility. The SWPPP should be amended if, through these inspections, you find that the provisions in your SWPPP are ineffective in controlling contaminated storm water from being discharged from your facility.

1. Has your SWPPP been updated to include current Non-Storm Water Discharge Evaluation results? Yes No N/A
2. Has your SWPPP been amended for any new construction that would affect the site map or drainage conditions at the facility? Yes No N/A
3. Has your SWPPP been amended for any changes in facility operations that could be identified as new source areas for contamination of storm water? Yes No N/A
4. Are there any materials at the facility that are handled, stored, or disposed in a manner to allow exposure to storm water that are not currently addressed in your SWPPP? Yes No N/A
5. Are there any maintenance or material handling activities conducted outdoors that have not been addressed in your SWPPP? 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, grease, or other chemicals on the ground? Yes No N/A
9. Are particulates on the ground from industrial operations 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 transferred from one source to another? Yes No N/A
12. Are drips or leaks from equipment or machinery being controlled? 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.) regularly used in certain areas to absorb spills? Yes No N/A
15. Can you find discoloration, residue, or corrosion on the roof or around vents or pipes that ventilate or drain work areas? Yes No N/A
16. Are Best Management Practices implemented to reduce or eliminate contamination of storm water from source areas at the facility? 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 correct plan inadequacies to effectively control a discharge of contaminated storm water from your facility? Yes No N/A

Annual Facility Site Compliance Inspection Report (AFSCI)

Form 3400-176 (R 5/14)

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Comments:

Annual Facility Site Compliance Inspection Report (AFSCI)

Form 3400-176 (R 5/14)

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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.

Outfall Number	Date of Inspection			
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
1	3-8-16	4-28-16	9-27-16	12-28-16
2	3-8-16	4-28-16	9-27-16	12-28-16
3	3-8-16	4-28-16	9-27-16	12-28-16
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.)

Annual Facility Site Compliance Inspection Report (AFSCI)

Form 3400-176 (R 5/14)

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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.
2. For a unit of government, a principal executive officer, a ranking elected official, or other duly authorized representative.
3. For a partnership, by a general partner; for a sole proprietorship, by the proprietor.
4. 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 the county of the facility site location as follows:

NORTHERN REGION (NOR)

Ashland	Forest	Price	WDNR Baldwin Service Center 890 Spruce Street Baldwin, WI 54002 715-684-2914 ext. 109
Barron	Iron	Rusk	
Bayfield	Langlade	Sawyer	
Burnett	Lincoln	Taylor	
Douglas	Oneida	Vilas	
Florence	Polk	Washburn	

NORTHEAST REGION (NER)

Brown	Manitowoc	Shawano	WDNR Northeast Regional Headquarters 2984 Shawano Avenue Green Bay, WI 54313-6727 (920) 662-5100
Calumet	Marinette	Waupaca	
Door	Marquette	Waushara	
Fond du Lac	Menominee	Winnebago	
Green Lake	Oconto		
Kewaunee	Outagamie		

WEST CENTRAL REGION (WCR)

Adams	Jackson	Pierce	WDNR Baldwin Service Center 890 Spruce Street Baldwin, WI 54002 715-684-2914 ext. 109
Buffalo	Juneau	Portage	
Chippewa	La Crosse	St. Croix	
Clark	Marathon	Trempealeau	
Crawford	Monroe	Vernon	
Dunn	Pepin	Wood	
Eau Claire			

SOUTH CENTRAL REGION (SCR)

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

SOUTHEAST REGION (SER)

Kenosha	Racine	Washington	WDNR Waukesha Service Center 141 N.W. Barstow Street, Room 180 Waukesha, WI 53188 (262) 574-2100
Milwaukee	Sheboygan	Waukesha	
Ozaukee	Walworth		

**Stormwater Pollution Prevention Plan
Wastewater Treatment Plant**

City of Appleton, Wisconsin

Report

Non-Stormwater Discharges

Facility Inspected:

Name: City of Appleton, Wastewater Treatment Plant

Location: 2006 East Newberry Street, Appleton, WI 54911

Date: 12-22-16

Start Time: 1230 End Time: 1300

Evaluate all outfalls for non-stormwater discharges during normal business hours. Evaluations should take place during dry periods. Observations should be made twice a year.

OUTFALL 01

Is there currently water flow or evidence of dry weather flow? Yes No

Are there stains or coloring? Yes No

Are there sludges? Yes No

Are there odors? Yes No

Other Observations: _____

When weather permitted to occur the week of 12-26-16
If any questions were answered yes, briefly describe and state possible source:

Test Method: Visual Observation - Overland Other: _____

OUTFALL 02

Is there currently water flow or evidence of dry weather flow? Yes No

Are there stains or coloring? Yes No

Are there sludges? Yes No

Are there odors? Yes No

Other Observations: submerged

If any questions were answered yes, briefly describe and state possible source:

Test Method: Visual Observation - Overland Other: _____

OUTFALL 03

Is there currently water flow or evidence of dry weather flow? Yes No

Are there stains or coloring? Yes No

Are there sludges? Yes No

Are there odors? Yes No

Other Observations: submerged

If any questions were answered yes, briefly describe and state possible source:

Test Method: Visual Observation - Overland Other: _____

Stormwater Pollution Prevention Plan

Wastewater Treatment Plant

City of Appleton, Wisconsin

Report

Non-Stormwater Discharges

Facility Inspected:

Name: City of Appleton, Wastewater Treatment Plant

Location: 2006 East Newberry Street, Appleton, WI 54911

Date: 12-22-16

Start Time: 1230 End Time: 1300

Evaluate all outfalls for non-stormwater discharges during normal business hours. Evaluations should take place during dry periods. Observations should be made twice a year.

OUTFALL 04

Is there currently water flow or evidence of dry weather flow?

Yes No

Are there stains or coloring?

Yes No

Are there sludges?

Yes No

Are there odors?

Yes No

Other Observations: _____

If any questions were answered yes, briefly describe and state possible source:

Test Method: Visual Observation - Overland

Other: _____

Inspected by: Brian J. Kreski

(Signature)

Brian J. Kreski

Name: Brian Kreski

Date: 12-22-16

Time: 1300

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 2006 East Newberry Street		City Appleton	State WI
		ZIP Code 54911	
Name of Person Conducting Inspection <i>Brian Kreski</i>		Inspection Date <i>12-28-16</i>	
Employer City of Appleton		Telephone Number <i>(920) 832-5945</i>	
Outfall Number (make reference to site map) Outfall No. 1		Description of Outfall (e.g., ditch, concrete pipe, grassed swale, etc.) Concrete Pipe	
Time of Rainfall Event <i>12-26-16 Noon</i>	Time of Visual Inspection <i>1130</i>	Optional: Amount of Rainfall at the Time of Observation (nearest tenth of an inch) <i>Rain 12-26-16 with additional snow melt</i>	

Describe your observations. An easy way to conduct this inspection is to use a glass jar to collect a sample of the storm water being discharged from the facility and visually inspect the water. Include any observations of color, odor, turbidity, floating solids, foam, oil sheen or any other visual indicators of storm water pollution and the probably sources of any observed storm water combination.

Color:	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Red	<input type="checkbox"/> Yellow	<input type="checkbox"/> Brown	<input type="checkbox"/> Other:
Odor:	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Musty	<input type="checkbox"/> Sewage	<input type="checkbox"/> Rotten Egg	<input type="checkbox"/> Other:
Clarity:	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Opaque	<input type="checkbox"/> Suspended Solids	<input type="checkbox"/> Other:
Floatables:	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Foam	<input type="checkbox"/> Garbage	<input type="checkbox"/> Oily Film	<input type="checkbox"/> Other:
Deposits/Stains:	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Oily	<input type="checkbox"/> Sludge	<input type="checkbox"/> Sediments	<input type="checkbox"/> Other:

Comments:

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

Quarterly Visual Inspection- Field Sheet

Form 3400-176A (R 3/01)

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 2006 East Newberry Street		City Appleton	State WI
ZIP Code 54911		Name of Person Conducting Inspection <i>Brian Kreski</i>	
Inspection Date <i>12-28-16</i>		Employer City of Appleton	
Telephone Number <i>(920) 832-5945</i>		Outfall Number (make reference to site map) Outfall No. 2	
Description of Outfall (e.g., ditch, concrete pipe, grassed swale, etc.) Concrete Pipe			
Time of Rainfall Event <i>12-26-16</i>	Time of Visual Inspection <i>11:35</i>	Optional: Amount of Rainfall at the Time of Observation (nearest tenth of an inch) <i>Rain 12-26-16/with additional snowmelt</i>	

Describe your observations. An easy way to conduct this inspection is to use a glass jar to collect a sample of the storm water being discharged from the facility and visually inspect the water. Include any observations of color, odor, turbidity, floating solids, foam, oil sheen or any other visual indicators of storm water pollution and the probably sources of any observed storm water combination.

Color:	<input type="checkbox"/> Clear	<input type="checkbox"/> Red	<input type="checkbox"/> Yellow	<input type="checkbox"/> Brown	<input checked="" type="checkbox"/> Other: <i>*</i>
Odor:	<input type="checkbox"/> None	<input type="checkbox"/> Musty	<input type="checkbox"/> Sewage	<input type="checkbox"/> Rotten Egg	<input checked="" type="checkbox"/> Other: <i>*</i>
Clarity:	<input type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Opaque	<input type="checkbox"/> Suspended Solids	<input checked="" type="checkbox"/> Other: <i>*</i>
Floatables:	<input type="checkbox"/> None	<input type="checkbox"/> Foam	<input type="checkbox"/> Garbage	<input type="checkbox"/> Oily Film	<input checked="" type="checkbox"/> Other: <i>*</i>
Deposits/Stains:	<input type="checkbox"/> None	<input type="checkbox"/> Oily	<input type="checkbox"/> Sludge	<input type="checkbox"/> Sediments	<input checked="" type="checkbox"/> Other: <i>*</i>

Comments: ** Submerged*

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

Quarterly Visual Inspection- Field Sheet

Form 3400-176A (R 3/01)

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 2006 East Newberry Street		City Appleton	State WI
		ZIP Code 54911	
Name of Person Conducting Inspection <i>Brian Kreski</i>		Inspection Date <i>12-28-16</i>	
Employer City of Appleton		Telephone Number <i>(920) 832-5945</i>	
Outfall Number (make reference to site map) Outfall No. 3		Description of Outfall (e.g., ditch, concrete pipe, grassed swale, etc.) PVC Pipe	
Time of Rainfall Event <i>12-28-16</i>	Time of Visual Inspection <i>11:40</i>	Optional: Amount of Rainfall at the Time of Observation (nearest tenth of an inch) <i>Rain 12-26-16 with additional snowmelt</i>	

Describe your observations. An easy way to conduct this inspection is to use a glass jar to collect a sample of the storm water being discharged from the facility and visually inspect the water. Include any observations of color, odor, turbidity, floating solids, foam, oil sheen or any other visual indicators of storm water pollution and the probably sources of any observed storm water combination.

Color:	<input type="checkbox"/> Clear	<input type="checkbox"/> Red	<input type="checkbox"/> Yellow	<input type="checkbox"/> Brown	<input checked="" type="checkbox"/> Other: *
Odor:	<input type="checkbox"/> None	<input type="checkbox"/> Musty	<input type="checkbox"/> Sewage	<input type="checkbox"/> Rotten Egg	<input checked="" type="checkbox"/> Other: *
Clarity:	<input type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Opaque	<input type="checkbox"/> Suspended Solids	<input checked="" type="checkbox"/> Other: *
Floatables:	<input type="checkbox"/> None	<input type="checkbox"/> Foam	<input type="checkbox"/> Garbage	<input type="checkbox"/> Oily Film	<input checked="" type="checkbox"/> Other: *
Deposits/Stains:	<input type="checkbox"/> None	<input type="checkbox"/> Oily	<input type="checkbox"/> Sludge	<input type="checkbox"/> Sediments	<input checked="" type="checkbox"/> Other: *

Comments: * *Submerged*

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

Quarterly Visual Inspection- Field Sheet

Form 3400-176A (R 3/01)

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 2006 East Newberry Street		City Appleton	State WI
Name of Person Conducting Inspection <i>Brian Koski</i>		Inspection Date <i>12-28-16</i>	
Employer City of Appleton		Telephone Number <i>(920) 832-5945</i>	
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 Inspection	Optional: Amount of Rainfall at the Time of Observation (nearest tenth of an inch) <i>Rain 12-26-16 / with additional snowmelt</i>	

Describe your observations. An easy way to conduct this inspection is to use a glass jar to collect a sample of the storm water being discharged from the facility and visually inspect the water. Include any observations of color, odor, turbidity, floating solids, foam, oil sheen or any other visual indicators of storm water pollution and the probably sources of any observed storm water combination.

Color:	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Red	<input type="checkbox"/> Yellow	<input type="checkbox"/> Brown	<input type="checkbox"/> Other:
Odor:	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Musty	<input type="checkbox"/> Sewage	<input type="checkbox"/> Rotten Egg	<input type="checkbox"/> Other:
Clarity:	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Opaque	<input type="checkbox"/> Suspended Solids	<input type="checkbox"/> Other:
Floatables:	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Foam	<input type="checkbox"/> Garbage	<input type="checkbox"/> Oily Film	<input type="checkbox"/> Other:
Deposits/Stains:	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Oily	<input type="checkbox"/> Sludge	<input type="checkbox"/> Sediments	<input type="checkbox"/> Other:

Comments:

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

State of Wisconsin

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 2006 East Newberry Street		City Appleton	State WI	ZIP Code 54911
Name of Person Conducting Inspection <i>Brian Kreski</i>			Inspection Date <i>9-27-16</i>	
Employer City of Appleton			Telephone Number <i>920-832-2316</i>	
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 <i>0900</i>	Time of Visual Inspection <i>1030</i>	Optional: Amount of Rainfall at the Time of Observation (nearest tenth of an inch) <i>0.1</i>		

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 colour, 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:	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Red	<input type="checkbox"/> Yellow	<input type="checkbox"/> Brown	<input type="checkbox"/> Other:
Odor:	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Musty	<input type="checkbox"/> Sewage	<input type="checkbox"/> Rotten Egg	<input type="checkbox"/> Other:
Clarity:	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Opaque	<input type="checkbox"/> Suspended Solids	<input type="checkbox"/> Other:
Floatables:	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Foam	<input type="checkbox"/> Garbage	<input type="checkbox"/> Oily Film	<input type="checkbox"/> Other:
Deposits/Stains:	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Oily	<input type="checkbox"/> Sludge	<input type="checkbox"/> Sediments	<input type="checkbox"/> Other:

Comments:

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

Quarterly Visual Inspection- Field Sheet

Form 3400-176A (R 3/01)

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 2006 East Newberry Street		City Appleton	State WI
		ZIP Code 54911	
Name of Person Conducting Inspection <i>Brian Kreski</i>		Inspection Date <i>09-27-16</i>	
Employer City of Appleton		Telephone Number <i>920-832-2316</i>	
Outfall Number (make reference to site map) Outfall No. 1		Description of Outfall (e.g., ditch, concrete pipe, grassed swale, etc.) Concrete Pipe	
Time of Rainfall Event <i>0900</i>	Time of Visual Inspection <i>1015</i>	Optional: Amount of Rainfall at the Time of Observation (nearest tenth of an inch) <i>< 0.1</i>	

Describe your observations. An easy way to conduct this inspection is to use a glass jar to collect a sample of the storm water being discharged from the facility and visually inspect the water. Include any observations of color, odor, turbidity, floating solids, foam, oil sheen or any other visual indicators of storm water pollution and the probably sources of any observed storm water combination.

Color:	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Red	<input type="checkbox"/> Yellow	<input type="checkbox"/> Brown	<input type="checkbox"/> Other:
Odor:	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Musty	<input type="checkbox"/> Sewage	<input type="checkbox"/> Rotten Egg	<input type="checkbox"/> Other:
Clarity:	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Opaque	<input type="checkbox"/> Suspended Solids	<input type="checkbox"/> Other:
Floatables:	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Foam	<input type="checkbox"/> Garbage	<input type="checkbox"/> Oily Film	<input type="checkbox"/> Other:
Deposits/Stains:	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Oily	<input type="checkbox"/> Sludge	<input type="checkbox"/> Sediments	<input type="checkbox"/> Other:

Comments: *Minimal Rain event*

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

Quarterly Visual Inspection- Field Sheet

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Use one form per outfall.

Quarterly Visual inspections at each storm water discharge outfall on your site can be a valuable assessment tool and are required by the Tier 1 and Tier 2 Industrial Storm Water General Permits. This inspection should be performed when sufficient runoff occurs during daylight hours. Try to make observations within the first 30 minutes after runoff begins discharging from the outfall, or as soon as practical, but no later than 60 minutes. If you find visible pollution, note the probable source and list any possible Best Management Practices that could be used to reduce or eliminate the problem.

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

Facility Name City of Appleton Wastewater Treatment Facility			
Street Address 2006 East Newberry Street		City Appleton	State WI
Name of Person Conducting Inspection <i>Brian Kroski</i>		Inspection Date <i>9-27-16</i>	
Employer City of Appleton		Telephone Number <i>920-832-2316</i>	
Outfall Number (make reference to site map) Outfall No. 2		Description of Outfall (e.g., ditch, concrete pipe, grassed swale, etc.) Concrete Pipe	
Time of Rainfall Event <i>0900</i>	Time of Visual Inspection <i>1020</i>	Optional: Amount of Rainfall at the Time of Observation (nearest tenth of an inch) <i><0.1</i>	

Describe your observations. An easy way to conduct this inspection is to use a glass jar to collect a sample of the storm water being discharged from the facility and visually inspect the water. Include any observations of color, odor, turbidity, floating solids, foam, oil sheen or any other visual indicators of storm water pollution and the probably sources of any observed storm water combination.

Color:	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Red	<input type="checkbox"/> Yellow	<input type="checkbox"/> Brown	<input type="checkbox"/> Other:
Odor:	<input type="checkbox"/> None	<input type="checkbox"/> Musty	<input type="checkbox"/> Sewage	<input type="checkbox"/> Rotten Egg	<input type="checkbox"/> Other:
Clarity:	<input type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Opaque	<input type="checkbox"/> Suspended Solids	<input type="checkbox"/> Other:
Floatables:	<input type="checkbox"/> None	<input type="checkbox"/> Foam	<input type="checkbox"/> Garbage	<input type="checkbox"/> Oily Film	<input type="checkbox"/> Other:
Deposits/Stains:	<input type="checkbox"/> None	<input type="checkbox"/> Oily	<input type="checkbox"/> Sludge	<input type="checkbox"/> Sediments	<input type="checkbox"/> Other:

Comments: *Submerged*

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

State of Wisconsin

Quarterly Visual Inspection- Field Sheet

Form 3400-176A (R 3/01)

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Use one form per outfall.

Quarterly Visual inspections at each storm water discharge outfall on your site can be a valuable assessment tool and are required by the Tier 1 and Tier 2 Industrial Storm Water General Permits. This inspection should be performed when sufficient runoff occurs during daylight hours. Try to make observations within the first 30 minutes after runoff begins discharging from the outfall, or as soon as practical, but no later than 60 minutes. If you find visible pollution, note the probable source and list any possible Best Management Practices that could be used to reduce or eliminate the problem.

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

Facility Name City of Appleton Wastewater Treatment Facility				
Street Address 2006 East Newberry Street		City Appleton	State WI	ZIP Code 54911
Name of Person Conducting Inspection <i>Brian Kresk</i>			Inspection Date <i>9-27-16</i>	
Employer City of Appleton			Telephone Number <i>920-832-2316</i>	
Outfall Number (make reference to site map) Outfall No. 3		Description of Outfall (e.g., ditch, concrete pipe, grassed swale, etc.) PVC Pipe		
Time of Rainfall Event <i>0900</i>	Time of Visual Inspection <i>1025</i>	Optional: Amount of Rainfall at the Time of Observation (nearest tenth of an inch) <i>0.1</i>		

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 colour, 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:	<input type="checkbox"/> Clear	<input type="checkbox"/> Red	<input type="checkbox"/> Yellow	<input type="checkbox"/> Brown	<input type="checkbox"/> Other:
Odor:	<input type="checkbox"/> None	<input type="checkbox"/> Musty	<input type="checkbox"/> Sewage	<input type="checkbox"/> Rotten Egg	<input type="checkbox"/> Other:
Clarity:	<input type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Opaque	<input type="checkbox"/> Suspended Solids	<input type="checkbox"/> Other:
Floatables:	<input type="checkbox"/> None	<input type="checkbox"/> Foam	<input type="checkbox"/> Garbage	<input type="checkbox"/> Oily Film	<input type="checkbox"/> Other:
Deposits/Stains:	<input type="checkbox"/> None	<input type="checkbox"/> Oily	<input type="checkbox"/> Sludge	<input type="checkbox"/> Sediments	<input type="checkbox"/> Other:

Comments:

Submitted

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

Quarterly Visual Inspection- Field Sheet

Form 3400-176A (R 3/01)

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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 2006 East Newberry Street		City Appleton	State WI
ZIP Code 54911		Inspection Date 4-28-16	
Name of Person Conducting Inspection Brian Kroski		Telephone Number (920) 832-2316	
Employer City of Appleton		Description of Outfall (e.g., ditch, concrete pipe, grassed swale, etc.) Concrete Pipe	
Outfall Number (make reference to site map) Outfall No. 1		Optional: Amount of Rainfall at the Time of Observation (nearest tenth of an inch) < 0.1	
Time of Rainfall Event 1000	Time of Visual Inspection 1015		

Describe your observations. An easy way to conduct this inspection is to use a glass jar to collect a sample of the storm water being discharged from the facility and visually inspect the water. Include any observations of color, odor, turbidity, floating solids, foam, oil sheen or any other visual indicators of storm water pollution and the probably sources of any observed storm water combination.

Color:	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Red	<input type="checkbox"/> Yellow	<input type="checkbox"/> Brown	<input type="checkbox"/> Other:
Odor:	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Musty	<input type="checkbox"/> Sewage	<input type="checkbox"/> Rotten Egg	<input type="checkbox"/> Other:
Clarity:	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Opaque	<input type="checkbox"/> Suspended Solids	<input type="checkbox"/> Other:
Floatables:	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Foam	<input type="checkbox"/> Garbage	<input type="checkbox"/> Oily Film	<input type="checkbox"/> Other:
Deposits/Stains:	<input type="checkbox"/> None	<input type="checkbox"/> Oily	<input type="checkbox"/> Sludge	<input checked="" type="checkbox"/> Sediments	<input checked="" type="checkbox"/> Other: <i>sand/gravel</i>

Comments: *- Some sediment build up - construction related*
- stormwater project completed in early April.

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

Quarterly Visual Inspection- Field Sheet

Form 3400-176A (R 3/01)

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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 2006 East Newberry Street		City Appleton	State WI
ZIP Code 54911		Name of Person Conducting Inspection <i>Brian Kreski</i>	
Inspection Date <i>4-28-16</i>		Employer City of Appleton	
Telephone Number <i>920-832-2316</i>		Outfall Number (make reference to site map) Outfall No. 2	
Description of Outfall (e.g., ditch, concrete pipe, grassed swale, etc.) Concrete Pipe		Time of Rainfall Event <i>1000</i>	
Optional: Amount of Rainfall at the Time of Observation (nearest tenth of an inch) <i>20.1</i>		Time of Visual Inspection <i>1020</i>	

Describe your observations. An easy way to conduct this inspection is to use a glass jar to collect a sample of the storm water being discharged from the facility and visually inspect the water. Include any observations of color, odor, turbidity, floating solids, foam, oil sheen or any other visual indicators of storm water pollution and the probably sources of any observed storm water combination.

Color:	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Red	<input type="checkbox"/> Yellow	<input type="checkbox"/> Brown	<input type="checkbox"/> Other:
Odor:	<input type="checkbox"/> None	<input type="checkbox"/> Musty	<input type="checkbox"/> Sewage	<input type="checkbox"/> Rotten Egg	<input type="checkbox"/> Other:
Clarity:	<input type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Opaque	<input type="checkbox"/> Suspended Solids	<input type="checkbox"/> Other:
Floatables:	<input type="checkbox"/> None	<input type="checkbox"/> Foam	<input type="checkbox"/> Garbage	<input type="checkbox"/> Oily Film	<input type="checkbox"/> Other:
Deposits/Stains:	<input type="checkbox"/> None	<input type="checkbox"/> Oily	<input type="checkbox"/> Sludge	<input type="checkbox"/> Sediments	<input type="checkbox"/> Other:

Comments: *Submerged*

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

Quarterly Visual Inspection- Field Sheet

Form 3400-176A (R 3/01)

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

Facility Name City of Appleton Wastewater Treatment Facility			
Street Address 2006 East Newberry Street		City Appleton	State WI
ZIP Code 54911		Inspection Date 4-28-16	
Name of Person Conducting Inspection Brian Kreski		Telephone Number 920-832-	
Employer City of Appleton		Optional: Amount of Rainfall at the Time of Observation (nearest tenth of an inch) 0.1	
Outfall Number (make reference to site map) Outfall No. 3	Description of Outfall (e.g., ditch, concrete pipe, grassed swale, etc.) PVC Pipe		
Time of Rainfall Event 1000	Time of Visual Inspection 1025		

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 colour, 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:	<input type="checkbox"/> Clear	<input type="checkbox"/> Red	<input type="checkbox"/> Yellow	<input type="checkbox"/> Brown	<input type="checkbox"/> Other:
Odor:	<input type="checkbox"/> None	<input type="checkbox"/> Musty	<input type="checkbox"/> Sewage	<input type="checkbox"/> Rotten Egg	<input type="checkbox"/> Other:
Clarity:	<input type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Opaque	<input type="checkbox"/> Suspended Solids	<input type="checkbox"/> Other:
Floatables:	<input type="checkbox"/> None	<input type="checkbox"/> Foam	<input type="checkbox"/> Garbage	<input type="checkbox"/> Oily Film	<input type="checkbox"/> Other:
Deposits/Stains:	<input type="checkbox"/> None	<input type="checkbox"/> Oily	<input type="checkbox"/> Sludge	<input type="checkbox"/> Sediments	<input type="checkbox"/> Other:

Comments: *Submerged*

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

Quarterly Visual Inspection- Field Sheet

Form 3400-176A (R 3/01)

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Use one form per outfall.

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

Facility Name City of Appleton Wastewater Treatment Facility		
Street Address 2006 East Newberry Street	City Appleton	State WI
Name of Person Conducting Inspection <i>Brian Cross</i>		ZIP Code 54911
Employer City of Appleton		Inspection Date <i>4-28-16</i>
Outfall Number (make reference to site map) Outfall No. 4		Telephone Number <i>920-832-2316</i>
Description of Outfall (e.g., ditch, concrete pipe, grassed swale, etc.) Concrete Pipe		
Time of Rainfall Event <i>1000</i>	Time of Visual Inspection <i>1030</i>	Optional: Amount of Rainfall at the Time of Observation (nearest tenth of an inch) <i>20.1</i>

Describe your observations. An easy way to conduct this inspection is to use a glass jar to collect a sample of the storm water being discharged from the facility and visually inspect the water. Include any observations of color, odor, turbidity, floating solids, foam, oil sheen or any other visual indicators of storm water pollution and the probably sources of any observed storm water combination.

Color:	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Red	<input type="checkbox"/> Yellow	<input type="checkbox"/> Brown	<input type="checkbox"/> Other:
Odor:	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Musty	<input type="checkbox"/> Sewage	<input type="checkbox"/> Rotten Egg	<input type="checkbox"/> Other:
Clarity:	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Opaque	<input type="checkbox"/> Suspended Solids	<input type="checkbox"/> Other:
Floatables:	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Foam	<input type="checkbox"/> Garbage	<input type="checkbox"/> Oily Film	<input type="checkbox"/> Other:
Deposits/Stains:	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Oily	<input type="checkbox"/> Sludge	<input type="checkbox"/> Sediments	<input type="checkbox"/> Other:

Comments:

Some flow and foam - some debris with floatables.

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

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

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

Facility Name City of Appleton Wastewater Treatment Facility			
Street Address 2006 East Newberry Street		City Appleton	State WI
ZIP Code 54911		Name of Person Conducting Inspection <i>Brian Kreski</i>	
Inspection Date <i>3-8-16</i>		Employer City of Appleton	
Telephone Number <i>920-832-5945</i>		Outfall Number (make reference to site map) Outfall No. 1	
Description of Outfall (e.g., ditch, concrete pipe, grassed swale, etc.) Concrete Pipe		Time of Rainfall Event <i>0800</i>	
Optional: Amount of Rainfall at the Time of Observation (nearest tenth of an inch) <i>rained for short duration - runoff from snow melt</i>		Time of Visual Inspection <i>1100</i>	

Describe your observations. An easy way to conduct this inspection is to use a glass jar to collect a sample of the storm water being discharged from the facility and visually inspect the water. Include any observations of color, odor, turbidity, floating solids, foam, oil sheen or any other visual indicators of storm water pollution and the probably sources of any observed storm water combination.

Color:	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Red	<input type="checkbox"/> Yellow	<input type="checkbox"/> Brown	<input type="checkbox"/> Other:
Odor:	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Musty	<input type="checkbox"/> Sewage	<input type="checkbox"/> Rotten Egg	<input type="checkbox"/> Other:
Clarity:	<input type="checkbox"/> Clear	<input checked="" type="checkbox"/> Cloudy	<input type="checkbox"/> Opaque	<input type="checkbox"/> Suspended Solids	<input type="checkbox"/> Other:
Floatables:	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Foam	<input type="checkbox"/> Garbage	<input type="checkbox"/> Oily Film	<input type="checkbox"/> Other:
Deposits/Stains:	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Oily	<input type="checkbox"/> Sludge	<input type="checkbox"/> Sediments	<input type="checkbox"/> Other:

Comments: *Continuous flow due to warm weather & runoff conditions.
Cloudy water with construction material (sand, clay) in the outfall area.*

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

Quarterly Visual Inspection- Field Sheet

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Use one form per outfall.

Quarterly Visual inspections at each storm water discharge outfall on your site can be a valuable assessment tool and are required by the Tier 1 and Tier 2 Industrial Storm Water General Permits. This inspection should be performed when sufficient runoff occurs during daylight hours. Try to make observations within the first 30 minutes after runoff begins discharging from the outfall, or as soon as practical, but no later than 60 minutes. If you find visible pollution, note the probable source and list any possible Best Management Practices that could be used to reduce or eliminate the problem.

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

Facility Name City of Appleton Wastewater Treatment Facility			
Street Address 2006 East Newberry Street	City Appleton	State WI	ZIP Code 54911
Name of Person Conducting Inspection <i>Brian Kreski</i>		Inspection Date <i>3-8-16</i>	
Employer City of Appleton		Telephone Number <i>920-832-5945</i>	
Outfall Number (make reference to site map) Outfall No. 2	Description of Outfall (e.g., ditch, concrete pipe, grassed swale, etc.) Concrete Pipe		
Time of Rainfall Event <i>0800</i>	Time of Visual Inspection <i>1100</i>	Optional: Amount of Rainfall at the Time of Observation (nearest tenth of an inch) <i>rain for short duration - run off from snow melt</i>	

Describe your observations. An easy way to conduct this inspection is to use a glass jar to collect a sample of the storm water being discharged from the facility and visually inspect the water. Include any observations of color, odor, turbidity, floating solids, foam, oil sheen or any other visual indicators of storm water pollution and the probably sources of any observed storm water combination.

Color:	<input type="checkbox"/> Clear	<input type="checkbox"/> Red	<input type="checkbox"/> Yellow	<input type="checkbox"/> Brown	<input type="checkbox"/> Other:
Odor:	<input type="checkbox"/> None	<input type="checkbox"/> Musty	<input type="checkbox"/> Sewage	<input type="checkbox"/> Rotten Egg	<input type="checkbox"/> Other:
Clarity:	<input type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Opaque	<input type="checkbox"/> Suspended Solids	<input type="checkbox"/> Other:
Floatables:	<input type="checkbox"/> None	<input type="checkbox"/> Foam	<input type="checkbox"/> Garbage	<input type="checkbox"/> Oily Film	<input type="checkbox"/> Other:
Deposits/Stains:	<input type="checkbox"/> None	<input type="checkbox"/> Oily	<input type="checkbox"/> Sludge	<input type="checkbox"/> Sediments	<input type="checkbox"/> Other:

Comments:

Submerged

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

Quarterly Visual Inspection- Field Sheet

Form 3400-176A (R 3/01)

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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 2006 East Newberry Street		City Appleton	State WI
		ZIP Code 54911	
Name of Person Conducting Inspection <i>Brian Kreski</i>		Inspection Date <i>3-8-16</i>	
Employer City of Appleton		Telephone Number <i>920-832-5945</i>	
Outfall Number (make reference to site map) Outfall No. 3		Description of Outfall (e.g., ditch, concrete pipe, grassed swale, etc.) PVC Pipe	
Time of Rainfall Event <i>0800</i>	Time of Visual Inspection <i>1100</i>	Optional: Amount of Rainfall at the Time of Observation (nearest tenth of an inch) <i>rained for short duration - runoff from snow melt</i>	

Describe your observations. An easy way to conduct this inspection is to use a glass jar to collect a sample of the storm water being discharged from the facility and visually inspect the water. Include any observations of color, odor, turbidity, floating solids, foam, oil sheen or any other visual indicators of storm water pollution and the probably sources of any observed storm water combination.

Color:	<input type="checkbox"/> Clear	<input type="checkbox"/> Red	<input type="checkbox"/> Yellow	<input type="checkbox"/> Brown	<input type="checkbox"/> Other:
Odor:	<input type="checkbox"/> None	<input type="checkbox"/> Musty	<input type="checkbox"/> Sewage	<input type="checkbox"/> Rotten Egg	<input type="checkbox"/> Other:
Clarity:	<input type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Opaque	<input type="checkbox"/> Suspended Solids	<input type="checkbox"/> Other:
Floatables:	<input type="checkbox"/> None	<input type="checkbox"/> Foam	<input type="checkbox"/> Garbage	<input type="checkbox"/> Oily Film	<input type="checkbox"/> Other:
Deposits/Stains:	<input type="checkbox"/> None	<input type="checkbox"/> Oily	<input type="checkbox"/> Sludge	<input type="checkbox"/> Sediments	<input type="checkbox"/> Other:

Comments: *Submerged*

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

Quarterly Visual Inspection- Field Sheet

Form 3400-176A (R 3/01)

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 2006 East Newberry Street		City Appleton	State WI
		ZIP Code 54911	
Name of Person Conducting Inspection <i>Brian Kreski</i>		Inspection Date <i>3-8-16</i>	
Employer City of Appleton		Telephone Number <i>920-832-5945</i>	
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 <i>0800</i>	Time of Visual Inspection <i>1115</i>	Optional: Amount of Rainfall at the Time of Observation (nearest tenth of an inch) <i>rained for short duration - runoff from snow melt</i>	

Describe your observations. An easy way to conduct this inspection is to use a glass jar to collect a sample of the storm water being discharged from the facility and visually inspect the water. Include any observations of color, odor, turbidity, floating solids, foam, oil sheen or any other visual indicators of storm water pollution and the probably sources of any observed storm water combination.

Color:	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Red	<input type="checkbox"/> Yellow	<input type="checkbox"/> Brown	<input type="checkbox"/> Other:
Odor:	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Musty	<input type="checkbox"/> Sewage	<input type="checkbox"/> Rotten Egg	<input type="checkbox"/> Other:
Clarity:	<input type="checkbox"/> Clear	<input checked="" type="checkbox"/> Cloudy	<input type="checkbox"/> Opaque	<input type="checkbox"/> Suspended Solids	<input type="checkbox"/> Other:
Floatables:	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Foam	<input type="checkbox"/> Garbage	<input type="checkbox"/> Oily Film	<input type="checkbox"/> Other:
Deposits/Stains:	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Oily	<input type="checkbox"/> Sludge	<input type="checkbox"/> Sediments	<input type="checkbox"/> Other:

Comments:

Continuous flow - snow melt is adding to the cloudiness.

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

**Stormwater Pollution Prevention Plan
Wastewater Treatment Plant**

City of Appleton, Wisconsin

Report

Non-Stormwater Discharges

Facility Inspected:

Name: City of Appleton, Wastewater Treatment Plant

Location: 2006 East Newberry Street, Appleton, WI 54911

Date: 3-8-16

Start Time: 1100 End Time: 1200

Evaluate all outfalls for non-stormwater discharges during normal business hours. Evaluations should take place during dry periods. Observations should be made twice a year.

OUTFALL 01

Is there currently water flow or evidence of dry weather flow? Yes No

Are there stains or coloring? Yes No

Are there sludges? Yes No

Are there odors? Yes No

Other Observations: _____

If any questions were answered yes, briefly describe and state possible source:

Warm conditions have resulted in increased run off/adding to the material flowing from pipe is construction residuals from the stormwater re routing project.

Test Method: Visual Observation - Overland Other: _____

OUTFALL 02

Is there currently water flow or evidence of dry weather flow? Yes No

Are there stains or coloring? Yes No

Are there sludges? Yes No

Are there odors? Yes No

Other Observations: Submerged

If any questions were answered yes, briefly describe and state possible source:

Test Method: Visual Observation - Overland Other: _____

OUTFALL 03

Is there currently water flow or evidence of dry weather flow? Yes No

Are there stains or coloring? Yes No

Are there sludges? Yes No

Are there odors? Yes No

Other Observations: Submerged

If any questions were answered yes, briefly describe and state possible source:

Test Method: Visual Observation - Overland Other: _____

**Stormwater Pollution Prevention Plan
Wastewater Treatment Plant**

City of Appleton, Wisconsin

Report

Non-Stormwater Discharges

Facility Inspected:

Name: City of Appleton, Wastewater Treatment Plant

Location: 2006 East Newberry Street, Appleton, WI 54911

Date: _____

Start Time: _____ End Time: _____

Evaluate all outfalls for non-stormwater discharges during normal business hours. Evaluations should take place during dry periods. Observations should be made twice a year.

OUTFALL 04

Is there currently water flow or evidence of dry weather flow? Yes No

Are there stains or coloring? Yes No

Are there sludges? Yes No

Are there odors? Yes No

Other Observations: Some cloudiness from runoff

If any questions were answered yes, briefly describe and state possible source:

Test Method: Visual Observation - Overland

Other: _____

Inspected by:

(Signature) Brian Kreski

Name: Brian Kreski

Date: 3-8-16

Time: 1200