

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
MUNICIPAL SERVICE BUILDING

Street Address 2625 EAST GLENDALE AVENUE	City APPLETON	State WI	ZIP Code 54911
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Name of Person Conducting Inspection	Inspection Date
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Employer	Telephone Number
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Outfall Number (make reference to site map) 1	Description of Outfall (e.g., ditch, concrete pipe, grassed swale, etc.) STORM SEWER INLET(S)
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Time of Rainfall Event	Time of Visual Inspection	Optional: Amount of Rainfall at the Time of Observation (nearest tenth of an inch)
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Describe your observations. An easy way to conduct this inspection is to use a glass jar to collect a sample of the storm water being discharged from the facility and visually inspect the water. Include any observations of color, odor, turbidity, floating solids, foam, oil sheen or any other visual indicators of storm water pollution and the probable sources of any observed storm water contamination.

Color:	<input 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:

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Street Address

2625 EAST GLENDALE AVENUE

City

APPLETON

State

WI

ZIP Code

54911

Name of Person Conducting Inspection

Inspection Date

Employer

Telephone Number

Outfall Number (make reference to site map)

2

Description of Outfall (e.g., ditch, concrete pipe, grassed swale, etc.)

OVERLAND FLOW TO SW INLETS

Time of Rainfall Event

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 color, odor, turbidity, floating solids, foam, oil sheen or any other visual indicators of storm water pollution and the probable sources of any observed storm water contamination.

Color: Clear Red Yellow Brown Other:

Odor: None Musty Sewage Rotten Egg Other:

Clarity: Clear Cloudy Opaque Suspended Solids Other:

Floatables: None Foam Garbage Oily Film Other:

Deposits / Stains: None Oily Sludge Sediments Other:

Comments:

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2625 EAST GLENDALE AVENUE

City

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State

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54911

Name of Person Conducting Inspection

Inspection Date

Employer

Telephone Number

Outfall Number (make reference to site map)

3

Description of Outfall (e.g., ditch, concrete pipe, grassed swale, etc.)

OVERLAND FLOW TO DRAINAGE SWALE (FUTURE INLET)

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 color, odor, turbidity, floating solids, foam, oil sheen or any other visual indicators of storm water pollution and the probable sources of any observed storm water contamination.

Color: Clear Red Yellow Brown Other:

Odor: None Musty Sewage Rotten Egg Other:

Clarity: Clear Cloudy Opaque Suspended Solids Other:

Floatables: None Foam Garbage Oily Film Other:

Deposits / Stains: None Oily Sludge Sediments Other:

Comments:

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		ZIP Code 54911	
Name of Person Conducting Inspection		Inspection Date	
Employer		Telephone Number	

Outfall Number (make reference to site map) 4	Description of Outfall (e.g., ditch, concrete pipe, grassed swale, etc.) SW INLETS
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Time of Rainfall Event	Time of Visual Inspection	Optional: Amount of Rainfall at the Time of Observation (nearest tenth of an inch)
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Describe your observations. An easy way to conduct this inspection is to use a glass jar to collect a sample of the storm water being discharged from the facility and visually inspect the water. Include any observations of color, odor, turbidity, floating solids, foam, oil sheen or any other visual indicators of storm water pollution and the probable sources of any observed storm water contamination.

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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:

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Outfall Number (make reference to site map) 5	Description of Outfall (e.g., ditch, concrete pipe, grassed swale, etc.) SW INLETS
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Time of Rainfall Event	Time of Visual Inspection	Optional: Amount of Rainfall at the Time of Observation (nearest tenth of an inch)
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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:

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Employer	Telephone Number
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Outfall Number (make reference to site map) 6	Description of Outfall (e.g., ditch, concrete pipe, grassed swale, etc.) OVERLAND FLOW TO DRAINAGE SWALE
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Time of Rainfall Event	Time of Visual Inspection	Optional: Amount of Rainfall at the Time of Observation (nearest tenth of an inch)
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Describe your observations. An easy way to conduct this inspection is to use a glass jar to collect a sample of the storm water being discharged from the facility and visually inspect the water. Include any observations of color, odor, turbidity, floating solids, foam, oil sheen or any other visual indicators of storm water pollution and the probable sources of any observed storm water contamination.

Color:	<input 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:

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

Stormwater Management Plan
Municipal Service Building and Hardstand Site
City of Appleton, Wisconsin

Report

Test Method: Visual Observation Other _____

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 Other _____

OUTFALL 05

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 Other _____

OUTFALL 06

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 Other _____

ANNUAL SITE INSPECTION CHECKLIST

This annual inspection is performed to evaluate the effectiveness of controlling stormwater contamination and to identify any additional measures that can be feasibly implemented. The Stormwater Management Plan has been revised to reflect any changes.

CHECKLIST FOR ANNUAL INSPECTION:

1. Inspect site drainage conditions. Things to look for include the following:
 - Inspect the site for possible erosion problems.
 - Determine if drainage off the Property has changed. Are there any new areas of ponding or streaming?
 - Are there any unusual stains around stormwater inlets?

Notes: _____

2. Check for any potential pollution sources. These sources may include the following:
 - Inspect the equipment and material storage areas. Is there any indication of oils, greases, or organic debris in the areas?
 - Inspect the area near the refuse dumpsters.
 - Inspect the used oil drop-off area, and recycling bin areas.
 - Inspect areas around the Salt Storage Shed.
 - If there is any standing water at the time of inspection, are there sheens, sludge, foam, or rust precipitations?
 - Inspect all areas of the Property for signs of spills (oil, resins, etc.) or other contaminants.

Notes: _____



3. Perform the following preventive maintenance activities:

- Inspect the dumpsters and recycle bin covers for proper operation.
- Inspect the drain openings located in the bottom of the dumpsters to verify that they are plugged.

Notes: _____

4. Review the Best Management Practices that have been used.

- Are the Best Management Practices the facility agreed to being used?
- Are the Best Management Practices effective?
- Are there any additional management practices that should be implemented?

Notes: _____

5. Other observations – take note of anything else at the Property that may be of significance to the Stormwater Management Plan.

Notes: _____

Please outline the revisions and amendments that need to be made to the Stormwater Management Plan.



This annual inspection certification is to indicate our commitment and continual support for this Stormwater Management Plan. An annual site inspection has been conducted and based on the findings from the inspection, the Stormwater Management Plan for this facility will be amended accordingly.

Signed: _____ Printed Name: _____

Title: _____ Date: _____

Facility: Municipal Service Building
2625 E. Glendale Avenue
Appleton, WI 54911

Hardstand Site
3300 E. Glendale Avenue
Appleton, WI 54911



SPILL DOCUMENTATION FORM

Instructions: All facilities issued a stormwater permit from the Wisconsin Department of Natural Resources must document all significant spills or leaks that occur at the site. The following format can be followed to document the necessary information.

Directions: Record below all significant spills and significant leaks of pollutants that may possibly be exposed to stormwater.

Date: _____

Time: _____

Substance and Volume spilled: _____

Weather conditions: _____

Duration of the incident: _____

Cause of the incident: _____

Response procedures: _____



Potential for environmental impact:

