

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 _____

Street Address	City	State	ZIP Code
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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)	Description of Outfall (e.g., ditch, concrete pipe, grassed swale, etc.)
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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:
