

State of Wisconsin  
Department of Natural Resources  
dnr.wi.gov

Due by March 31, 2011

This form is for the purpose of annual reporting on activities undertaken pursuant to the Municipal Separate Storm Sewer System (MS4) General Permit No. WI-S050075-1. An owner or operator of a municipal separate storm sewer system covered by the general permit under Chapter NR 216, Wis. Adm. Code, is required to submit an annual report to the Department of Natural Resources by March 31 of each year to report on activities for the previous calendar year. This form is for reporting on activities undertaken in calendar year 2010.

Use of this specific form is optional. The Department of Natural Resources has created this form for the user's convenience and believes that the information requested on this form meets the reporting requirements for an owner or operator of a municipal separate storm sewer system covered by the general permit. Personal information collected will be used for administrative purposes and may be provided to the extent required by Wisconsin's Open Records Law [ss. 19.31-19.39, Wis. Stats.].

**Instructions:** Complete each section of the form that follows. If additional space is needed to respond to a question, attach additional pages. Provide descriptions that explain the program actions taken to-date to comply with the general permit. Complete and submit the annual report by March 31, 2011, to the appropriate address indicated on the last page of this form.

### SECTION I. Municipal Information

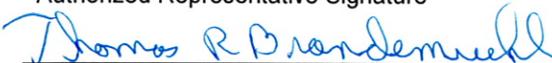
Name of Municipality Village of Mukwonago		Facility ID No. (FIN) 35717	
Mailing Address 440 River Crest Court	City Mukwonago	State WI	Postal Code 53149
County(s) in which Municipality is located Waukesha, Walworth	Type of Municipality: (check one) <input type="checkbox"/> County <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town <input type="checkbox"/> Other (specify)		

### SECTION II. Municipal Contact Information

Name of Municipal Contact Person Mr. Thomas R. Brandemuehl		Title Public Works Supervisor	
Mailing Address 440 River Crest Court	City Mukwonago	State WI	Postal Code 53149
E-mail Address tbrandemuehl@villageofmukwonago.com	Telephone No. (including area code) 262-363-6447	Fax No. (including area code) 262-363-7197	

### SECTION III. Certification

*I hereby certify that I am an authorized representative of the municipality covered under MS4 General Permit No. WI-S050075-1 for which this annual report is being submitted and that the information contained in this document and all attachments were gathered and prepared under my direction or supervision. Based on my inquiry of the person or persons under my direction or supervision involved in the preparation of this document, to the best of my knowledge, the information is true, accurate, and complete. I further certify that the municipality's governing body or delegated representatives have reviewed or been apprised of the contents of this annual report. I understand that Wisconsin law provides severe penalties for submitting false information.*

Authorized Representative Printed Name Thomas Brandemuehl		Authorized Representative Title Public Works Supervisor	
Authorized Representative Signature 		Date Signed 3-25-2011	
E-mail Address tbrandemuehl@villageofmukwonago.com	Telephone No. (including area code) 262-363-6447	Fax No. (including area code) 262-363-7197	

**SECTION IV. General Information**

a. Describe what efforts the municipality has undertaken to invite the municipal governing body, interest groups, and the general public to review and comment on the annual report.

The annual report and MS4/WPDES permit have been discussed at several recent staff and Public Works meetings, most recently in March of 2011, immediately prior to preparation of this report. The Village also maintains a robust storm water management section on their website, encouraging comments from the public.

b. Describe how elected and municipal officials and appropriate staff have been kept apprised of the municipal storm water discharge permit and its requirements.

Village officials rely on staff to keep them informed of the MS4 permit requirements. High level Village staff members have been involved in discussions with the DNR (including multiple meetings with the DNR in 2010) and also with the Public Works Committee.

In addition, the Village applied for and were awarded a Silver Water Star Community in April of 2010. The public dedication ceremony on June 14, 2010 included municipal staff, elected officials, citizens and members of the press.

The Village also explored creation of a Village-wide storm water utility in 2010. A feasibility study was completed and several public meetings, open houses and public informational meetings were held. Although this helped with public official, staff and resident education, the utility was tabled until later in 2011.

c. Has the municipality prepared its own municipal-wide storm water management plan?  Yes  No

If yes, title and date of storm water management plan:

Storm Water Management System Plan, August 2009

d. Has the municipality entered into a written agreement with another municipality or a contract with another entity to perform one or more of the conditions of the general permit as provided under Section 2.10 of the general permit?  Yes  No

If yes, describe these cooperative efforts:

The Village has joined Waukesha County's Public Information and Education program in March of 2008. It is the Village's intent that this agreement, augmented with activities from Village Staff, will cover the public education and outreach (Section 2.1) and public involvement and participation (Section 2.2) sections of the Village's WPDES permit. A copy of this agreement has previously been supplied to the Department and is available upon request.

e. Does the municipality have an internet website?  Yes  No

If yes, provide web address:

[www.villageofmukwonago.com](http://www.villageofmukwonago.com)

If the municipality has an internet website, is there current information about or links provided to the MS4 general permit and/or the municipality's storm water management program?  Yes  No

If yes, provide web address:

[http://www.villageofmukwonago.com/storm\\_water.htm](http://www.villageofmukwonago.com/storm_water.htm)

<http://www.villageofmukwonago.com/dpw.htm>

[http://www.villageofmukwonago.com/refuse\\_collection.htm](http://www.villageofmukwonago.com/refuse_collection.htm)

<http://www.villageofmukwonago.com/ordinance%20816.pdf>

## SECTION V. Permit Conditions

a. Minimum Control Measures: For each of the permit conditions listed below, provide a description of the status of implementation of program elements, the status of meeting measurable goals, and compliance with permit schedule in section 3 of the MS4 general permit. Be specific in describing the actions that have been taken during the reporting year to implement each permit condition and whether measurable goals have been met, including any data collected to document a measurable goal. Also, explain the reasons for any variations from the compliance schedule in the MS4 general permit.

- Public Education and Outreach

The Village joined the Waukesha County Information and Education program in March 2008. The Village has worked with the County on the 2010 activities and helped to develop the ongoing work plan. At the same time, the Village has expanded the specific storm water section of their website to now include information for developers, newsletters, waste removal and storm drain stenciling information, the WPDES permit, the Village's storm water plan and much more information. The pet waste brochure is also currently handed out with all new dog license applications. In 2010, the Village continued to make the monthly newsletters available to visitors at Village Hall and hosted the Waukesha County display at the Farmers Market in September. A detailed list of activities completed in 2010 as part of the Waukesha County program is available upon request.

In 2011, the Village will continue to add to the storm water section on their website and will work with the County to again host the storm water display at a community event.

- Public Involvement and Participation

The Village joined the Waukesha County Information and Education program as outlined in the March 2008 agreement. Although no catch basin stenciling was completed in the Village in 2010, Village staff continue to work with the County on the ongoing stenciling program and will promote these activities in 2011. The yard waste and stenciling handouts were also made available at Village Hall to interested persons.

The Village worked with County staff to promote the June field tour at Rainbow Springs during which the citizen monitoring program was reviewed. The Village also worked with the School District and the County on a Jericho Creek field day at the high school held in September of 2010.

The Village also explored creation of a Village-wide storm water utility in 2010. A feasibility study was completed and several public meetings, open houses and public informational meetings were held. Although this helped with public official, staff and resident education, the utility was tabled until later in 2011.

- Illicit Discharge Detection and Elimination

The Village's updated illicit discharge detection and elimination ordinance was approved by the Village Board on January 6, 2009. This ordinance was modeled after Waukesha County's ordinance and is available, along with the Village's illicit discharge response and enforcement procedure, on the Village's website.

The second round of field screening was completed by Village Staff in October of 2010. The results of these inspections are included with this report. 20 outfalls were inspected in 2010, 5 of which had flow present. Based on on-site sampling, none of the flowing outfalls exhibited conditions to suggest an illicit discharge was present. Additionally, maintenance issues were identified at 4 outfalls which will be addressed in 2011. For their ongoing program, the Village intends to complete annual inspections of all major outfalls. Minor outfalls will be inspected throughout the year as part of the Village's standard maintenance operations.

- Construction Site Pollutant Control

The Village's updated erosion control and storm water management ordinance was approved by the Village Board on January 6, 2009 and is available on the Village's website, along with the Village's updated erosion control enforcement procedure and flow chart. For all sites that obtained one or two family home building permits, Village Staff completed erosion control inspections throughout the construction process, or approximately 6 inspections/site. Corrective measures were requested immediately during inspection and repairs were completed within 24 hours. Although the Village did not have erosion control authority on commercial buildings, staff also inspected applicable commercial sites as appropriate. Village Staff also completed construction site erosion control inspections at Black Bear Development, the School District Administration Building (at the middle school), Schmidt and Bartelt Funeral Home and the Village's annual Street Program. No compliance actions were taken at these sites in 2010.

- Post-Construction Storm Water Management

The Village's updated erosion control and storm water management ordinance was approved by the Village Board on January 6, 2009 and is available on the Village's website. Although no formal inspections were completed in 2010, the Village completed informal inspections at each major storm water facility prior to each major forecasted storm. The Village will monitor the frequency of any formal inspections and enforcement activities in 2011 for reporting on subsequent annual reports. The Village is also in the process of determining which storm water facilities have signed maintenance agreements. Once known, agreements will be pursued for those facilities which currently do not have them.

- Pollution Prevention

The Village's pollution prevention plan was previously submitted to the Department. The Village used approximately 290 tons of de-icing salt and no sand in 2010. Of that total, 135 tons of salt were used over 8 events in January and February of 2010, while 155 tons were used over 7 events in December of 2010. The Village filled out the attached log sheets during each storm event in 2010 to begin tracking de-icing material application rates. The Village also continued their ongoing street sweeping program in 2010.

Village Staff attended the following training sessions in 2010: Permit compliance meetings at Village Hall (January 19, 2010 november 8, 2010) ; Annual Waukesha County Storm Water BMP Workshop (March, 2010); Water Star meetings (March, April and June, 2010); Illicit Discharge Detection and Elimination Discussion with DNR - Havenswood Forest (May 26, 2010); FEMA Floodplain Webinar hosted by MMSD (April 12, 2010); UWM Great Lakes Phosphorus Seminar (May 27, 2010); Permeable Pavement Webinar by Center for Watershed Protection (September 1, 2010); NASECA BMP Maintenance Seminar in Madison (October 11, 2010); WAFSCM Annual Conference in Wisconsin Dells (November 4, 2010).

b. Storm Water Quality Management: Has the municipality completed a pollutant-loading analysis to assess compliance with the 20% TSS reduction developed urban area performance standard?  Yes  No

If yes, provide the following: Model used SLAMM Version 9.3 Reduction (%) 24.6%

Has the municipality completed a pollutant-loading analysis to assess compliance with the 40% TSS reduction developed urban area performance standard?  Yes  No

If yes, provide the following: Model used SLAMM Version 9.3 Reduction (%) 24.6%

If no, include a description of any actions the municipality has undertaken during 2010 to help achieve the 40% standard by March 10, 2013.

Has the municipality completed an evaluation of all municipal owned or operated structural flood control facilities to determine the feasibility of retrofitting to increase TSS removal?  Yes  No If yes, describe:

The only Village-owned storm water facilities are located in the Gateway District and along CTH "NN", east of STH "83". The Gateway facility is a wet pond, currently being maintained and performing with a high TSS removal. The CTH "NN" facility is recommended to be retrofit to improve TSS performance (see August 2009 storm water plan).

c. Storm Sewer System Map: Describe any changes or updates to the storm sewer system map made in the reporting year. Provide an updated map.

Although no major storm sewer changes occurred in 2010, the most recent maps are enclosed.

**SECTION VI. Fiscal Analysis**

a. Provide a fiscal analysis that includes the annual expenditures for 2010, and the budget for 2010 and 2011. A table to document fiscal information is provided on page 6.

b. What financing/fiscal strategy has the municipality implemented to finance the requirements of the general permit?

Storm water utility  General fund  Other \_\_\_\_\_

c. Are adequate revenues being generated to implement your storm water management program to meet the permit requirements?  Yes  No

Please provide a brief summary of your financing/fiscal strategy and any additional information that will assist the Department in understanding how storm water management funds are being generated to implement and administer your storm water management program.

The storm water program is currently funded through a storm water utility in the Gateway District and the general fund for the remainder of the Village. In 2009/2010, the Village completed a storm water utility feasibility study and discussed creation of a Village-wide utility. Based on resident reactions, the utility was tabled until 2011.

**SECTION VII. Inspections and Enforcement Actions**

**Note: If an ordinance listed below has previously been submitted and has not been amended since that time, a copy does not need to be submitted again. If the ordinance was previously submitted, indicate such in the space provided.**

a. As of the date of this annual report, has the municipality adopted a construction site pollutant control ordinance in accordance with subsection 2.4.1 of the general permit?  Yes  No If yes, attach copy or provide web link to ordinance:

<http://www.villageofmukwonago.com/Storm%20Water%20Ordinance.pdf>

b. As of the date of this annual report, has the municipality adopted a post-construction storm water management ordinance in accordance with subsection 2.5.1 of the general permit?  Yes  No If yes, attach copy or provide web link to ordinance:

<http://www.villageofmukwonago.com/Storm%20Water%20Ordinance.pdf>

c. As of the date of this annual report, has the municipality adopted an illicit discharge detection and elimination ordinance in accordance with subsection 2.3.1 of the general permit?  Yes  No If yes, attach copy or provide web link to ordinance:

<http://www.villageofmukwonago.com/Storm%20Water%20Ordinance.pdf>

d. As of the date of this annual report, has the municipality adopted any other ordinances it has deemed necessary to implement a program under the general permit (e.g., pet waste ordinance, leaf management/yard waste ordinance, parking restrictions for street cleaning, etc.)?  Yes  No If yes, attach copy or provide web link to ordinance:

Section 34-32 Public Nuisances; Section 66-78 Management of Waste Oil and Waste;

[http://www.villageofmukwonago.com/chapter\\_34.htm#Sec.\\_34-32](http://www.villageofmukwonago.com/chapter_34.htm#Sec._34-32)

[http://www.villageofmukwonago.com/chapter\\_66.htm#Sec.\\_66-78](http://www.villageofmukwonago.com/chapter_66.htm#Sec._66-78)

e. Provide a summary of available information on the number and nature of inspections and enforcement actions conducted during the reporting period to ensure compliance with the ordinances described in a. to d. above.

**SECTION VIII. Water Quality Concerns**

a. Does any part of the MS4 discharge to an outstanding resource water (ORW) or exceptional resource water (ERW) listed under s. NR 102.10 or 102.11, Wis. Adm. Code? (A list of ORWs and ERWs may be found on the Department's Internet site at: <http://dnr.wi.gov/org/water/wm/wqs/orwerw/>)  Yes  No If yes, list:

Mukwonago River

b. Does any part of the MS4 discharge to an impaired waterbody listed in accordance with section 303(d)(1) of the federal Clean Water Act, 33 USC § 1313(d)(1)(C)? (A list of the most current Wisconsin impaired waterbodies may be found on the Department's Internet site at: <http://dnr.wi.gov/org/water/wm/wqs/303d/303d.html>)  Yes  No If yes, complete the following:

- Impaired waterbody to which the MS4 discharges:

Fox River

- Description of actions municipality has taken to comply with section 1.5.2 of the MS4 general permit for discharges of pollutant(s) of concern to an impaired waterbody:

The Fox River is impaired primarily due to excess sediment, phosphorus, and PCB's within the waterway. The recommendations found within the Village's storm water management study, along with the information and education and pollution prevention programs will help reduce sediment and phosphorus loadings.

c. Identify any known water quality improvements in the receiving water to which the MS4 discharges during the reporting period.

None known.

d. Identify any known water quality degradation in the receiving water to which the MS4 discharges during the reporting period and what actions are being taken to improve the water quality in the receiving water.

None known.

Fiscal Analysis Table. Complete the fiscal analysis table provided below.

Program Element	Annual Expenditure		Budget		Source of Funds
	2010		2010	2011	
Public Education and Outreach					This information is included in the Village's 2011 budget and is available upon request.
Public Involvement and Participation					
Illicit Discharge Detection and Elimination					
Construction Site Pollutant Control					
Post-Construction Storm Water Management					
Pollution Prevention					
Storm Water Quality Management (including pollutant-loading analysis)					
Storm Sewer System Map					
Other					

<b>NORTHERN REGION COUNTIES</b>			<b>WEST CENTRAL REGION COUNTIES</b>		
Ashland	Langlade	DNR Service Center	Adams	Marathon	DNR Service Center
Barron	Lincoln	1701 N. 4th Street	Buffalo	Monroe	5301 Rib Mountain Rd.
Bayfield	Oneida	Superior, WI 54880	Clark	Portage	Wausau, WI 54401
Burnett	Polk	Phone: (715) 392-7988	Crawford	Trempealeau	Phone: (715) 359-4522
Douglas	Price		Jackson	Vernon	
Florence	Rusk		Juneau	Wood	
Forest	Sawyer		La Crosse		
Iron	Taylor				
	Vilas				
	Washburn				
			Chippewa	Pepin	DNR Service Center
			Dunn	Pierce	890 Spruce St.
			Eau Claire	St. Croix	Baldwin, WI 54002
					Phone: (715) 684-2914

<b>NORTHEAST REGION COUNTIES</b>			<b>SOUTH CENTRAL REGION COUNTIES</b>		
Brown	Marquette	DNR Northeast Region	Columbia	Jefferson	DNR South Central Region
Calumet	Menominee	2984 Shawano Ave.	Dane	LaFayette	3911 Fish Hatchery Rd.
Door	Oconto	Green Bay, WI 54313	Dodge	Richland	Fitchburg, WI 53711
Fond du Lac	Outagamie	Phone: (920) 662-5100	Grant	Rock	Phone: (608) 275-3266
Green Lake	Shawano		Green	Sauk	
Kewaunee	Waupaca		Iowa		
Manitowoc	Waushara				
Marinette	Winnebago				

<b>SOUTHEAST REGION COUNTIES</b>		
Kenosha	Sheboygan	DNR Service Center
Milwaukee	Walworth	141 NW Barstow Street,
Ozaukee	Washington	Room 180
Racine	Waukesha	Waukesha, WI 53188
		Phone: (262) 884-2300

RM117LB



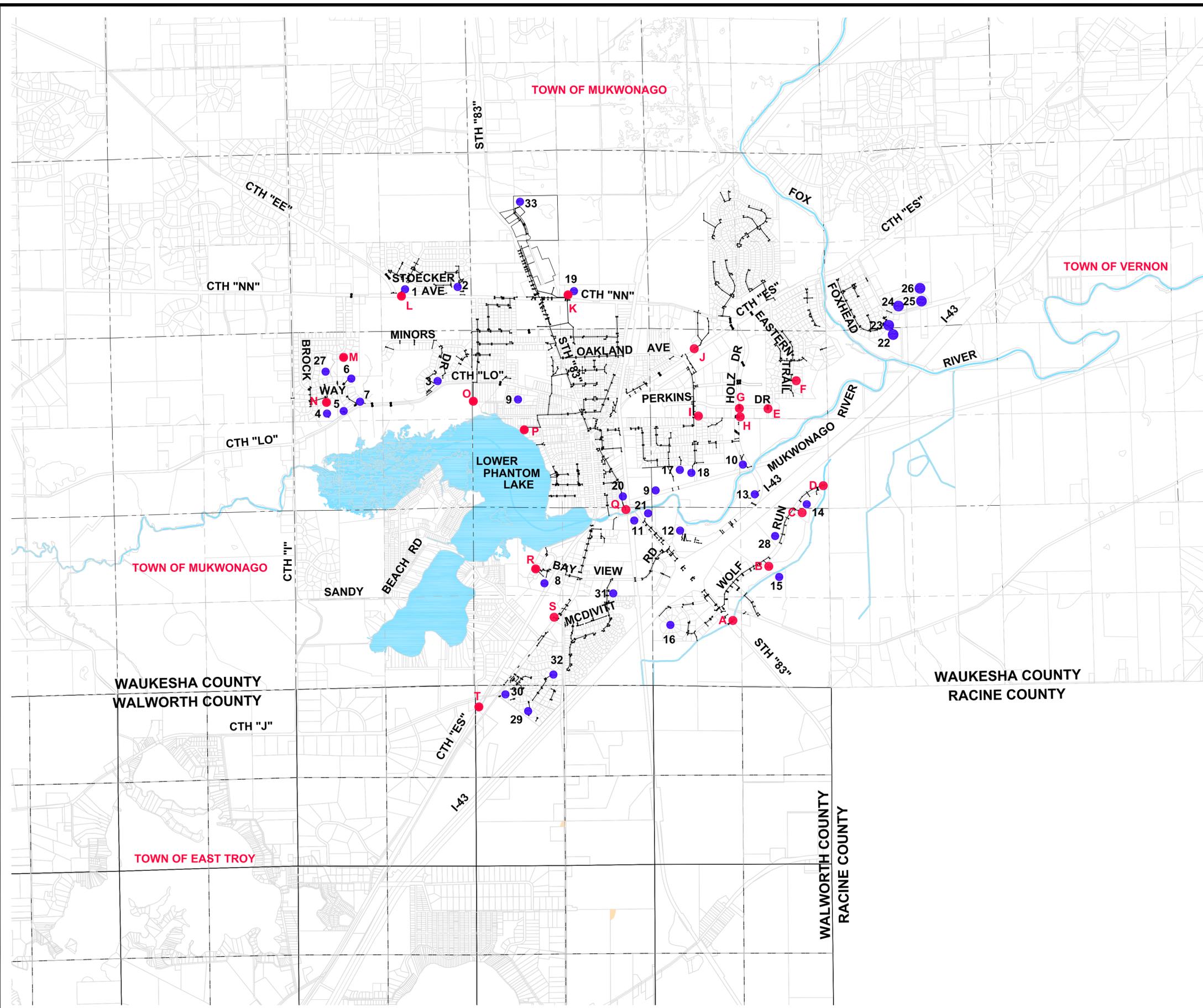
**Mukwonago - Place of the Bear**  
a Waukesha County blue chip community

**MAP 1**

**MAJOR STORM SEWER OUTFALLS MAP**  
VILLAGE OF MUKWONAGO  
WAUKESHA COUNTY & WALWORTH COUNTY, WISCONSIN

**LEGEND**

-  EXISTING STORM SEWER
-  EXISTING STORM WATER DETENTION FACILITIES
-  EXISTING MAJOR OUTFALLS
-  WATERS OF THE STATE



DATE: SEPTEMBER, 2009

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SEP 30, 2009 10:04am PLOTTED BY: dklemm SAVED BY: dklemm  
IMAGES: G:\292158\img\z\cekm03r Storm Sewer Outfalls.dwg Layout1  
XREFS: G:\292158\dwg\jcdh03p.dwg; G:\292158\dwg\Water of State.dwg; G:\292158\dwg\Corridor\_wetlands\_clipped.dwg; G:\292158\dwg\Swales.dwg; G:\292158\dwg\mukv\_stormbase.dwg

SOURCE: RJM  
BASEMAP SOURCE: WAUKESHA COUNTY



# VILLAGE OF MUKWONAGO ILLICIT DISCHARGE FIELD SCREENING SHEET

## Section 1: Background Data

Subwatershed:	Outfall ID: <u>A</u>
Today's date: <u>10-4-10</u>	Time (Military): <u>07:52</u>
Investigators: <u>Ron Bittner</u>	Form completed by: <u>Ron Bittner</u>
Temperature (°F): <u>40.0</u>	Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u>
Nearest Intersection / Location: <u>S. HWY 83 T WOLFRUN EAST</u>	
Camera:	Photo #s: <u>0</u>
Land Use in Drainage Area (Check all that apply):	
<input type="checkbox"/> Industrial	<input type="checkbox"/> Open Space
<input type="checkbox"/> Single Family	<input type="checkbox"/> Institutional
<input checked="" type="checkbox"/> Multi Family	Other: _____
<input checked="" type="checkbox"/> Commercial	Known Industries: _____
Notes (e.g., origin of outfall, if known):	

## Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Circular <input checked="" type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: <u>66"</u>	In Water: .. <input type="checkbox"/> No <input checked="" type="checkbox"/> Partially <input type="checkbox"/> Fully  With Sediment: <input type="checkbox"/> No <input checked="" type="checkbox"/> Partially <input type="checkbox"/> Fully
<input type="checkbox"/> Open drainage	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> rip-rap <input type="checkbox"/> Other: _____	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other: _____	Depth: _____ Top Width: _____ Bottom Width: _____	[Hatched Area]
<input type="checkbox"/> In-Stream	(applicable when collecting samples)			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

## Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	____' ____"	Ft, In	Tape measure
	Measured length	____' ____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## VILLAGE OF MUKWONAGO ILICIT DISCHARGE FIELD SCREENING SHEET

**Section 4: Physical Indicators for Flowing Outfalls Only**  
 Are Any Physical Indicators Present in the flow?  Yes  No (If No, Skip to Section 5)

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Paint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Paint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

**Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls**  
 Are physical indicators that are not related to flow present?  Yes  No (If No, Skip to Section 6)

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
Deposits/Stains	<input type="checkbox"/>	<input type="checkbox"/> Oily <input type="checkbox"/> Flow Line <input type="checkbox"/> Paint <input type="checkbox"/> Other:	
Abnormal Vegetation	<input type="checkbox"/>	<input type="checkbox"/> Excessive <input type="checkbox"/> Inhibited	
Poor pool quality	<input type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input checked="" type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input checked="" type="checkbox"/> Green <input type="checkbox"/> Other:	

**Section 6: Overall Outfall Characterization**  
 Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

**Section 7: Data Collection**

1. Sample for the lab?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. If yes, collected from:	<input type="checkbox"/> Flow <input type="checkbox"/> Pool <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">If Yes, type: <input type="checkbox"/> OBM <input type="checkbox"/> Caulk dam</span>
3. Intermittent flow trap set?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?**

# VILLAGE OF MUKWONAGO ILLICIT DISCHARGE FIELD SCREENING SHEET

## Section 1: Background Data

Subwatershed:	Outfall ID: <u>B</u>
Today's date: <u>10-4-10</u>	Time (Military): <u>08:02</u>
Investigators: <u>Ron Bittner</u>	Form completed by: <u>Ron Bittner</u>
Temperature (°F): <u>10°</u>	Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u>
Nearest Intersection / Location: <u>EAST WOLF RUN</u>	
Camera:	Photo #s: <u>(001)</u>
Land Use in Drainage Area (Check all that apply):	
<input type="checkbox"/> Industrial	<input checked="" type="checkbox"/> Open Space
<input type="checkbox"/> Single Family	<input type="checkbox"/> Institutional
<input type="checkbox"/> Multi Family	Other: _____
<input checked="" type="checkbox"/> Commercial	Known Industries: _____
Notes (e.g., origin of outfall, if known):	

## Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED	
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other: _____	<input type="checkbox"/> Circular <input checked="" type="checkbox"/> Elliptical <input type="checkbox"/> Box <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: <u>36" x 60"</u>	In Water: <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully  With Sediment: <input type="checkbox"/> No <input checked="" type="checkbox"/> Partially <input type="checkbox"/> Fully
<input type="checkbox"/> Open drainage	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> rip-rap <input type="checkbox"/> Other: _____	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other: _____	Depth: _____ Top Width: _____ Bottom Width: _____	(Hatched area)	
<input type="checkbox"/> In-Stream	(applicable when collecting samples)				
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>				
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial				

## Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume	Liter	Bottle	
	Time to fill	Sec		
<input type="checkbox"/> Flow #2	Flow depth	In	Tape measure	
	Flow width	Ft, In	Tape measure	
	Measured length	Ft, In	Tape measure	
	Time of travel	S	Stop watch	
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## VILLAGE OF MUKWONAGO ILLICIT DISCHARGE FIELD SCREENING SHEET

**Section 4: Physical Indicators for Flowing Outfalls Only**  
 Are Any Physical Indicators Present in the flow?  Yes  No (If No, Skip to Section 5)

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Paint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

**Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls**  
 Are physical indicators that are not related to flow present?  Yes  No (If No, Skip to Section 6)

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
Deposits/Stains	<input type="checkbox"/>	<input type="checkbox"/> Oily <input type="checkbox"/> Flow Line <input type="checkbox"/> Paint <input type="checkbox"/> Other:	
Abnormal Vegetation	<input checked="" type="checkbox"/>	<input type="checkbox"/> Excessive <input checked="" type="checkbox"/> Inhibited	
Poor pool quality	<input type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

**Section 6: Overall Outfall Characterization**  
 Unlikely     Potential (presence of two or more indicators)     Suspect (one or more indicators with a severity of 3)     Obvious

**Section 7: Data Collection**

1. Sample for the lab?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
2. If yes, collected from:	<input type="checkbox"/> Flow	<input type="checkbox"/> Pool	
3. Intermittent flow trap set?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If Yes, type: <input type="checkbox"/> OBM <input type="checkbox"/> Caulk dam

**Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?**

# VILLAGE OF MUKWONAGO ILLICIT DISCHARGE FIELD SCREENING SHEET

## Section 1: Background Data

Subwatershed:	Outfall ID: <u>C.</u>
Today's date: <u>10-4-10</u>	Time (Military): <u>09:15</u>
Investigators: <u>Ron Bittner</u>	Form completed by: <u>Ron Bittner</u>
Temperature (°F): <u>41</u>	Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u>
Nearest Intersection / Location: <u>EAST WOLF RUN + WALNUT</u>	
Camera:	Photo #s: <u>0</u>
Land Use in Drainage Area (Check all that apply):	
<input type="checkbox"/> Industrial	<input checked="" type="checkbox"/> Open Space
<input type="checkbox"/> Single Family	<input type="checkbox"/> Institutional
<input type="checkbox"/> Multi Family	Other: _____
<input checked="" type="checkbox"/> Commercial	Known Industries: _____
Notes (e.g., origin of outfall, if known):	

## Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED	
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Elliptical <input type="checkbox"/> Box <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: <u>54"</u>  Depth: _____ Top Width: _____ Bottom Width: _____	In Water: <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully  With Sediment: <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully
<input type="checkbox"/> Open drainage	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> rip-rap <input type="checkbox"/> Other: _____	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other: _____	Depth: _____ Top Width: _____ Bottom Width: _____	(Shaded area)	
<input type="checkbox"/> In-Stream	(applicable when collecting samples)				
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>				
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial				

## Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume	Liter	Bottle	
	Time to fill	Sec		
<input type="checkbox"/> Flow #2	Flow depth	In	Tape measure	
	Flow width	____' ____"	Ft, In	Tape measure
	Measured length	____' ____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

# VILLAGE OF MUKWONAGO ILICIT DISCHARGE FIELD SCREENING SHEET

**Section 4: Physical Indicators for Flowing Outfalls Only**

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Paint <input type="checkbox"/> 2 - Easily detected <input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle <input type="checkbox"/> 2 - Clearly visible in sample bottle <input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness <input type="checkbox"/> 2 - Cloudy <input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious <input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen) <input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

**Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls**

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
Deposits/Stains	<input type="checkbox"/>	<input type="checkbox"/> Oily <input type="checkbox"/> Flow Line <input type="checkbox"/> Paint <input type="checkbox"/> Other:	
Abnormal Vegetation	<input type="checkbox"/>	<input type="checkbox"/> Excessive <input type="checkbox"/> Inhibited	
Poor pool quality	<input type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

**Section 6: Overall Outfall Characterization**

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

**Section 7: Data Collection**

1. Sample for the lab?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. If yes, collected from:	<input type="checkbox"/> FLOW <input type="checkbox"/> Pool <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Intermittent flow trap set?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Section 8: Any Non-Ilicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?**

If Yes, type:  OBM  Caulk dam

# VILLAGE OF MUKWONAGO ILLICIT DISCHARGE FIELD SCREENING SHEET

## Section 1: Background Data

Subwatershed:		Outfall ID: <b>D</b>	
Today's date: <b>10-4-10</b>		Time (Military): <b>08:25</b>	
Investigators: <b>Ron Bittner</b>		Form completed by: <b>Ron Bittner</b>	
Temperature (°F): <b>44</b>	Rainfall (in.): Last 24 hours: <b>0</b>	Last 48 hours: <b>0</b>	
Nearest Intersection / Location: <b>END OF EAST WOLF RD</b>			
Camera:	Photo #s: <b>1 (002)</b>		
Land Use in Drainage Area (Check all that apply):			
<input type="checkbox"/> Industrial	<input checked="" type="checkbox"/> Open Space		
<input type="checkbox"/> Single Family	<input type="checkbox"/> Institutional		
<input type="checkbox"/> Multi Family	Other: _____		
<input checked="" type="checkbox"/> Commercial	Known Industries: _____		
Notes (e.g., origin of outfall, if known):			

## Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED	
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other: _____	<input type="checkbox"/> Circular <input type="checkbox"/> Elliptical <input checked="" type="checkbox"/> Box <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: <b>48" x 36"</b>	In Water: <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully  With Sediment: <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully
<input type="checkbox"/> Open drainage	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> rip-rap <input type="checkbox"/> Other: _____	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other: _____	Depth: _____ Top Width: _____ Bottom Width: _____	[Hatched Area]	
<input type="checkbox"/> In-Stream	(applicable when collecting samples)				
Flow Present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, Skip to Section 5</i>				
Flow Description (If present)	<input checked="" type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial				

## Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	____' ____"	Ft, In	Tape measure
	Measured length	____' ____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature	<b>49.9</b>		°F	Thermometer
pH	<b>7</b>		pH Units	Test strip/Probe
Ammonia	<b>0</b>		mg/L	Test strip

## VILLAGE OF MUKWONAGO ILICIT DISCHARGE FIELD SCREENING SHEET

**Section 4: Physical Indicators for Flowing Outfalls Only**  
 Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

**Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls**  
 Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
Deposits/Stains	<input type="checkbox"/>	<input type="checkbox"/> Oily <input type="checkbox"/> Flow Line <input type="checkbox"/> Paint <input type="checkbox"/> Other:	
Abnormal Vegetation	<input type="checkbox"/>	<input type="checkbox"/> Excessive <input type="checkbox"/> Inhibited	
Poor pool quality	<input type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input checked="" type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input checked="" type="checkbox"/> Green <input type="checkbox"/> Other:	

**Section 6: Overall Outfall Characterization**  
 Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

**Section 7: Data Collection**

1. Sample for the lab?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2. If yes, collected from:	<input type="checkbox"/> Flow	<input type="checkbox"/> Pool
3. Intermittent flow trap set?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If Yes, type:  OBM  Caulk dam

**Section 8: Any Non-Ilicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?**

# VILLAGE OF MUKWONAGO ILLICIT DISCHARGE FIELD SCREENING SHEET

## Section 1: Background Data

Subwatershed:	Outfall ID: <u>E</u>
Today's date: <u>10-4-10</u>	Time (Military): <u>0911S</u>
Investigators: <u>Ron Bittner</u>	Form completed by: <u>Ron Bittner</u>
Temperature (°F): <u>51</u>	Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u>
Nearest Intersection / Location: <u>EASTERN TRAIL + PERKINS AVE.</u>	
Camera:	Photo #s: <u>0</u>
Land Use in Drainage Area (Check all that apply):	
<input checked="" type="checkbox"/> Industrial	<input checked="" type="checkbox"/> Open Space
<input checked="" type="checkbox"/> Single Family	<input type="checkbox"/> Institutional
<input type="checkbox"/> Multi Family	Other: _____
<input type="checkbox"/> Commercial	Known Industries: _____
Notes (e.g., origin of outfall, if known):	

## Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other: _____	<input type="checkbox"/> Circular <input type="checkbox"/> Elliptical <input type="checkbox"/> Box <input type="checkbox"/> Other: _____	Diameter/Dimensions: <u>22"</u> Depth: _____ Top Width: _____ Bottom Width: _____	In Water: <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully  With Sediment: <input type="checkbox"/> No <input checked="" type="checkbox"/> Partially <input type="checkbox"/> Fully
<input type="checkbox"/> Open drainage	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> rip-rap <input type="checkbox"/> Other: _____	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other: _____	Depth: _____ Top Width: _____ Bottom Width: _____	
<input type="checkbox"/> In-Stream	(applicable when collecting samples)			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (if present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

## Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume	Liter	Bottle	
	Time to fill	Sec		
<input type="checkbox"/> Flow #2	Flow depth	In	Tape measure	
	Flow width	Ft, In	Tape measure	
	Measured length	Ft, In	Tape measure	
	Time of travel	S	Stop watch	
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## VILLAGE OF MUKWONAGO ILICIT DISCHARGE FIELD SCREENING SHEET

**Section 4: Physical Indicators for Flowing Outfalls Only**  
 Are Any Physical Indicators Present in the flow?  Yes  No (If No, Skip to Section 5)

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Paint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Paint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!! <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

**Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls**  
 Are physical indicators that are not related to flow present?  Yes  No (If No, Skip to Section 6)

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
Deposits/Stains	<input type="checkbox"/>	<input type="checkbox"/> Oily <input type="checkbox"/> Flow Line <input type="checkbox"/> Paint <input type="checkbox"/> Other:	
Abnormal Vegetation	<input type="checkbox"/>	<input type="checkbox"/> Excessive <input type="checkbox"/> Inhibited	
Poor pool quality	<input type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

**Section 6: Overall Outfall Characterization**  
 Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

**Section 7: Data Collection**

1. Sample for the lab? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2. If yes, collected from: <input type="checkbox"/> Flow <input type="checkbox"/> Pool	
3. Intermittent flow trap set? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, type: <input type="checkbox"/> OBM <input type="checkbox"/> Caulk dam

**Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?**

# VILLAGE OF MUKWONAGO ILLICIT DISCHARGE FIELD SCREENING SHEET

## Section 1: Background Data

Subwatershed:	Outfall ID: <b>F</b>
Today's date: <b>10-4-10</b>	Time (Military): <b>10:10</b>
Investigators: <b>Ron Bittner</b>	Form completed by: <b>Ron Bittner</b>
Temperature (°F): <b>52.3</b>	Rainfall (in.): Last 24 hours: <b>0</b> Last 48 hours: <b>0</b>
Nearest Intersection / Location: <b>EASTWOOD ROAD &amp; MALLARD CT.</b>	
Camera:	Photo #s: <b>0</b>
Land Use in Drainage Area (Check all that apply):	
<input type="checkbox"/> Industrial <span style="margin-left: 200px;"><input type="checkbox"/> Open Space</span> <input checked="" type="checkbox"/> Single Family <span style="margin-left: 150px;"><input type="checkbox"/> Institutional</span> <input type="checkbox"/> Multi Family <span style="margin-left: 150px;">Other: _____</span> <input type="checkbox"/> Commercial <span style="margin-left: 150px;">Known Industries: _____</span>	
Notes (e.g., origin of outfall, if known):	

## Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: <div style="text-align: center; font-size: 1.5em;"><b>30"</b></div>	In Water: <input type="checkbox"/> No <input checked="" type="checkbox"/> Partially <input type="checkbox"/> Fully  With Sediment: <input type="checkbox"/> No <input checked="" type="checkbox"/> Partially <input type="checkbox"/> Fully
<input type="checkbox"/> Open drainage	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> rip-rap <input type="checkbox"/> Other: _____	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other: _____	Depth: _____ Top Width: _____ Bottom Width: _____	(Hatched area)
<input type="checkbox"/> In-Stream	(applicable when collecting samples)			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><i>If No, Skip to Section 5</i></span>			
Flow Description (if present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

## Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume	Liter	Bottle	
	Time to fill	Sec		
<input type="checkbox"/> Flow #2	Flow depth	In	Tape measure	
	Flow width	Ft, In	Tape measure	
	Measured length	Ft, In	Tape measure	
	Time of travel	S	Stop watch	
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

# VILLAGE OF MUKWONAGO ILLICIT DISCHARGE FIELD SCREENING SHEET

## Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight, origin not obvious	<input type="checkbox"/> 2 - Some, indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some, origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

## Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
Deposits/Stains	<input type="checkbox"/>	<input type="checkbox"/> Oily <input type="checkbox"/> Flow Line <input type="checkbox"/> Paint <input type="checkbox"/> Other:	
Abnormal Vegetation	<input type="checkbox"/>	<input type="checkbox"/> Excessive <input type="checkbox"/> Inhibited	
Poor pool quality	<input type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

## Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

## Section 7: Data Collection

1. Sample for the lab?  Yes  No

2. If yes, collected from:  Flow  Pool

3. Intermittent flow trap set?  Yes  No If Yes, type:  OBM  Caulk dam

## Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

# VILLAGE OF MUKWONAGO ILLICIT DISCHARGE FIELD SCREENING SHEET

## Section 1: Background Data

Subwatershed:		Outfall ID: <u>F</u>	
Today's date: <u>10-4-10</u>		Time (Military): <u>10:00</u>	
Investigators: <u>Ron Pittner</u>		Form completed by: <u>Ron Pittner</u>	
Temperature (°F): <u>57</u>	Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u>		
Nearest Intersection / Location: <u>HOLZ PARKWAY + PERKINS DR.</u>			
Camera:		Photo #s: <u>1 (003)</u>	
Land Use in Drainage Area (Check all that apply):			
<input type="checkbox"/> Industrial		<input checked="" type="checkbox"/> Open Space	
<input type="checkbox"/> Single Family		<input type="checkbox"/> Institutional	
<input type="checkbox"/> Multi Family		Other: _____	
<input type="checkbox"/> Commercial		Known Industries: _____	
Notes (e.g., origin of outfall, if known):			

## Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED	
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other: _____	<input type="checkbox"/> Circular <input checked="" type="checkbox"/> Elliptical <input type="checkbox"/> Box <input type="checkbox"/> Other: _____	<input type="checkbox"/> Single <input type="checkbox"/> Double <input checked="" type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: <u>24x32</u>	In Water: <input type="checkbox"/> No <input checked="" type="checkbox"/> Partially <input type="checkbox"/> Fully  With Sediment: <input type="checkbox"/> No <input checked="" type="checkbox"/> Partially <input type="checkbox"/> Fully
<input type="checkbox"/> Open drainage	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> rip-rap <input type="checkbox"/> Other: _____	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other: _____	Depth: _____ Top Width: _____ Bottom Width: _____	(Hatched area)	
<input type="checkbox"/> In-Stream	(applicable when collecting samples)				
Flow Present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, Skip to Section 5</i>				
Flow Description (if present)	<input checked="" type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial				

## Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS			
PARAMETER	RESULT	UNIT	EQUIPMENT
<input type="checkbox"/> Flow #1	Volume		Bottle
	Time to fill		
<input type="checkbox"/> Flow #2	Flow depth		Tape measure
	Flow width	___' ___"	Tape measure
	Measured length	___' ___"	Tape measure
	Time of travel		Stop watch
Temperature	<u>55.4</u>	°F	Thermometer
pH	<u>7</u>	pH Units	Test strip/Probe
Ammonia	<u>0</u>	mg/L	Test strip

# VILLAGE OF MUKWONAGO ILICIT DISCHARGE FIELD SCREENING SHEET

**Section 4: Physical Indicators for Flowing Outfalls Only**  
 Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Sulfide <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Green <input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

**Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls**  
 Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Corrosion	<input type="checkbox"/> Peeling Paint
Deposits/Stains	<input type="checkbox"/>	<input type="checkbox"/> Oily <input type="checkbox"/> Flow Line <input type="checkbox"/> Paint	<input type="checkbox"/> Other:
Abnormal Vegetation	<input type="checkbox"/>	<input type="checkbox"/> Excessive <input type="checkbox"/> Inhibited	
Poor pool quality	<input type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Suds <input type="checkbox"/> Colors <input type="checkbox"/> Excessive Algae	<input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Other:
Pipe benthic growth	<input checked="" type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input checked="" type="checkbox"/> Green	<input type="checkbox"/> Other:

**Section 6: Overall Outfall Characterization**  
 Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

**Section 7: Data Collection**

- Sample for the lab?  Yes  No
- If yes, collected from:  Flow  Pool
- Intermittent flow trap set?  Yes  No *(If Yes, type:  OBM  Caulk dam)*

**Section 8: Any Non-Ilicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?**

# VILLAGE OF MUKWONAGO ILLICIT DISCHARGE FIELD SCREENING SHEET

## Section 1: Background Data

Subwatershed:	Outfall ID: <u>H</u>
Today's date: <u>10-4-10</u>	Time (Military): <u>10:34</u>
Investigators: <u>Ron Bittner</u>	Form completed by: <u>Ron Bittner</u>
Temperature (°F): <u>60.1</u>	Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u>
Nearest Intersection / Location: <u>HOLZ PARKWAY 200' SOUTH OF PERCIVAL RD.</u>	
Camera:	Photo #s: <u>1 (004)</u>
Land Use in Drainage Area (Check all that apply):	
<input checked="" type="checkbox"/> Industrial	<input checked="" type="checkbox"/> Open Space
<input checked="" type="checkbox"/> Single Family	<input type="checkbox"/> Institutional
<input checked="" type="checkbox"/> Multi Family	Other: _____
<input type="checkbox"/> Commercial	Known Industries: _____
Notes (e.g., origin of outfall, if known):	

## Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other: _____	<input type="checkbox"/> Circular <input checked="" type="checkbox"/> Elliptical <input type="checkbox"/> Box <input type="checkbox"/> Other: _____	<input type="checkbox"/> Single <input type="checkbox"/> Double <input checked="" type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: <u>66" x 40"</u>  In Water: <input type="checkbox"/> No <input checked="" type="checkbox"/> Partially <input type="checkbox"/> Fully  With Sediment: <input type="checkbox"/> No <input checked="" type="checkbox"/> Partially <input type="checkbox"/> Fully
<input type="checkbox"/> Open drainage	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> rip-rap <input type="checkbox"/> Other: _____	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other: _____	Depth: _____ Top Width: _____ Bottom Width: _____	[Hatched Area]
<input type="checkbox"/> In-Stream	(applicable when collecting samples)			
Flow Present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input checked="" type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

## Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume	Liter	Bottle	
	Time to fill	Sec		
<input type="checkbox"/> Flow #2	Flow depth	In	Tape measure	
	Flow width	Ft, In	Tape measure	
	Measured length	Ft, In	Tape measure	
	Time of travel	S	Stop watch	
Temperature	<u>54.2</u>	°F	Thermometer	
pH	<u>7.0</u>	pH Units	Test strip/Probe	
Ammonia	<u>0</u>	mg/L	Test strip	

# VILLAGE OF MUKWONAGO ILLICIT DISCHARGE FIELD SCREENING SHEET

## Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
		<input type="checkbox"/> Sulfide <input type="checkbox"/> Other:			
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
		<input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:			
		See severity			
Turbidity	<input type="checkbox"/>		<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)
		<input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:			

## Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
Deposits/Stains	<input type="checkbox"/>	<input type="checkbox"/> Oily <input type="checkbox"/> Flow Line <input type="checkbox"/> Paint <input type="checkbox"/> Other:	
Abnormal Vegetation	<input checked="" type="checkbox"/>	<input type="checkbox"/> Excessive <input checked="" type="checkbox"/> Inhibited	
Poor pool quality	<input type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

## Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

## Section 7: Data Collection

1. Sample for the lab?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. If yes, collected from:	<input type="checkbox"/> Flow <input type="checkbox"/> Pool
3. Intermittent flow trap set?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="margin-left: 20px;">If Yes, type: <input type="checkbox"/> OBM <input type="checkbox"/> Caulk dam</span>

## Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

# VILLAGE OF MUKWONAGO ILLICIT DISCHARGE FIELD SCREENING SHEET

## Section 1: Background Data

Subwatershed:	Outfall ID: <b>I</b>
Today's date: <b>10-4-10</b>	Time (Military): <b>1015Z</b>
Investigators: <b>Ron Ritter</b>	Form completed by: <b>Ron Ritter</b>
Temperature (°F): <b>58</b>	Rainfall (in.): Last 24 hours: <b>0</b> Last 48 hours: <b>0</b>
Nearest Intersection / Location: <b>MCKENZIE DR. + PERKINS DR.</b>	
Camera:	Photo #s: <b>1 (005)</b>
Land Use in Drainage Area (Check all that apply):	
<input checked="" type="checkbox"/> Industrial <span style="margin-left: 200px;"><input type="checkbox"/> Open Space</span> <input checked="" type="checkbox"/> Single Family <span style="margin-left: 180px;"><input type="checkbox"/> Institutional</span> <input type="checkbox"/> Multi Family <span style="margin-left: 180px;">Other: _____</span> <input type="checkbox"/> Commercial <span style="margin-left: 180px;">Known Industries: _____</span>	
Notes (e.g., origin of outfall, if known):	

## Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED	
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other: _____	<input type="checkbox"/> Circular <input checked="" type="checkbox"/> Elliptical <input type="checkbox"/> Box <input type="checkbox"/> Other: _____	<input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple <input checked="" type="checkbox"/> Other: <b>4</b>	Diameter/Dimensions: <b>70" x 30"</b>	In Water: <input type="checkbox"/> No <input checked="" type="checkbox"/> Partially <input type="checkbox"/> Fully  With Sediment: <input type="checkbox"/> No <input checked="" type="checkbox"/> Partially <input type="checkbox"/> Fully
<input type="checkbox"/> Open drainage	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> rip-rap <input type="checkbox"/> Other: _____	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other: _____	Depth: _____ Top Width: _____ Bottom Width: _____	[Hatched Area]	
<input type="checkbox"/> In-Stream	(applicable when collecting samples)				
Flow Present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, Skip to Section 5</i>				
Flow Description (If present)	<input checked="" type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial				

## Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	____' ____"	Ft, In	Tape measure
	Measured length	____' ____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature	<b>60.1</b>		°F	Thermometer
pH	<b>7</b>		pH Units	Test strip/Probe
Ammonia	<b>0</b>		mg/L	Test strip

# VILLAGE OF MUKWONAGO ILICIT DISCHARGE FIELD SCREENING SHEET

**Section 4: Physical Indicators for Flowing Outfalls Only**  
 Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint <input type="checkbox"/> 2 - Easily detected <input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle <input type="checkbox"/> 2 - Clearly visible in sample bottle <input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness <input type="checkbox"/> 2 - Cloudy <input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious <input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen) <input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

**Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls**  
 Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
Deposits/Stains	<input type="checkbox"/>	<input type="checkbox"/> Oily <input type="checkbox"/> Flow Line <input type="checkbox"/> Paint <input type="checkbox"/> Other:	
Abnormal Vegetation	<input checked="" type="checkbox"/>	<input type="checkbox"/> Excessive <input checked="" type="checkbox"/> Inhibited	ATTAILS
Poor pool quality	<input type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input checked="" type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input checked="" type="checkbox"/> Green <input type="checkbox"/> Other:	

**Section 6: Overall Outfall Characterization**  
 Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

**Section 7: Data Collection**

- Sample for the lab?  Yes  No
- If yes, collected from:  Flow  Pool
- Intermittent flow trap set?  Yes  No *If Yes, type:  OBM  Caulk dam*

**Section 8: Any Non-Ilicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?**

# VILLAGE OF MUKWONAGO ILLICIT DISCHARGE FIELD SCREENING SHEET

## Section 1: Background Data

Subwatershed:		Outfall ID: <u>3</u>	
Today's date: <u>10-4-10</u>		Time (Military): <u>11:10</u>	
Investigators: <u>Ron Bittner</u>		Form completed by: <u>Ron Bittner</u>	
Temperature (°F): <u>57</u>	Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u>		
Nearest Intersection / Location: <u>CTY HWY 85 (FOX ST) + MCKENZIE AVE</u>			
Camera:		Photo #: <u>1 (006) (GRANDPIL 5B)</u>	
Land Use in Drainage Area (Check all that apply):			
<input type="checkbox"/> Industrial	<input type="checkbox"/> Open Space		
<input type="checkbox"/> Single Family	<input type="checkbox"/> Institutional		
<input type="checkbox"/> Multi Family	Other: _____		
<input checked="" type="checkbox"/> Commercial	Known Industries: _____		
Notes (e.g., origin of outfall, if known):			

## Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED	
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Elliptical <input type="checkbox"/> Box <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: <u>42"</u>  Depth: _____ Top Width: _____ Bottom Width: _____	In Water: <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully  With Sediment: <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully
<input type="checkbox"/> Open drainage	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> rip-rap <input type="checkbox"/> Other: _____	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other: _____	Depth: _____ Top Width: _____ Bottom Width: _____	(This area is shaded in the original form)	
<input checked="" type="checkbox"/> In-Stream	(applicable when collecting samples)				
Flow Present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, Skip to Section 5</i>				
Flow Description (If present)	<input checked="" type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial				

## Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	___' ___"	Ft, In	Tape measure
	Measured length	___' ___"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature	<u>55.1</u>	°F	Thermometer	
pH	<u>7</u>	pH Units	Test strip/Probe	
Ammonia	<u>0</u>	mg/L	Test strip	

## VILLAGE OF MUKWONAGO ILLICIT DISCHARGE FIELD SCREENING SHEET

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the Flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
Deposits/Stains	<input type="checkbox"/>	<input type="checkbox"/> Oily <input type="checkbox"/> Flow Line <input type="checkbox"/> Paint <input type="checkbox"/> Other:	
Abnormal Vegetation	<input type="checkbox"/>	<input type="checkbox"/> Excessive <input type="checkbox"/> Inhibited	
Poor pool quality	<input type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. If yes, collected from:	<input type="checkbox"/> Flow <input type="checkbox"/> Pool <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Intermittent flow trap set?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

If Yes, type:  OBM  Caulk dam

### Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

# VILLAGE OF MUKWONAGO ILLICIT DISCHARGE FIELD SCREENING SHEET

## Section 1: Background Data

Subwatershed:		Outfall ID: <u>K</u>	
Today's date: <u>10-9-10</u>		Time (Military): <u>11:30</u>	
Investigators: <u>Ron Butner</u>		Form completed by: <u>Ron Butner</u>	
Temperature (°F): <u>56</u>	Rainfall (in.): Last 24 hours: <input type="checkbox"/>	Last 48 hours: <input type="checkbox"/>	
Nearest Intersection / Location: <u>CH 4th St</u> <u>1000' E</u> <u>END OF 1st St</u>			
Camera:		Photo #s: <u>0</u>	
Land Use in Drainage Area (Check all that apply):			
<input type="checkbox"/> Industrial		<input checked="" type="checkbox"/> Open Space	
<input checked="" type="checkbox"/> Single Family		<input checked="" type="checkbox"/> Institutional	
<input checked="" type="checkbox"/> Multi Family		Other: _____	
<input checked="" type="checkbox"/> Commercial		Known Industries: _____	
Notes (e.g., origin of outfall, if known):			

## Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED	
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Elliptical <input type="checkbox"/> Box <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: <u>72"</u>  Depth: _____ Top Width: _____ Bottom Width: _____	In Water: <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully  With Sediment: <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully
<input type="checkbox"/> Open drainage	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> rip-rap <input type="checkbox"/> Other: _____	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other: _____	Depth: _____ Top Width: _____ Bottom Width: _____	(Hatched area)	
<input type="checkbox"/> In-Stream	(applicable when collecting samples)				
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>				
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial				

## Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume	Liter	Bottle	
	Time to fill	Sec		
<input type="checkbox"/> Flow #2	Flow depth	In	Tape measure	
	Flow width	Ft, In	Tape measure	
	Measured length	Ft, In	Tape measure	
	Time of travel	S	Stop watch	
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

# VILLAGE OF MUKWONAGO ILICIT DISCHARGE FIELD SCREENING SHEET

## Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight, origin not obvious	<input type="checkbox"/> 2 - Some indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some: origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

## Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Spalling <input type="checkbox"/> Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	PAO ERROSTOP
Deposits/Stains	<input type="checkbox"/>	<input type="checkbox"/> Oily <input type="checkbox"/> Flow Line <input type="checkbox"/> Paint <input type="checkbox"/> Other:	
Abnormal Vegetation	<input type="checkbox"/>	<input type="checkbox"/> Excessive <input type="checkbox"/> Inhibited	
Poor pool quality	<input type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

## Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

## Section 7: Data Collection

1. Sample for the lab?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. If yes, collected from:	<input type="checkbox"/> Flow <input type="checkbox"/> Pool <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Intermittent flow trap set?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

If Yes, type:  OBM  Caulk dam

## Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

# VILLAGE OF MUKWONAGO ILLICIT DISCHARGE FIELD SCREENING SHEET

## Section 1: Background Data

Subwatershed:	Outfall ID: <u>  L  </u>
Today's date: <u>10-4-10</u>	Time (Military): <u>11:40</u>
Investigators: <u>Ron Rittner</u>	Form completed by: <u>Ron Rittner</u>
Temperature (°F):	Rainfall (in.): Last 24 hours: <input type="radio"/> Last 48 hours: <input type="radio"/>
Nearest Intersection / Location: <u>CTY HWY NN + CTY HWY EE</u>	
Camera:	Photo #s: <u>0</u>
Land Use in Drainage Area (Check all that apply):	
<input type="checkbox"/> Industrial	<input checked="" type="checkbox"/> Open Space
<input checked="" type="checkbox"/> Single Family	<input checked="" type="checkbox"/> Institutional
<input type="checkbox"/> Multi Family	Other: _____
<input type="checkbox"/> Commercial	Known Industries: _____
Notes (e.g., origin of outfall, if known):	

## Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED	
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Elliptical <input type="checkbox"/> Box <input type="checkbox"/> Other: _____	<input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple <input checked="" type="checkbox"/> Other: <u>4</u>	Diameter/Dimensions: <u>21"</u>  Depth: _____ Top Width: _____ Bottom Width: _____	In Water: <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully  With Sediment: <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully
<input type="checkbox"/> Open drainage	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> rip-rap <input type="checkbox"/> Other: _____	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other: _____	Depth: _____ Top Width: _____ Bottom Width: _____	(Shaded area)	
<input type="checkbox"/> In-Stream	(applicable when collecting samples)				
Flow Present?:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>				
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial				

## Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	____' ____"	Ft, In	Tape measure
	Measured length	____' ____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## VILLAGE OF MUKWONAGO ILLICIT DISCHARGE FIELD SCREENING SHEET

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight, origin not obvious	<input type="checkbox"/> 2 - Some, indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some, origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
Deposits/Stains	<input type="checkbox"/>	<input type="checkbox"/> Oily <input type="checkbox"/> Flow Line <input type="checkbox"/> Paint <input type="checkbox"/> Other:	
Abnormal Vegetation	<input type="checkbox"/>	<input type="checkbox"/> Excessive <input type="checkbox"/> Inhibited	
Poor pool quality	<input type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. If yes, collected from:	<input type="checkbox"/> Flow <input type="checkbox"/> Pool <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If Yes, type: <input type="checkbox"/> OBM <input type="checkbox"/> Caulk dam</i>
3. Intermittent flow trap set?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

### Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

# VILLAGE OF MUKWONAGO ILLICIT DISCHARGE FIELD SCREENING SHEET

## Section 1: Background Data

Subwatershed: _____		Outfall ID: <u>M</u>	
Today's date: <u>10-11-10</u>		Time (Military): <u>12155</u>	
Investigators: <u>Ron Bidinger</u>		Form completed by: <u>Ron Bidinger</u>	
Temperature (°F): <u>66</u>	Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u>		
Nearest Intersection / Location: <u>724 RIMMUR ST DR</u>			
Camera: _____		Photo #: <u>0</u>	
Land Use in Drainage Area (Check all that apply):			
<input type="checkbox"/> Industrial		<input checked="" type="checkbox"/> Open Space	
<input checked="" type="checkbox"/> Single Family		<input type="checkbox"/> Institutional	
<input type="checkbox"/> Multi Family		Other: _____	
<input type="checkbox"/> Commercial		Known Industries: _____	
Notes (e.g., origin of outfall, if known): _____			

## Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Elliptical <input type="checkbox"/> Box <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: <u>36"</u>  In Water: <input type="checkbox"/> No <input checked="" type="checkbox"/> Partially <input type="checkbox"/> Fully  With Sediment: <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully
<input type="checkbox"/> Open drainage	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> rip-rap <input type="checkbox"/> Other: _____	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other: _____	Depth: _____ Top Width: _____ Bottom Width: _____	(Hatched area)
<input type="checkbox"/> In-Stream	(applicable when collecting samples)			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

## Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	___' ___"	Ft, In	Tape measure
	Measured length	___' ___"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## VILLAGE OF MUKWONAGO ILICIT DISCHARGE FIELD SCREENING SHEET

**Section 4: Physical Indicators for Flowing Outfalls Only**  
 Are Any Physical Indicators Present in the flow?  Yes  No (If No, Skip to Section 5)

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables - Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight, origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

**Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls**  
 Are physical indicators that are not related to flow present?  Yes  No (If No, Skip to Section 6)

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
Deposits/Stains	<input type="checkbox"/>	<input type="checkbox"/> Oily <input type="checkbox"/> Flow Line <input type="checkbox"/> Paint <input type="checkbox"/> Other:	
Abnormal Vegetation	<input type="checkbox"/>	<input type="checkbox"/> Excessive <input type="checkbox"/> Inhibited	
Poor pool quality	<input type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input checked="" type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input checked="" type="checkbox"/> Green <input type="checkbox"/> Other:	

**Section 6: Overall Outfall Characterization**  
 Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

**Section 7: Data Collection**

1. Sample for the lab?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. If yes, collected from:	<input type="checkbox"/> Flow <input type="checkbox"/> Pool <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">If Yes, type: <input type="checkbox"/> OBM <input type="checkbox"/> Caulk dam</span>
3. Intermittent flow trap set?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?**

# VILLAGE OF MUKWONAGO ILLICIT DISCHARGE FIELD SCREENING SHEET

## Section 1: Background Data

Subwatershed:	Outfall ID: <b>N</b>
Today's date: <b>10-4-10</b>	Time (Military): <b>12:00</b>
Investigators: <b>Ron Bitter</b>	Form completed by: <b>Ron Bitter</b>
Temperature (°F): <b>66</b>	Rainfall (in.): Last 24 hours: <b>0</b> Last 48 hours: <b>0</b>
Nearest Intersection / Location: <b>S17 VALHALLA DR</b>	
Camera:	Photo #s: <b>0</b>
Land Use in Drainage Area (Check all that apply):	
<input type="checkbox"/> Industrial <span style="margin-left: 200px;"><input checked="" type="checkbox"/> Open Space</span> <input checked="" type="checkbox"/> Single Family <span style="margin-left: 150px;"><input type="checkbox"/> Institutional</span> <input type="checkbox"/> Multi Family <span style="margin-left: 150px;">Other: _____</span> <input type="checkbox"/> Commercial <span style="margin-left: 150px;">Known Industries: _____</span>	
Notes (e.g., origin of outfall, if known):	

## Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Circular <input checked="" type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: <div style="text-align: center; font-size: 1.2em;"><b>42"</b></div>	In Water: <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully  With Sediment: <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully
<input type="checkbox"/> Open drainage	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> rip-rap <input type="checkbox"/> Other: _____	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other: _____	Depth: _____ Top Width: _____ Bottom Width: _____	(Hatched area)
<input type="checkbox"/> In-Stream	(applicable when collecting samples)			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><i>If No, Skip to Section 5</i></span>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

## Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume	Liter	Bottle	
	Time to fill	Sec		
<input type="checkbox"/> Flow #2	Flow depth	In	Tape measure	
	Flow width	____' ____"	Tape measure	
	Measured length	____' ____"	Tape measure	
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## VILLAGE OF MUKWONAGO ILLICIT DISCHARGE FIELD SCREENING SHEET

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Paint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Paint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables - Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight, origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
Deposits/Stains	<input type="checkbox"/>	<input type="checkbox"/> Oily <input type="checkbox"/> Flow Line <input type="checkbox"/> Paint <input type="checkbox"/> Other:	
Abnormal Vegetation	<input type="checkbox"/>	<input type="checkbox"/> Excessive <input type="checkbox"/> Inhibited	
Poor pool quality	<input type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. If yes, collected from:	<input type="checkbox"/> Flow <input type="checkbox"/> Pool <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Intermittent flow trap set?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

### Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

# VILLAGE OF MUKWONAGO ILLICIT DISCHARGE FIELD SCREENING SHEET

## Section 1: Background Data

Subwatershed:		Outfall ID: <u>0</u>	
Today's date: <u>10-4-10</u>		Time (Military): <u>13:14</u>	
Investigators: <u>Ron Bittner</u>		Form completed by: <u>Ron Bittner</u>	
Temperature (°F): <u>66</u>	Rainfall (in.): Last 24 hours: <input type="radio"/> Last 48 hours: <input type="radio"/>		
Nearest Intersection / Location: <u>511 EAGLE LAKE AVE</u>			
Camera:	Photo #s: <u>0</u>		
Land Use in Drainage Area (Check all that apply):			
<input type="checkbox"/> Industrial	<input checked="" type="checkbox"/> Open Space		
<input checked="" type="checkbox"/> Single Family	<input checked="" type="checkbox"/> Institutional		
<input type="checkbox"/> Multi Family	Other: _____		
<input checked="" type="checkbox"/> Commercial	Known Industries: _____		
Notes (e.g., origin of outfall, if known):			

## Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Elliptical <input type="checkbox"/> Box <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: <u>36"</u>  In Water: <input type="checkbox"/> No <input checked="" type="checkbox"/> Partially <input type="checkbox"/> Fully  With Sediment: <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully
<input type="checkbox"/> Open drainage	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> rip-rap <input type="checkbox"/> Other: _____	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other: _____	Depth: _____ Top Width: _____ Bottom Width: _____	(Hatched area)
<input type="checkbox"/> In-Stream	(applicable when collecting samples)			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

## Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	___' ___"	Ft, In	Tape measure
	Measured length	___' ___"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## VILLAGE OF MUKWONAGO ILLICIT DISCHARGE FIELD SCREENING SHEET

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Paint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight, origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
Deposits/Stains	<input type="checkbox"/>	<input type="checkbox"/> Oily <input type="checkbox"/> Flow Line <input type="checkbox"/> Paint <input type="checkbox"/> Other:	
Abnormal Vegetation	<input type="checkbox"/>	<input type="checkbox"/> Excessive <input type="checkbox"/> Inhibited	
Poor pool quality	<input type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. If yes, collected from:	<input type="checkbox"/> Flow <input type="checkbox"/> Pool <input type="checkbox"/> Intermittent flow trap set? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Intermittent flow trap set?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If Yes, type:</i> <input type="checkbox"/> OBM <input type="checkbox"/> Caulk dam

### Section 8: Any Non-Illlicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

# VILLAGE OF MUKWONAGO ILLICIT DISCHARGE FIELD SCREENING SHEET

## Section 1: Background Data

Subwatershed:	Outfall ID: <b>P</b>
Today's date: <b>10-4-10</b>	Time (Military): <b>13:26</b>
Investigators: <b>Ron Bittner</b>	Form completed by: <b>Ron Bittner</b>
Temperature (°F): <b>66</b>	Rainfall (in.): Last 24 hours: <b>0</b> Last 48 hours: <b>0</b>
Nearest Intersection / Location: <b>WEST END OF WAHL AVB.</b>	
Camera:	Photo #s: <b>0</b>
Land Use in Drainage Area (Check all that apply):	
<input type="checkbox"/> Industrial	<input checked="" type="checkbox"/> Open Space
<input checked="" type="checkbox"/> Single Family	<input type="checkbox"/> Institutional
<input type="checkbox"/> Multi Family	Other: _____
<input checked="" type="checkbox"/> Commercial	Known Industries: _____
Notes (e.g., origin of outfall, if known):	

## Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED	
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Elliptical <input type="checkbox"/> Box <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: <b>48"</b>  Depth: _____ Top Width: _____ Bottom Width: _____	In Water: <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully  With Sediment: <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully
<input type="checkbox"/> Open drainage	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> rip-rap <input type="checkbox"/> Other: _____	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other: _____	Depth: _____ Top Width: _____ Bottom Width: _____	(Hatched area)	
<input type="checkbox"/> In-Stream	(applicable when collecting samples)				
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i> <b>√ 1 MH. EAST ON WAHL</b>				
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial				

## Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume	Liter	Bottle	
	Time to fill	Sec		
<input type="checkbox"/> Flow #2	Flow depth	In	Tape measure	
	Flow width	Ft, In	Tape measure	
	Measured length	Ft, In	Tape measure	
	Time of travel	S	Stop watch	
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

# VILLAGE OF MUKWONAGO ILICIT DISCHARGE FIELD SCREENING SHEET

**Section 4: Physical Indicators for Flowing Outfalls Only**  
 Are Any Physical Indicators Present in the flow?  Yes  No (If No, Skip to Section 5)

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Paint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

**Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls**  
 Are physical indicators that are not related to flow present?  Yes  No (If No, Skip to Section 6)

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
Deposits/Stains	<input type="checkbox"/>	<input type="checkbox"/> Oily <input type="checkbox"/> Flow Line <input type="checkbox"/> Paint <input type="checkbox"/> Other:	
Abnormal Vegetation	<input type="checkbox"/>	<input type="checkbox"/> Excessive <input type="checkbox"/> Inhibited	
Poor pool quality	<input type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

**Section 6: Overall Outfall Characterization**  
 Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

**Section 7: Data Collection**

1. Sample for the lab?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. If yes, collected from:	<input type="checkbox"/> Flow <input type="checkbox"/> Pool <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Intermittent flow trap set?	<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">If Yes, type: <input type="checkbox"/> OBM <input type="checkbox"/> Caulk dam</span>

**Section 8: Any Non-Ilicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?**

# VILLAGE OF MUKWONAGO ILLICIT DISCHARGE FIELD SCREENING SHEET

## Section 1: Background Data

Subwatershed:	Outfall ID: <u>Q</u>
Today's date: <u>10-4-10</u>	Time (Military): <u>13:31</u>
Investigators: <u>Ron Bittner</u>	Form completed by: <u>Ron Bittner</u>
Temperature (°F): <u>66</u>	Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u>
Nearest Intersection / Location: <u>FRONT ST + JOHNSON ST</u>	
Camera:	Photo #s: <u>0</u>
Land Use in Drainage Area (Check all that apply):	
<input type="checkbox"/> Industrial <span style="margin-left: 200px;"><input type="checkbox"/> Open Space</span> <input checked="" type="checkbox"/> Single Family <span style="margin-left: 150px;"><input type="checkbox"/> Institutional</span> <input checked="" type="checkbox"/> Multi Family <span style="margin-left: 150px;">Other: _____</span> <input checked="" type="checkbox"/> Commercial <span style="margin-left: 150px;">Known Industries: _____</span>	
Notes (e.g., origin of outfall, if known):	

## Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED	
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Elliptical <input type="checkbox"/> Box <input type="checkbox"/> Other: _____	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: <u>16"</u>  Depth: _____ Top Width: _____ Bottom Width: _____	In Water: <input type="checkbox"/> No <input checked="" type="checkbox"/> Partially <input type="checkbox"/> Fully  With Sediment: <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully
	<input type="checkbox"/> Open drainage	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> rip-rap <input type="checkbox"/> Other: _____	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other: _____		[Hatched Area]
<input type="checkbox"/> In-Stream	(applicable when collecting samples)				
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>				
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial				

## Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS			
PARAMETER	RESULT	UNIT	EQUIPMENT
<input type="checkbox"/> Flow #1	Volume	Liter	Bottle
	Time to fill	Sec	
<input type="checkbox"/> Flow #2	Flow depth	In	Tape measure
	Flow width	____' ____"	Tape measure
	Measured length	____' ____"	Tape measure
	Time of travel	S	Stop watch
Temperature		°F	Thermometer
pH		pH Units	Test strip/Probe
Ammonia		mg/L	Test strip

## VILLAGE OF MUKWONAGO ILICIT DISCHARGE FIELD SCREENING SHEET

**Section 4: Physical Indicators for Flowing Outfalls Only**  
 Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Sulfide <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Green <input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables - Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Suds <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

**Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls**  
 Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Corrosion <input type="checkbox"/> Peeling Paint	
Deposits/Stains	<input type="checkbox"/>	<input type="checkbox"/> Oily <input type="checkbox"/> Flow Line <input type="checkbox"/> Paint <input type="checkbox"/> Other:	
Abnormal Vegetation	<input type="checkbox"/>	<input type="checkbox"/> Excessive <input type="checkbox"/> Inhabited	
Poor pool quality	<input type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Suds <input type="checkbox"/> Colors <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

**Section 6: Overall Outfall Characterization**  
 Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

**Section 7: Data Collection**

1. Sample for the lab?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. If yes, collected from:	<input type="checkbox"/> Flow <input type="checkbox"/> Pool <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Intermittent flow trap set?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?**

# VILLAGE OF MUKWONAGO ILLICIT DISCHARGE FIELD SCREENING SHEET

## Section 1: Background Data

Subwatershed:		Outfall ID: <b>R</b>	
Today's date: <b>10-4-10</b>		Time (Military): <b>13:48</b>	
Investigators: <b>Ron Bittner</b>		Form completed by: <b>Ron Bittner</b>	
Temperature (°F):	Rainfall (in.): Last 24 hours: <b>0</b>	Last 48 hours: <b>0</b>	
Nearest Intersection / Location: <b>BAYVIEW CIRCLE + BAYVIEW CT.</b>			
Camera:	Photo #s: <b>0</b>		
Land Use in Drainage Area (Check all that apply):			
<input type="checkbox"/> Industrial	<input type="checkbox"/> Open Space		
<input type="checkbox"/> Single Family	<input type="checkbox"/> Institutional		
<input checked="" type="checkbox"/> Multi Family	Other: _____		
<input type="checkbox"/> Commercial	Known Industries: _____		
Notes (e.g., origin of outfall, if known):			

## Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Elliptical <input type="checkbox"/> Box <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: <div style="text-align: center; font-size: 2em;"><b>42"</b></div> In Water: <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully  With Sediment: <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully
<input type="checkbox"/> Open drainage	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> rip-rap <input type="checkbox"/> Other: _____	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other: _____	Depth: _____ Top Width: _____ Bottom Width: _____	
<input type="checkbox"/> In-Stream	(applicable when collecting samples)			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

## Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	____' ____"	Ft, In	Tape measure
	Measured length	____' ____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

## VILLAGE OF MUKWONAGO ILICIT DISCHARGE FIELD SCREENING SHEET

**Section 4: Physical Indicators for Flowing Outfalls Only**  
 Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Paint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

**Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls**  
 Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
Deposits/Stains	<input type="checkbox"/>	<input type="checkbox"/> Oily <input type="checkbox"/> Flow Line <input type="checkbox"/> Paint <input type="checkbox"/> Other:	
Abnormal Vegetation	<input type="checkbox"/>	<input type="checkbox"/> Excessive <input type="checkbox"/> Inhibited	
Poor pool quality	<input type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

**Section 6: Overall Outfall Characterization**  
 Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

**Section 7: Data Collection**

1. Sample for the lab?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. If yes, collected from:	<input type="checkbox"/> Flow <input type="checkbox"/> Pool <input type="checkbox"/> Intermittent flow trap set? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Intermittent flow trap set?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If Yes, type:</i> <input type="checkbox"/> OBM <input type="checkbox"/> Caulk dam

**Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?**

# VILLAGE OF MUKWONAGO ILLICIT DISCHARGE FIELD SCREENING SHEET

## Section 1: Background Data

Subwatershed:	Outfall ID: <u>S</u>
Today's date: <u>10-4-10</u>	Time (Military): <u>12:57</u>
Investigators: <u>Ron Bittner</u>	Form completed by: <u>Ron Bittner</u>
Temperature (°F): <u>66</u>	Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u>
Nearest Intersection / Location: <u>ETW HWY ES + HONEYWELL RD</u>	
Camera:	Photo #s: <u>0</u>
Land Use in Drainage Area (Check all that apply):	
<input type="checkbox"/> Industrial <span style="margin-left: 200px;"><input checked="" type="checkbox"/> Open Space</span> <input checked="" type="checkbox"/> Single Family <span style="margin-left: 150px;"><input type="checkbox"/> Institutional</span> <input checked="" type="checkbox"/> Multi Family <span style="margin-left: 150px;">Other: _____</span> <input checked="" type="checkbox"/> Commercial <span style="margin-left: 150px;">Known Industries: _____</span>	
Notes (e.g., origin of outfall, if known):	

## Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Circular <input checked="" type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: <u>36</u>	In Water: <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully  With Sediment: <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully
<input type="checkbox"/> Open drainage	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> rip-rap <input type="checkbox"/> Other: _____	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other: _____	Depth: _____ Top Width: _____ Bottom Width: _____	(Hatched area)
<input type="checkbox"/> In-Stream	(applicable when collecting samples)			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="margin-left: 20px;"><i>If No, Skip to Section 5</i></span>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

## Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume		Liter	Bottle
	Time to fill		Sec	
<input type="checkbox"/> Flow #2	Flow depth		In	Tape measure
	Flow width	____' ____"	Ft, In	Tape measure
	Measured length	____' ____"	Ft, In	Tape measure
	Time of travel		S	Stop watch
Temperature			°F	Thermometer
pH			pH Units	Test strip/Probe
Ammonia			mg/L	Test strip

## VILLAGE OF MUKWONAGO ILICIT DISCHARGE FIELD SCREENING SHEET

### Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint <input type="checkbox"/> 2 - Easily detected <input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Paint colors in sample bottle <input type="checkbox"/> 2 - Clearly visible in sample bottle <input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness <input type="checkbox"/> 2 - Cloudy <input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious <input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen) <input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

### Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Corrosion	<input type="checkbox"/> Peeling Paint
Deposits/Stains	<input type="checkbox"/>	<input type="checkbox"/> Oily <input type="checkbox"/> Flow Line <input type="checkbox"/> Paint <input type="checkbox"/> Other:	
Abnormal Vegetation	<input type="checkbox"/>	<input type="checkbox"/> Excessive <input type="checkbox"/> Inhibited	
Poor pool quality	<input type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

### Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

### Section 7: Data Collection

1. Sample for the lab?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. If yes, collected from:	<input type="checkbox"/> Flow <input type="checkbox"/> Pool <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Intermitent flow trap set?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

### Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?

# VILLAGE OF MUKWONAGO ILLICIT DISCHARGE FIELD SCREENING SHEET

## Section 1: Background Data

Subwatershed:	Outfall ID: <b>T</b>
Today's date: <b>10-4-10</b>	Time (Military): <b>14:10</b>
Investigators: <b>Ron Bittner</b>	Form completed by: <b>Ron Bittner</b>
Temperature (°F): <b>46</b>	Rainfall (in.): Last 24 hours: <b>0</b> Last 48 hours: <b>0</b>
Nearest Intersection / Location: <b>RTY HWY 25 + RTY HWY 5</b>	
Camera:	Photo #s: <b>0</b>
Land Use in Drainage Area (Check all that apply):	
<input type="checkbox"/> Industrial	<input checked="" type="checkbox"/> Open Space
<input checked="" type="checkbox"/> Single Family	<input type="checkbox"/> Institutional
<input type="checkbox"/> Multi Family	Other: <b>AGRICULTURE</b>
<input checked="" type="checkbox"/> Commercial	Known Industries: _____
Notes (e.g., origin of outfall, if known):	

## Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Other: _____	<input type="checkbox"/> Circular <input checked="" type="checkbox"/> Elliptical <input type="checkbox"/> Box <input type="checkbox"/> Other: _____	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: <b>24 x 12</b>  In Water: <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully  With Sediment: <input type="checkbox"/> No <input checked="" type="checkbox"/> Partially <input type="checkbox"/> Fully
<input type="checkbox"/> Open drainage	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> rip-rap <input type="checkbox"/> Other: _____	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other: _____	Depth: _____ Top Width: _____ Bottom Width: _____	(Hatched area)
<input type="checkbox"/> In-Stream	(applicable when collecting samples)			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

## Section 3: Quantitative Characterization

FIELD DATA FOR FLOWING OUTFALLS				
PARAMETER	RESULT	UNIT	EQUIPMENT	
<input type="checkbox"/> Flow #1	Volume	Liter	Bottle	
	Time to fill	Sec		
<input type="checkbox"/> Flow #2	Flow depth	In	Tape measure	
	Flow width	Ft, In	Tape measure	
	Measured length	Ft, In	Tape measure	
	Time of travel	S	Stop watch	
Temperature		°F	Thermometer	
pH		pH Units	Test strip/Probe	
Ammonia		mg/L	Test strip	

# VILLAGE OF MUKWONAGO ILLICIT DISCHARGE FIELD SCREENING SHEET

## Section 4: Physical Indicators for Flowing Outfalls Only

Are Any Physical Indicators Present in the flow?  Yes  No *(If No, Skip to Section 5)*

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Paint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Suds <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

## Section 5: Physical Indicators for Both Flowing and Non-Flowing Outfalls

Are physical indicators that are not related to flow present?  Yes  No *(If No, Skip to Section 6)*

INDICATOR	CHECK if Present	DESCRIPTION		COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling, Cracking or Chipping <input type="checkbox"/> Corrosion	<input type="checkbox"/> Peeling Paint	
Deposits/Stains	<input type="checkbox"/>	<input type="checkbox"/> Oily <input type="checkbox"/> Flow Line <input type="checkbox"/> Paint	<input type="checkbox"/> Other:	
Abnormal Vegetation	<input type="checkbox"/>	<input type="checkbox"/> Excessive <input type="checkbox"/> Inhibited		
Poor pool quality	<input type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:		
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:		

## Section 6: Overall Outfall Characterization

Unlikely  Potential (presence of two or more indicators)  Suspect (one or more indicators with a severity of 3)  Obvious

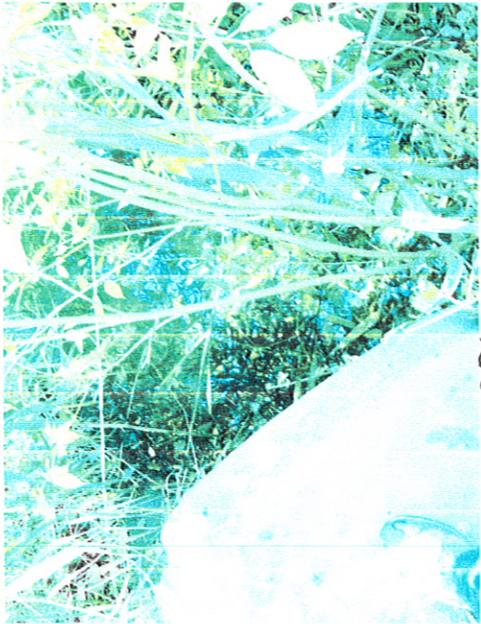
## Section 7: Data Collection

1. Sample for the lab?  Yes  No

2. If yes, collected from:  Flow  Pool

3. Intermittent flow trap set?  Yes  No *If Yes, type:  OBM  Caulk dam*

## Section 8: Any Non-Illicit Discharge Concerns (e.g., trash or needed infrastructure repairs)?



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**VILLAGE OF MUKWONAGO SNOW REMOVAL SUMMARY**

Inspector's Name: Thomson R Brandemuehl  
Date: 12-21-10  
Estimated Snow Depth: Trace Ice  
Temperature: 20°  
Wind Speed and Direction: \_\_\_\_\_  
Freezing Rain / Icing Conditions (Yes/No)? Yes  
Estimated Total Salt Usage: 25 TON

**Salt Application and Plowing Scenario:**

*Check All That Apply*

- Salt Intersections; No Plowing
- Salt Intersections and Main Roads; No Plowing
- Salt All Roads; No Plowing
- Salt Intersections With Plowing
- Salt Intersections and Main Roads With Plowing
- Salt All Roads With Plowing
- Multiple Salt Applications and Plowing (Describe) \_\_\_\_\_
- Other (Describe) \_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## VILLAGE OF MUKWONAGO SNOW REMOVAL SUMMARY

Inspector's Name: Thomas Baendemann  
Date: 12-21-10  
Estimated Snow Depth: 2 1/2"  
Temperature: 22° - 37°  
Wind Speed and Direction: \_\_\_\_\_  
Freezing Rain / Icing Conditions (Yes/No)?: (Yes)  
Estimated Total Salt Usage: 30 TON

### Salt Application and Plowing Scenario:

*Check All That Apply*

- Salt Intersections; No Plowing
- Salt Intersections and Main Roads; No Plowing
- Salt All Roads; No Plowing
- Salt Intersections With Plowing
- Salt Intersections and Main Roads With Plowing
- Salt All Roads With Plowing
- Multiple Salt Applications and Plowing (Describe) \_\_\_\_\_
- Other (Describe) \_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VILLAGE OF MUKWONAGO SNOW REMOVAL SUMMARY

Inspector's Name: Thomas R Brandemuehl  
Date: 12-12-10  
Estimated Snow Depth: 1''  
Temperature: 20°  
Wind Speed and Direction: 20-30 NW  
Freezing Rain / Icing Conditions (Yes/No)?: \_\_\_\_\_  
Estimated Total Salt Usage: 10 Ton

**Salt Application and Plowing Scenario:**

*Check All That Apply*

- Salt Intersections; No Plowing
- Salt Intersections and Main Roads; No Plowing
- Salt All Roads; No Plowing
- Salt Intersections With Plowing
- Salt Intersections and Main Roads With Plowing
- Salt All Roads With Plowing
- Multiple Salt Applications and Plowing (Describe) \_\_\_\_\_
- Other (Describe) \_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# VILLAGE OF MUKWONAGO SNOW REMOVAL SUMMARY

Inspector's Name: Thomas R Brandemuhl  
Date: 12-12-10  
Estimated Snow Depth: 3"  
Temperature: 39° - 20°  
Wind Speed and Direction: \_\_\_\_\_  
Freezing Rain (Icing Conditions) (Yes/No)?: \_\_\_\_\_  
Estimated Total Salt Usage: 20 TON

### Salt Application and Plowing Scenario:

*Check All That Apply*

- Salt Intersections; No Plowing
- Salt Intersections and Main Roads; No Plowing
- Salt All Roads; No Plowing
- Salt Intersections With Plowing
- Salt Intersections and Main Roads With Plowing
- Salt All Roads With Plowing
- Multiple Salt Applications and Plowing (Describe) \_\_\_\_\_
- Other (Describe) \_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VILLAGE OF MUKWONAGO SNOW REMOVAL SUMMARY**

Inspector's Name: Thomas R Brendemeuhl  
Date: 12-10-10  
Estimated Snow Depth: 1"  
Temperature: 20°  
Wind Speed and Direction: \_\_\_\_\_  
Freezing Rain / Icing Conditions (Yes/No)?: \_\_\_\_\_  
Estimated Total Salt Usage: 10 Ton

**Salt Application and Plowing Scenario:**  
*Check All That Apply*

- Salt Intersections; No Plowing
- Salt Intersections and Main Roads; No Plowing
- Salt All Roads; No Plowing
- Salt Intersections With Plowing
- Salt Intersections and Main Roads With Plowing
- Salt All Roads With Plowing
- Multiple Salt Applications and Plowing (Describe) \_\_\_\_\_
- Other (Describe) \_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VILLAGE OF MUKWONAGO SNOW REMOVAL SUMMARY**

Inspector's Name: Thomas Brandemuehl

Date: 12-9-10

Estimated Snow Depth: 2''

Temperature: 20°

Wind Speed and Direction: \_\_\_\_\_

Freezing Rain / Icing Conditions (Yes/No)?: \_\_\_\_\_

Estimated Total Salt Usage: 25 TON

**Salt Application and Plowing Scenario:**

*Check All That Apply*

- Salt Intersections; No Plowing
- Salt Intersections and Main Roads; No Plowing
- Salt All Roads; No Plowing
- Salt Intersections With Plowing
- Salt Intersections and Main Roads With Plowing
- Salt All Roads With Plowing
- Multiple Salt Applications and Plowing (Describe) \_\_\_\_\_
- Other (Describe) \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VILLAGE OF MUKWONAGO SNOW REMOVAL SUMMARY**

Inspector's Name: Thomas R Brandemuehl  
Date: 12-4-10  
Estimated Snow Depth: 3.5"  
Temperature: 20°  
Wind Speed and Direction: \_\_\_\_\_  
Freezing Rain / Icing Conditions (Yes/No)?: ~~No~~  
Estimated Total Salt Usage: 35 Tons

**Salt Application and Plowing Scenario:**

*Check All That Apply*

- Salt Intersections; No Plowing
- Salt Intersections and Main Roads; No Plowing
- Salt All Roads; No Plowing
- Salt Intersections With Plowing
- Salt Intersections and Main Roads With Plowing
- Salt All Roads With Plowing
- Multiple Salt Applications and Plowing (Describe) \_\_\_\_\_
- Other (Describe) \_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VILLAGE OF MUKWONAGO SNOW REMOVAL SUMMARY**

Inspector's Name: Thomas Brondmuel  
Date: 2/25/10  
Estimated Snow Depth: 3/4"  
Temperature: 30°  
Wind Speed and Direction: \_\_\_\_\_  
Freezing Rain / Icing Conditions (Yes/No)?: \_\_\_\_\_  
Estimated Total Salt Usage: 20T

**Salt Application and Plowing Scenario:**  
*Check All That Apply*

- Salt Intersections; No Plowing
- Salt Intersections and Main Roads; No Plowing
- Salt All Roads; No Plowing
- Salt Intersections With Plowing
- Salt Intersections and Main Roads With Plowing
- Salt All Roads With Plowing
- Multiple Salt Applications and Plowing (Describe) \_\_\_\_\_
- Other (Describe) \_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VILLAGE OF MUKWONAGO SNOW REMOVAL SUMMARY**

Inspector's Name: Thomas Brondemuehl

Date: 2 / 24 / 10

Estimated Snow Depth: 1/2"

Temperature: 28°

Wind Speed and Direction: \_\_\_\_\_

Freezing Rain / Icing Conditions (Yes/No)?: \_\_\_\_\_

Estimated Total Salt Usage: 20 T

**Salt Application and Plowing Scenario:**

*Check All That Apply*

- Salt Intersections; No Plowing
- Salt Intersections and Main Roads; No Plowing
- Salt All Roads; No Plowing
- Salt Intersections With Plowing
- Salt Intersections and Main Roads With Plowing
- Salt All Roads With Plowing
- Multiple Salt Applications and Plowing (Describe) \_\_\_\_\_
- Other (Describe) \_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VILLAGE OF MUKWONAGO SNOW REMOVAL SUMMARY**

Inspector's Name: Thomas Brandemuehl  
Date: 2-16-10  
Estimated Snow Depth: 1/2"  
Temperature: 26°  
Wind Speed and Direction: \_\_\_\_\_  
Freezing Rain / Icing Conditions (Yes/No)?: (No)  
Estimated Total Salt Usage: 20 TON

**Salt Application and Plowing Scenario:**  
*Check All That Apply*

- Salt Intersections; No Plowing
- Salt Intersections and Main Roads; No Plowing
- Salt All Roads; No Plowing
- Salt Intersections With Plowing
- Salt Intersections and Main Roads With Plowing
- Salt All Roads With Plowing
- Multiple Salt Applications and Plowing (Describe) \_\_\_\_\_
- Other (Describe) \_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VILLAGE OF MUKWONAGO SNOW REMOVAL SUMMARY

Inspector's Name: Thomas R Brundemeck  
Date: 2-10-00  
Estimated Snow Depth: 3.5"  
Temperature: 20°  
Wind Speed and Direction: \_\_\_\_\_  
Freezing Rain / Icing Conditions (Yes/No)? (No)  
Estimated Total Salt Usage: 20 Ton

**Salt Application and Plowing Scenario:**  
*Check All That Apply*

- Salt Intersections; No Plowing
- Salt Intersections and Main Roads; No Plowing
- Salt All Roads; No Plowing
- Salt Intersections With Plowing
- Salt Intersections and Main Roads With Plowing
- Salt All Roads With Plowing
- Multiple Salt Applications and Plowing (Describe) \_\_\_\_\_
- Other (Describe) \_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VILLAGE OF MUKWONAGO SNOW REMOVAL SUMMARY

Inspector's Name: Thomas Brendemuhl  
Date: 2-9-10  
Estimated Snow Depth: 6"  
Temperature: 26°  
Wind Speed and Direction: \_\_\_\_\_  
Freezing Rain / Icing Conditions (Yes/No)? (No)  
Estimated Total Salt Usage: 10 Ton

**Salt Application and Plowing Scenario:**

*Check All That Apply*

- Salt Intersections; No Plowing
- Salt Intersections and Main Roads; No Plowing
- Salt All Roads; No Plowing
- Salt Intersections With Plowing
- <sup>some</sup> Salt Intersections and Main Roads With Plowing
- Salt All Roads With Plowing
- Multiple Salt Applications and Plowing (Describe) \_\_\_\_\_
- Other (Describe) \_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VILLAGE OF MUKWONAGO SNOW REMOVAL SUMMARY

Inspector's Name: Thomas Brandemuhl  
Date: 02-02-10  
Estimated Snow Depth: 2.0"  
Temperature: 26°  
Wind Speed and Direction: \_\_\_\_\_  
Freezing Rain / Icing Conditions (Yes/No)?: (No) \_\_\_\_\_  
Estimated Total Salt Usage: 25 ton

**Salt Application and Plowing Scenario:**  
*Check All That Apply*

- Salt Intersections; No Plowing
- Salt Intersections and Main Roads; No Plowing
- Salt All Roads; No Plowing
- Salt Intersections With Plowing
- Salt Intersections and Main Roads With Plowing
- Salt All Roads With Plowing
- Multiple Salt Applications and Plowing (Describe) \_\_\_\_\_
- Other (Describe) \_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# VILLAGE OF MUKWONAGO SNOW REMOVAL SUMMARY

Inspector's Name: Thomas Brundmichl  
Date: 1-8-10  
Estimated Snow Depth: 6"  
Temperature: 9° - 15°  
Wind Speed and Direction: 15 To 30 MPH  
Freezing Rain / Icing Conditions (Yes/No): (No)  
Estimated Total Salt Usage: 10 Ton

### Salt Application and Plowing Scenario:

Check All That Apply

- Salt Intersections; No Plowing
- Salt Intersections and Main Roads; No Plowing
- Salt All Roads; No Plowing
- Salt Intersections With Plowing
- <sup>Some</sup> Salt Intersections and Main Roads With Plowing
- Salt All Roads With Plowing
- Multiple Salt Applications and Plowing (Describe) \_\_\_\_\_
- Other (Describe) \_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VILLAGE OF MUKWONAGO SNOW REMOVAL SUMMARY**

Inspector's Name: Thomas Brandmuehl  
Date: 1-7-10  
Estimated Snow Depth: 4"  
Temperature: 15°  
Wind Speed and Direction: 15 To 30 MPH  
Freezing Rain / Icing Conditions (Yes/No): (No)  
Estimated Total Salt Usage: 10 Ton

**Salt Application and Plowing Scenario:**

*Check All That Apply*

- Salt Intersections; No Plowing
- Salt Intersections and Main Roads; No Plowing
- Salt All Roads; No Plowing
- Salt Intersections With Plowing
- Salt Intersections and Main Roads With Plowing
- Salt All Roads With Plowing
- Multiple Salt Applications and Plowing (Describe) \_\_\_\_\_
- Other (Describe) \_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Mukwonago - Place of the Bear**  
a Waukesha County blue chip community

**MAP 10**

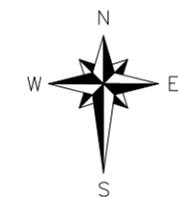
NR 216 STORM SEWER MAP

VILLAGE OF MUKWONAGO  
WAUKESHA COUNTY & WALWORTH COUNTY, WISCONSIN

**LEGEND**

-  MUNICIPAL BOUNDARY
-  COUNTY LINE
-  WATERSHED
-  STORM WATER DRAINAGE BASINS
-  EXISTING STORM SEWER
-  PUBLIC PARKS
-  PUBLIC WORKS FACILITIES
-  WPDES PERMIT HOLDERS
-  EXISTING STORM WATER DETENTION FACILITIES
-  EXISTING MAJOR OUTFALLS
-  EXISTING MINOR OUTFALLS
-  WETLANDS
-  WATERS OF THE STATE
-  GRASS SWALE (USED IN SLAMM CALCULATIONS)

NOTE: FOR MAP CLARITY SIDE YARD AND REAR YARD GRASS SWALES WERE NOT SHOWN

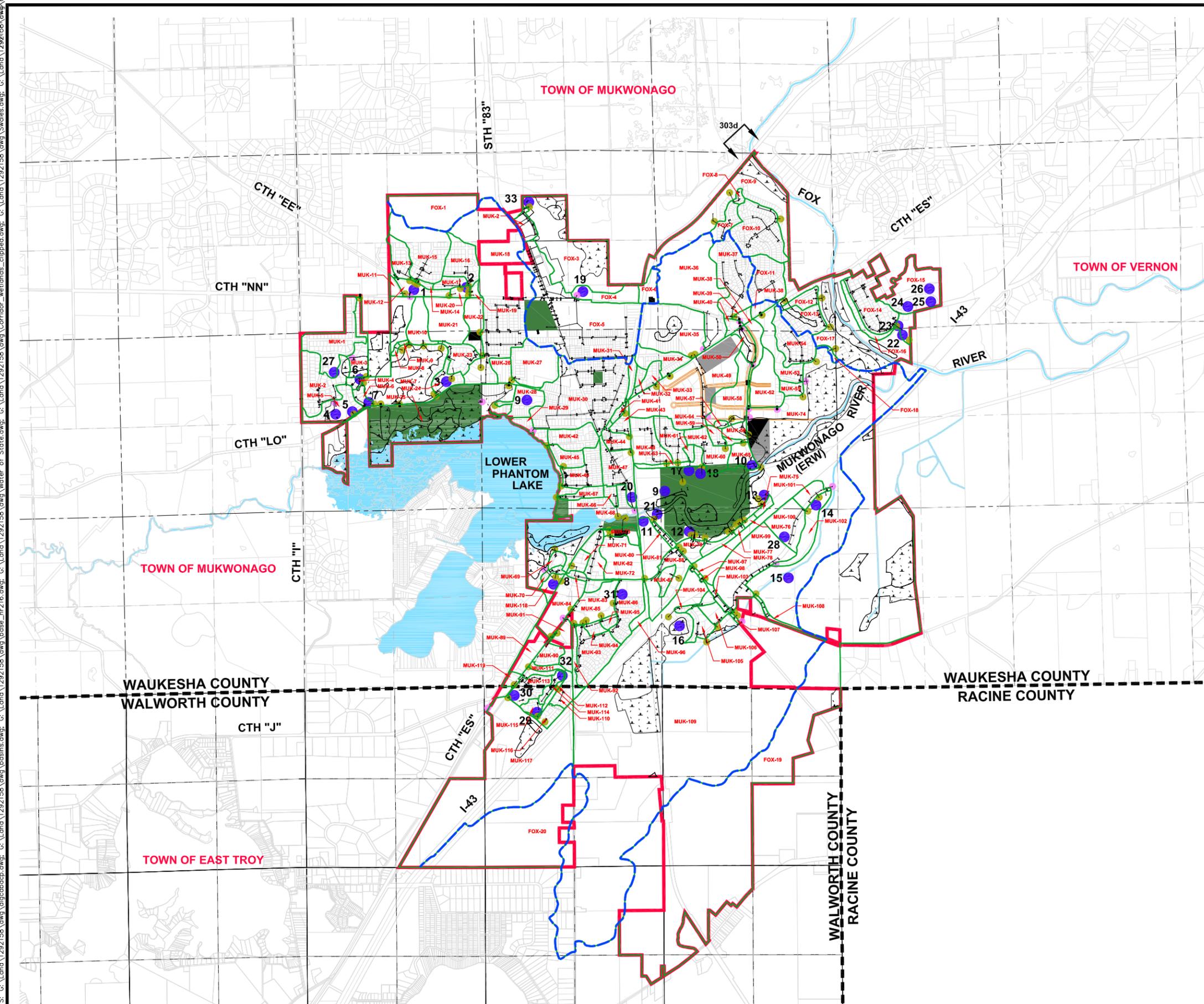


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SCALE IN FEET

DATE: AUGUST, 2009

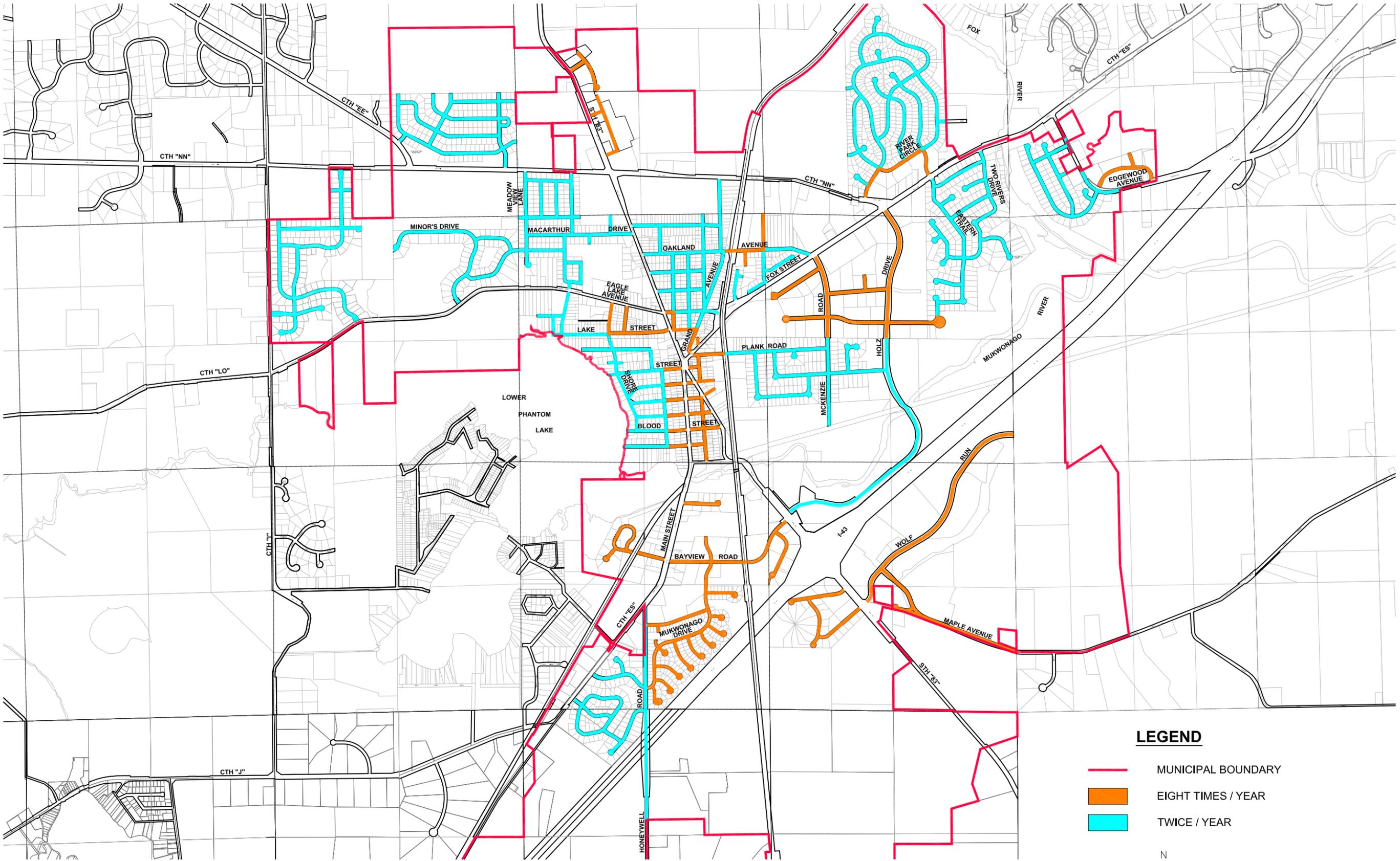
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Aug 10, 2009 9:25am PLOTTED BY: PProth SAVED BY: dklemm  
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SOURCE: RJM  
BASEMAP SOURCE: WAUKESHA COUNTY

01/20/09 11:47 AM C:\Users\jzuercher\Desktop\11417\_Plan.dwg Output1  
DATE: 5/13/2009 11:47 AM C:\Users\jzuercher\Desktop\11417\_Plan.dwg Output1  
USER: jzuercher



**LEGEND**

-  MUNICIPAL BOUNDARY
-  EIGHT TIMES / YEAR
-  TWICE / YEAR



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DATE: MAY, 2009  
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**STREET SWEEPING SCHEDULE**  
**VILLAGE OF MUKWONAGO**  
**WAUKESHA & WALWORTH COUNTIES, WISCONSIN**