

Due by March 31, 2016

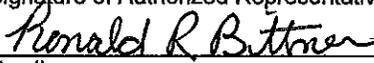
Notice: Pursuant to s. NR 216.07(8), Wis. Adm. Code, an owner or operator of a Municipal Separate Storm Sewer System (MS4) is required to submit an annual report to the Department of Natural Resources (DNR) by March 31 of each year to report on activities for the previous calendar year. This form is being provided by the DNR for the user's convenience. 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.].

This form is for reporting on activities undertaken in calendar year 2015.

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 comply with the general permit. Complete and submit the annual report by March 31, 2016, to the appropriate address indicated on the last page of this form.

SECTION I. Municipal Information			
Name of Municipality		Facility ID No. (FIN)	
Village of Mukwonago		53717	
Mailing Address	City	State	ZIP Code
P.O. Box 206	Mukwonago	WI	53149
County(s) in which Municipality is located		Municipality Type: (select one)	
Waukesha, Walworth		<input type="radio"/> County <input type="radio"/> City <input checked="" type="radio"/> Village <input type="radio"/> Town <input type="radio"/> Other (specify)	

SECTION II. Municipal Contact Information			
Name of Municipal Contact Person		Title	
Ron Bittner		Public Works Director	
Mailing Address (if different from above)	City	State	ZIP Code
		WI	
Email	Phone Number (include area code)	Fax Number (include area code)	
RBITTNER@VILLAGEOFMUKWONGO.COM	(262) 363-6447	(262) 363-7197	

SECTION III. Certification			
<p><i>I hereby certify that I am an authorized representative of the municipality covered under MS4 General Permit No. WI-S050075-2 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.</i></p>			
Authorized Representative Printed Name		Authorized Representative Title	
Ron Bittner		Public Works Director	
Signature of Authorized Representative		Date	
		03/23/2016	
Email	Phone Number (include area code)	Fax Number (include area code)	
RBITTNER@VILLAGEOFMUKWONGO.COM	(262) 363-6447	(262) 363-7197	

SECTION IV. General Information	
<p>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.</p> <p>Information regarding the storm water utility, storm water permit and report can be found on the Village web site. The Village Hall or Public Works Department can provide the information upon request. The website provides links to county, state and federal information on storm water.</p>	
<p>b. Describe how elected and municipal officials and appropriate staff have been kept apprised of the municipal storm water discharge permit and its requirements.</p> <p>Storm water requirements are discussed at staff, development and committee meetings. Staff attends the Waukesha County Storm Water conference and Ruekert and Milke presentations. Wisconsin DNR emails and webinars.</p>	
<p>c. Has the municipality prepared its own municipal-wide storm water management plan? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>If yes, title and date of storm water management plan:</p> <p>Storm Water Management Plan 2009. A copy is available upon request at the Village Hall and on the Village website.</p>	

SECTION IV. General Information (continued)

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 as provided under section 2.10 of the general permit? Yes No

If yes, describe these cooperative efforts:

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

If yes, provide web address:
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:
villageofmukwonago.com

SECTION V. Permit Conditions

a. **Minimum Control Measures:** For each of the permit conditions listed below, provide a description of the implementation of each program element, the status of meeting measurable goals, and compliance with permit schedule in section 2.11 of the MS4 general permit. Provide an evaluation of program compliance with the general permit, the appropriateness of identified best management practices, and progress towards achieving identified measurable goals. 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

Information on storm water issues are available at the Village hall and Village web site.
The Village continues to participate in Waukesha County's Public Information and Education program.
The Village hosted Waukesha County's hazardous household waste collection in May of 2015.
The Public Works Department hosted Waukesha County Department of Parks and Land Use at our annual National Night Out event. Karen Doyle from the county provided an interactive booth for the kids, discussion and literature for the adults.

• Public Involvement and Participation

Spring cleanup at village facilities by citizens and local organizations. Litter and pet waste control by residents.

• Illicit Discharge Detection and Elimination

Village staff completed illicit discharge inspections on major outfalls in the fall of 2015. The results of these inspections are included with this report. 20 outfalls were inspected, 5 of which had flows present. Flows at 4 outfalls were just a trickle, the 5th (outfall Q) exhibited a flow that was above the previously documented amounts. Upon investigation D.F. Tomasini dewatered an excavation the day before on a project located upstream of the pond using this outflow. Based on on-site sampling, none of the flowing outfalls exhibited conditions to suggest illicit discharges were present. Additionally, maintenance issues that were identified will be addressed in 2016. 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 program.

• Construction Site Pollutant Control

Current Policy: NR 216 permitted sites. Village engineers inspect monthly in the Spring, Summer and Fall. 2 times a month in the Winter when the ground is frozen. In the event of issues, inspection are weekly. Weekly inspections are completed by the contractor/project management firm.
Visual inspections are completed by the Inspection Department staff when on site for building inspections.
Village Public Work's staff monitor sites as they complete their daily tasks.
Village Inspection Department permits and monitors sites under 1 acre.
See attached 2015 Erosion Control Permit page.

• Post-Construction Storm Water Management

Visual inspections by staff.
Inspections by the Village engineer.

SECTION V. Permit Conditions (continued)

• **Pollution Prevention**

Good housekeeping is practiced by staff at Village facilities.
Construction sites are monitored by Village engineers and staff.
Communication with residents and businesses on BMP.
Dialogue with residents about yard and pet waste disposal.
Street sweeping (250 hours, approximately 40 TONS collected)
Catch basin cleaning (90 hours, approximately 7 TONS collected)

b. **Winter Road Management Activities:**

Provide the name, title, and phone number for the individual(s) with overall responsibility for winter roadway maintenance.

Ron Bittner
Public Works Director
262-363-6447

Describe the types of products used for winter road management (e.g., deicing, pre-wetting, salting, etc.).

Salt or sand/salt mix as needed. Salt brine for pre-wet.

Describe the type of equipment used to apply the products.

The Village uses under tailgate spreaders on a 6 truck fleet. Three trucks are fitted with speed sensors and electronic controls to dispense material, 2 of these have the ability to pre-wet products.

Report the amount of product used per month.

See attached Snow Event sheet.

Report the snow disposal locations, if snow is hauled away.

Village garage located at 630 CTH NN East.
Municipal parking lot at CTH ES and River Crest Court.

Describe any anti-icing, equipment calibration, and salt reduction strategies considered.

The Village will be purchasing a brine generator and an anti-icing unit in 2016 to be operational in the fall. Currently we are investigating the retrofitting 2 of the older trucks in the fleet with pre-wetting equipment. The Village started retrofitting plows with a more efficient cutting edge in effort to reduce the amount of salt needed to for residual snow.

Describe any other additional measurable data or information that the permittee used to evaluate its winter road management activities.

Electronic controls and monitoring are proving to be effective as a salt reduction tool.

c. **Municipal facility(s):**

Provide an inventory of municipally owned or operated structural storm water management facility(s), include: Location of each facility and contact information for the individual(s) with overall responsibility for each facility.

DPW Shop/ Garage, 630 CTH NN East.
Ron Bittner, DPW Director, 262-363-6447
Randy Peterson, Mechanic, 262-363-6447

Describe the housekeeping activities and best management practices installed to reduce or eliminate storm water contamination.

DPW Garage:
95 % of equipment is stored indoors
All mechanical work and equipment washing is done indoors.
Stock piles are maintained at minimal levels and are located in areas were erosion can be kept to a minimum.
The topsoil stock pile surface is covered with vegetation that is mowed.

SECTION V. Permit Conditions (continued)

Salt is stored indoors and trucks are loaded on an asphalt pad. The pad surface is swept regularly.

Discuss recommendations for improvements to current storm water management practices at the facility(s) and a timeline for installation and/or implementation of these recommendations.

We plan on building containment bins for stock piled materials. the project will start in 2016 and be completed as budgets allow.

Reduce the amount of equipment stored outdoors.

Describe the municipal facility(s) employee training on storm water pollution prevention provided.

Seminars on storm water (Waukesha County and R&M), erosion control and winter road maintenance procedures.

Describe the spill prevention and response procedures in place at the municipal facility(s).

Spill prevention at the DPW shop follows BMP for handling liquids and material. Minor spills are cleaned up by staff. Hazardous or large spills would be handled through the Mukwonago Fire Department's Emergency Management Contingency and Operational Outline. A copy of the plan is available upon request.

d. 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 V 9.3 Reduction (%) 24.6

If no, include a description of any actions the municipality has undertaken during 2015 to help achieve the 20% standard.

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:

e. Best Management Practices Maintenance: Does the municipality have a maintenance program for installed storm water best management practices? Yes No

If yes, describe the maintenance program and any maintenance activities that have occurred for best management practices in 2015. If available, attach any additional information on the maintenance program.

Street sweeping, Storm Grate and Catch Basin cleaning.

Yard waste disposal is handled by contract with John's Disposal. We currently offer 5 yard waste collections per year.

Village facilities are maintained with good housekeeping practices.

Inspections and maintenance of village owned ponds.

Out fall inspections.

Illicit discharge inspections.

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

Installation of Dewey Drive, storm sewer and a storm pond in the new Business Park. Included with this report are maps showing the new storm sewer and the as-built for the pond.

SECTION VI. Fiscal Analysis

a. Provide a fiscal analysis that includes the annual expenditures for 2015, and the budget for 2015 and 2016. A table to document fiscal information is provided on page 7.

See attached budget documents.

SECTION VI. Fiscal Analysis (continued)

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.

A portion of the village south of interstate 43 is in a storm water utility district. Funds for storm water related maintenance is provided for through fees collected from within the district.
The general fund provides for expenses in the rest of the village.

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 updated or revised its 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:

b. As of the date of this annual report, has the municipality updated or revised its 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:

c. As of the date of this annual report, has the municipality updated or revised its 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:

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:

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/topic/surfacewater/orwerw.html>) 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/water/impairedsearch.aspx?status=303d>) 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:
Construction site pollution control and yard waste collections.

SECTION VIII. Water Quality Concerns (continued)

c. Identify any known water quality improvements in the receiving water to which the MS4 discharges during the reporting period.
No know water quality improvements in 2015

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.
No know water quality degradation.

SECTION IX. Proposed Program Changes

Describe any proposed changes to the storm water management program being contemplated by the municipality for 2016 and the schedule for implementing those changes. Proposed program changes must be consistent with the requirements of the general permit.

The Village Engineers or working on the following ordinances.

1. Section 2.4.1.3: Updates for the construction site pollution control ordinance.
2. Sections 2.5.1.3 and 2.5.1.4: Updates for the post construction storm water management ordinance.

SECTION X. Other

Any other additional information the permittee would like to provide in the Annual Report regarding their storm water program?

See attached budget and expenditure documents. Items from the fiscal table or budgeted on a percentage basis throughout the Village departments (Public Works, Building Inspection, Zoning and Administration).



Village of Mukwonago GIS

DISCLAIMER: The Village of Mukwonago does not guarantee the accuracy of the material contained here in and is not responsible for any misuse or misrepresentation of this information or its derivatives.



SCALE: 1" = 376'

VILLAGE OF MUKWONAGO

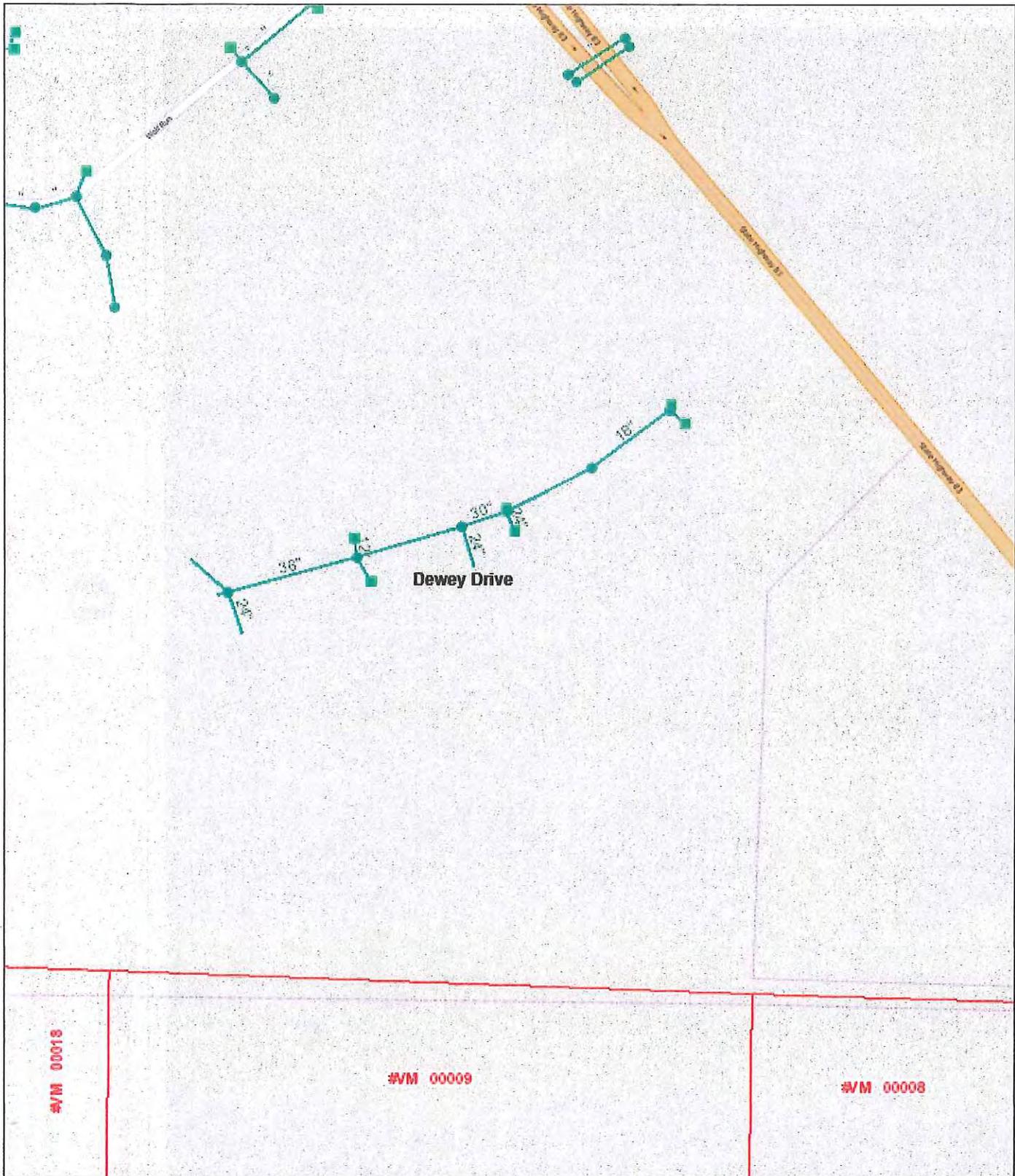
440 River Crest Court

PO Box 206

Mukwonago, WI 53149

262-363-6420

Print Date: 3/17/2016



Village of Mukwonago GIS

VILLAGE OF MUKWONAGO

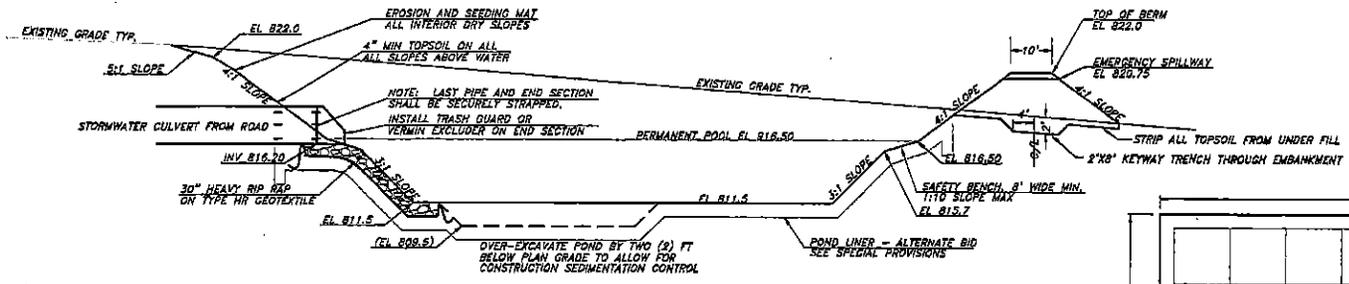
440 River Crest Court
 PO Box 206
 Mukwonago, WI 53149
 262-363-6420

DISCLAIMER: The Village of Mukwonago does not guarantee the accuracy of the material contained here in and is not responsible for any misuse or misrepresentation of this information or its derivatives.

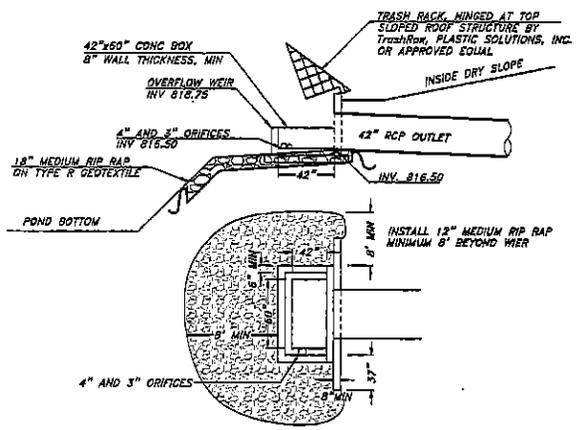


SCALE: 1" = 376'

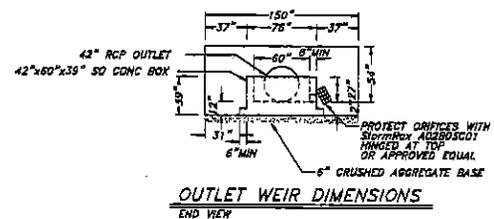
Print Date: 3/17/2016



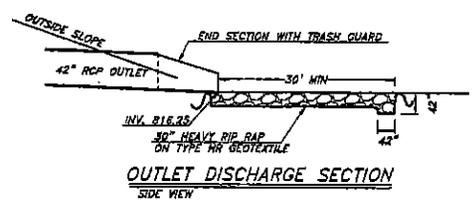
(A) TYPICAL STORM POND CROSS SECTION
SECTION A-A'



OUTLET WEIR DIMENSIONS
PLAN VIEW

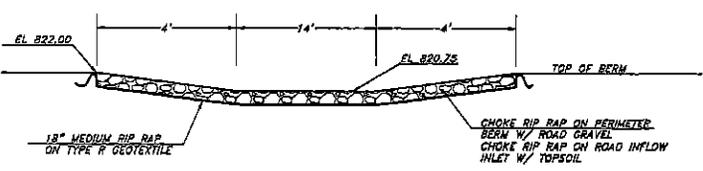


OUTLET WEIR DIMENSIONS
END VIEW

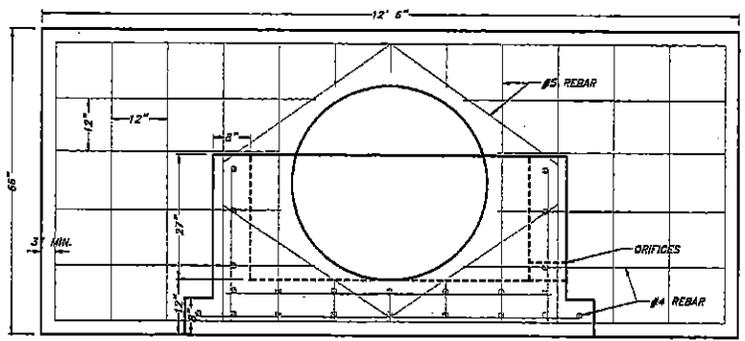


OUTLET DISCHARGE SECTION
SIDE VIEW

(B) TYPICAL PIPE OUTLET SECTIONS



(C) EMERGENCY SPILLWAY CROSS SECTION
PROVIDE RIP RAP POND LIP PROTECTION FOR EMERGENCY SPILLWAY OUTLET
PROVIDE SIMILAR PROTECTION AT MINIMUM TO OVERLAND FLOW INLETS



OUTLET WEIR STEEL LAYOUT
END VIEW

#5 REBAR @ 12" o/c VERTICAL
#4 REBAR @ 12" o/c HORIZONTAL

General Notes

Standard Specifications

Referenced Standard Specifications are: Wisconsin Department of Transportation, Standard Specifications for Highway and Structure Construction, latest edition.

Earthwork

Strip all topsoil, minimum 6", and stockpile onsite per Section 625, and as directed by the Engineer. Excavation (Section 205) and Compaction/Embankment (Section 207) shall be in accordance with the Standard Specifications.

Pipe Requirements

- o Reinforced concrete pipe shall be Class III pipe in accordance with Sec. 608, Std. Spec.
- o Install RCP pipe joint ties per WDOT SDD 8F-4-5.
- o Apron Endwalls shall conform to Section 5.22.2.4, Std. Spec.

Rip Rap, Geotextile and Aggregate

- o Furnish and install Medium and Heavy Rip Rap conforming to Section 606 Std Spec
- o Install rip rap on Type R and Type HR Geotextile conforming to Section 645 Std Spec

Topsoil, Stabilization and Seeding

Spread stockpiled topsoil per Section 625, Std Spec and as directed by the Engineer. Apply fertilizer Type A per S. 629 Mat per S. 628, and Seed per S. 630, Std Spec.

- o Inside dry pond slopes & top shelf Topsoil, Seed Mix 10, Erosion Mat Class 1, Type A
- o Outside Slopes and Disturbed Areas: Topsoil, Seed Mix 30

SCALE: NOT TO SCALE

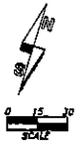
PROJECT: B0148001
DATE: 4/7/15
DRAWN BY: ACJ
APPROVED BY: JRU

VILLAGE OF WUKWONAGO, WISCONSIN
BUSINESS PARK-BID#2
STORMWATER POND DETAILS

KUNKEL
engineering services
107 Parcel Street
Bayer Dam, WI 53018
(262) 556-9447
Fax (262) 556-1454

AS-BUILT

AS-BUILT



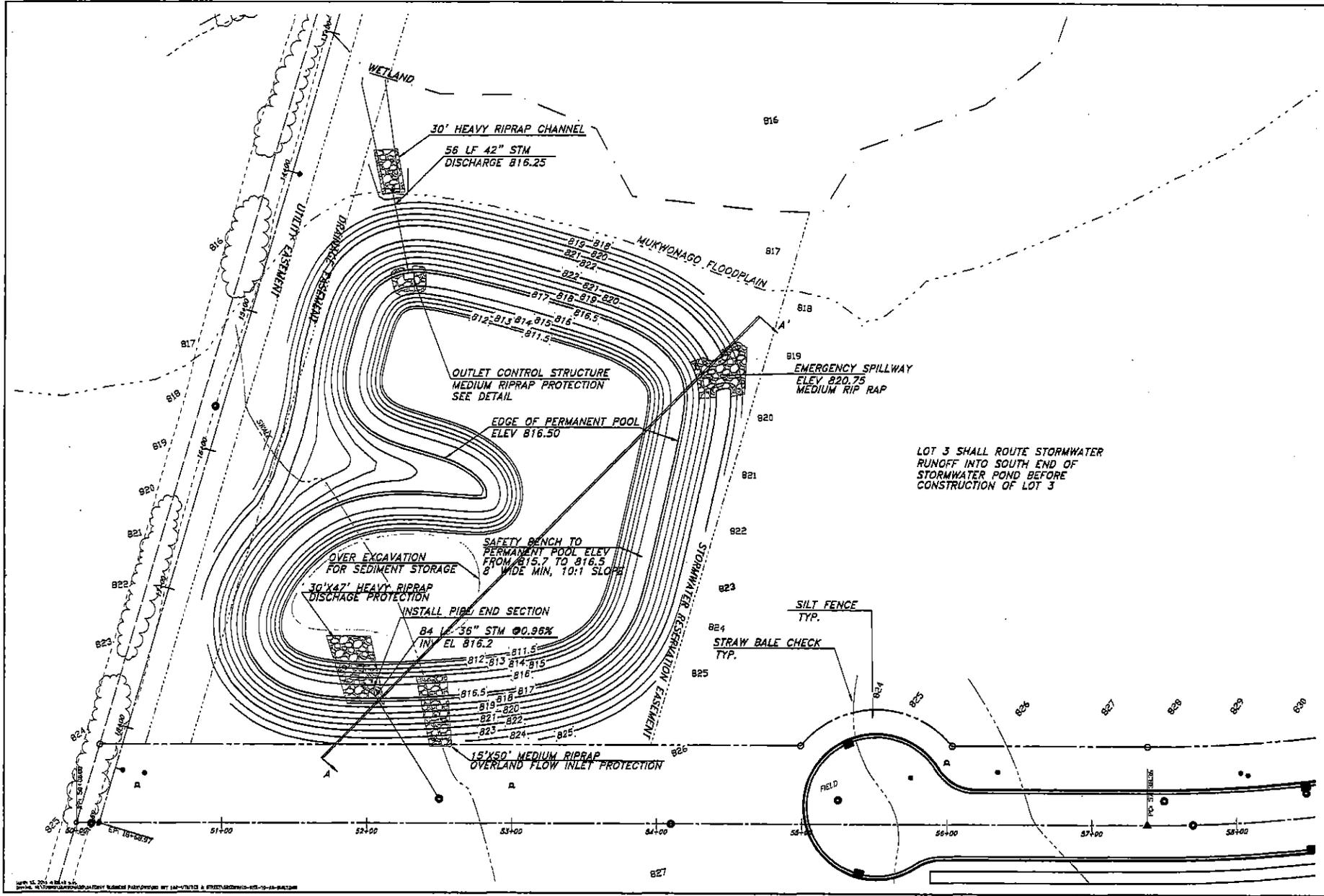
SCALE: 1" = 30'

PROJECT: 80014001
DATE: 4/7/13
DRAWN BY: JAC
APPROVED BY: JAC

VILLAGE OF MUKWONAGO, WISCONSIN
BUSINESS PARK - BID #2
STORMWATER POND

KUNCEL
Engineering & Construction
107 Parcel Street
Deer Park, WI 53016
(262)336-9447
Fax (262)336-9454

SHEET 8 OF 9



DATE: 4/11/13 4:30 PM
DRAWN BY: JAC
CHECKED BY: JAC
APPROVED BY: JAC

EROSION CONTROL PERMITS 2015

15022	Gearbox Express	155 West Dewey Drive
15061	Village of Mukwonago	931 North Rochester Street
15063	Lynch Ventures	280/282 East Wolf Run
15124	Bielinski	Fairwinds subdivision Phase #3
15125	Bielinski	Fairwinds subdivision Phase #4
15131	Mukwonago Area Schools	605 School Road
15135	Aldi's	111 East Wolf Run
15149	Kwik Trip	1212 North Rochester Street
15204	Premier Woods	1261 – 1211 Premier Woods Road
15217	Empire Level	914 Empire Drive
15269	Dennis Birkley	807 Swan Drive
15274	Premier Woods	1261 – 1211 Premier Woods Drive

PROPOSED 2016-2017 OPERATIONAL BUDGET (as of 11/24/15)

Row Labels	GL Type	Cat Descr	Sum of 2013 Actual	Sum of 2014 Actual	Sum of 2015 Adopted Budget	Sum of 6-30- 15 YTD Amount	Sum of Year End Estimates	Sum of 2016 Proposed Budget	Sum of 2017 Proposed Budget	2016 % change in budget over Adopted 2015	2017 % change in budget over Proposed 2016
500											
	Expenditure										
	5140	ADMINISTRATIVE & GENERAL	29,507	6,797	30,021	5,028	10,785	30,639	30,021	2.1%	-2.0%
	5900	OTHER FINANCING USES	99,333	-	2,625	-	-	2,007	2,625	-23.5%	30.8%
	Expenditure Total		128,840	6,797	32,646	5,028	10,785	32,646	32,646	0.0%	0.0%
	Revenue										
	4430	PERMITS & FEES	11,052	31,215	32,621	15,614	32,621	32,621	32,621	0.0%	0.0%
	4800	MISC REVENUE	-	-	-	-	-	-	-	0.0%	0.0%
	4810	INTEREST REVENUE	37	40	25	15	33	25	25	0.0%	0.0%
	4900	OTHER FINANCING SOURCES	31,833	-	-	-	-	-	-	0.0%	0.0%
	Revenue Total		42,922	31,255	32,646	15,629	32,654	32,646	32,646	0.0%	0.0%
Grand Total			171,762	38,051	65,292	20,657	43,439	65,292	65,292	0.0%	0.0%

Detail for 2016-17 Adopted Budget as of 11-24-15

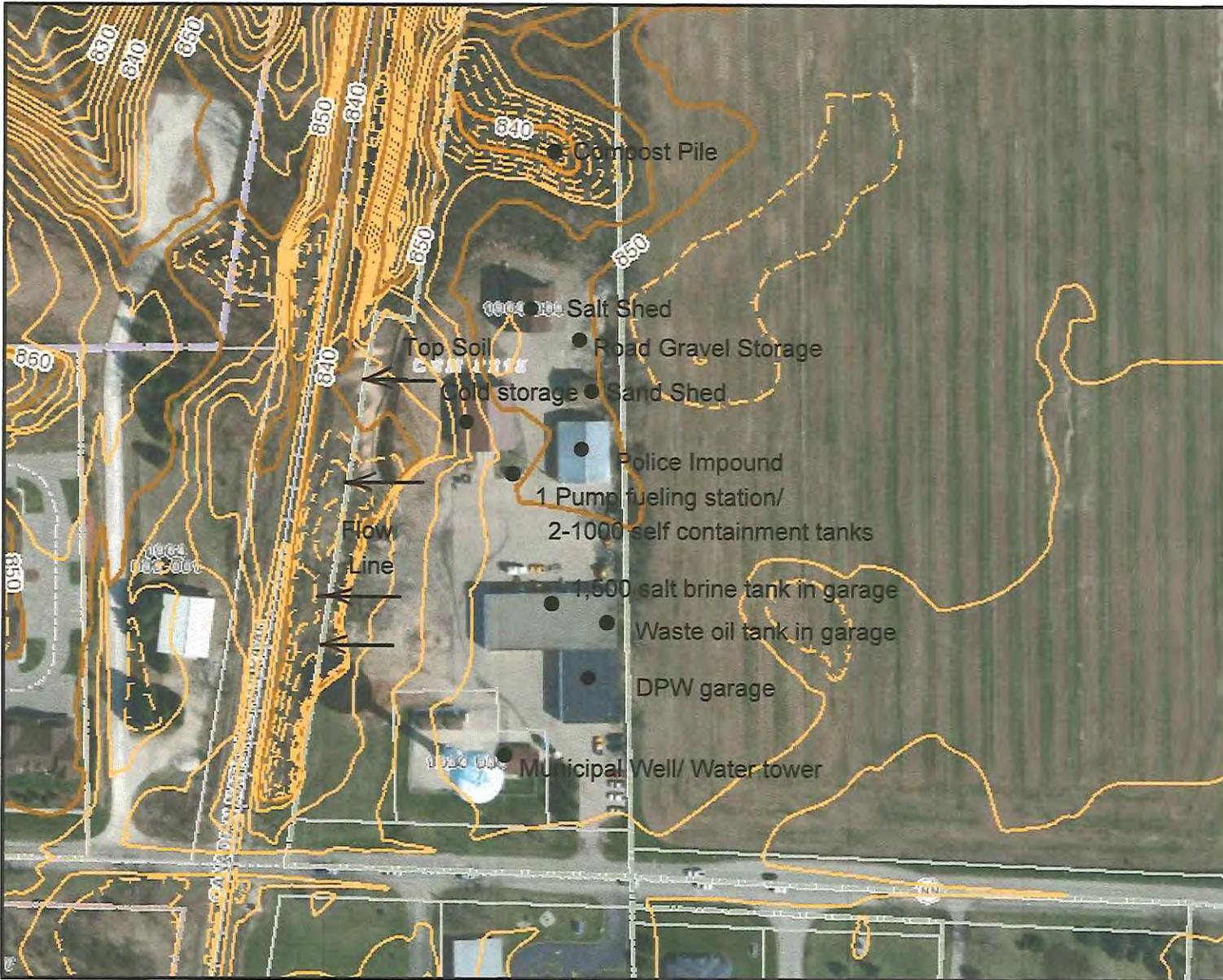
ID	Fund	Cat	Cat Descr	2015 Actual		2015 Adopted Budget	2015 AMENDED Budget	2015 YTD		2016 Proposed Budget	Change	2017 Proposed Budget	Change
				2015 Actual	2015 Actual			2015 YTD	2015 YTD				
502 100	5344	STORM SEW	100-5344-5110 Salaries & Wages	13,910.22	1,927.24	6,500	6,500	320.68	3,000.00	8,380	28.9%	8,570	2.3%
503 100	5344	STORM SEW	100-5344-5111 Overtime	354.59	-	-	-	-	-	-	0.0%	-	0.0%
504 100	5344	STORM SEW	100-5344-5219 Professional Services	1,765.47	4,225.93	-	-	304.46	3,105.00	3,500	0.0%	3,500	0.0%
505 100	5344	STORM SEW	100-5344-5395 Repairs & Maintenance	1,266.18	268.62	3,000	3,000	-	1,000.00	3,000	0.0%	3,000	0.0%
560 100	5660	STORMWATE	100-5660-5219 Professional Services	-	-	-	-	-	-	-	0.0%	-	0.0%
561 100	5660	STORMWATE	100-5660-5352 Stormwater Compliance Expense	-	-	15,000.00	15,000.00	-	-	-	-100.0%	-	0.0%
562 100	5660	STORMWATE	100-5660-5354 Stormwater Plan Expense	-	-	-	-	-	-	-	0.0%	-	0.0%
569 100	5660	STORMWATE	100-5660-5999 Other	-	-	-	-	-	-	-	0.0%	-	0.0%

Labor Distribution
**** Labor Sum - by Employees w/hours**

Default Department		Full Path: 100Dept of Public Works/3300PW General Administration		
Earning / Deduction / Tax Name	Hours	Department Name (Level2)	Department Name (Level0)	Line Type
OT	1.00	5344Storm Sewer	100Dept of Public Works	Earning
Regular	89.00	5344Storm Sewer	100Dept of Public Works	Earning
Subtotal (Default Department)		Full Path: 100Dept of Public Works/3300PW General Administration		
	90.00			
Report Total				
	90.00			

Labor Distribution
**** Labor Sum - DPW w/hours**

Default Department: 100 Dept of Public Works/33000 DPW General Administration		Full Path: 100 Dept of Public Works/33000 DPW General Administration	
Earning / Deduction / Tax Name	Hours	Department Name (Level 2)	Line Type
Regular	249.50	5345 Street Cleaning	Earning
Subtotal (Default Department: 100 Dept of Public Works/33000 DPW General Administration)			
	249.50		
Report Total			
	249.50		



Legend

10' Contour Labels 2005
Contour Lines 2005

- Index Contour Line
- - - Index Contour Line Approx
- Index Depression Line
- - - Index Depression Line Approx
- Intermed Depression Line
- - - Intermed Depression Line Ap
- Intermediate Contour Line
- - - Intermediate Contour Line Ap

0 166.67 Feet

The information and depictions herein are for informational purposes and Waukesha County specifically disclaims accuracy in this reproduction and specifically admonishes and advises that if specific and precise accuracy is required, the same should be determined by procurement of certified maps, surveys, plats, Flood Insurance Studies, or other official means. Waukesha County will not be responsible for any damages which result from third party use of the information and depictions herein, or for use which ignores this warning.

Notes:

Printed: 3/4/2016



VILLAGE OF MUKWONAGO ILLICIT DISCHARGE FIELD SCREENING SHEET

Section 1: Background Data

Subwatershed:	Outfall ID: A
Today's date: 10-26-15	Time (Military): 13:54
Investigators: RON BITTNER	Form completed by: RON BITTNER
Temperature (°F): 59	Rainfall (in.): Last 24 hours: 0 Last 48 hours: 0
Nearest Intersection / Location: EAST WOLF RUN + STATE HWY 83	
Camera:	Photo #: X 003
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 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: 66" 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 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	
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
Today's date: 10-26-15	Time (Military): 13:51
Investigators: RON BITTNER	Form completed by: RON BITTNER
Temperature (°F): 60°	Rainfall (in.): Last 24 hours: 0 Last 48 hours: 0
Nearest Intersection / Location: EAST WOLF RUN + MAPLE AVE.	
Camera:	Photo #s:
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 type="checkbox"/> Circular <input checked="" type="checkbox"/> Single <input checked="" type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: 36" x 60"	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	
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>10-26-15</u>	Time (Military): <u>12:55</u>
Investigators: <u>RON BITTNER</u>	Form completed by: <u>RON BITTNER</u>
Temperature (°F): <u>60</u>	Rainfall (in.): Last 24 hours: <input type="radio"/> Last 48 hours: <u>0</u>
Nearest Intersection / Location: <u>EAST WOLF RUN @ WALMART</u>	
Camera:	Photo #: <u>001</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"/> Double <input type="checkbox"/> Triple <input type="checkbox"/> Box <input type="checkbox"/> Other: _____	Diameter/Dimensions: <u>54"</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: _____	(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	
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: D
Today's date: 10-26-15	Time (Military): 13:13
Investigators: RON BITTNER	Form completed by: RON BITTNER
Temperature (°F): 58	Rainfall (in.): Last 24 hours: 0 Last 48 hours: 0
Nearest Intersection / Location: TERMINI OF EAST WOLF RUN	
Camera:	Photo #: 002
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: 48" x 36"	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	57.7 F	°F	Thermometer	
pH	7.5	pH Units	Test strip/Probe	
Ammonia	0.0	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
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)?

OUTLET FOR POND ON THE SOUTHEAST END OF WOLF RUN EAST.

VILLAGE OF MUKWONAGO ILLICIT DISCHARGE FIELD SCREENING SHEET

Section 1: Background Data

Subwatershed:	Outfall ID: E
Today's date: 10-26-15	Time (Military): 13:45
Investigators: RON BITTNER.	Form completed by: RON BITTNER.
Temperature (°F): 58	Rainfall (in.): Last 24 hours: 0 Last 48 hours: 0
Nearest Intersection / Location: EASTERN TR. + PERKINS AVE.	
Camera:	Photo #: 005
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 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"/> Single <input type="checkbox"/> Elliptical <input checked="" type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	Diameter/Dimensions: 22"	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 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	
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)?

SEDIMENT CLEANUPS PUSHED OUT TO 2016

VILLAGE OF MUKWONAGO ILLICIT DISCHARGE FIELD SCREENING SHEET

Section 1: Background Data

Subwatershed:	Outfall ID: F
Today's date: 10-26-15	Time (Military): 14:05
Investigators: RON BITTNER	Form completed by: RON BITTNER
Temperature (°F): 59	Rainfall (in.): Last 24 hours: 0 Last 48 hours: 0
Nearest Intersection / Location: EASTERN TRAIL + MALLARD CT.	
Camera:	Photo #: 004
Land Use in Drainage Area (Check all that apply):	
<input type="checkbox"/> Industrial <input 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: 30"	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 indicating submerged status)
<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)		
			1	2	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	
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: G
Today's date:	Time (Military): 14:10
Investigators: RON BITTNER	Form completed by: RON BITTNER
Temperature (°F): 57	Rainfall (in.): Last 24 hours: 0 Last 48 hours: 0
Nearest Intersection / Location: HOLZ PARKWAY + PERKINS DR.	
Camera:	Photo #: 006
Land Use in Drainage Area (Check all that apply):	
<input checked="" type="checkbox"/> Industrial	<input 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: 24" x 32"	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 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	56.2		°F	Thermometer
pH	7.5		pH Units	<u>Test strip/Probe</u>
Ammonia	0.0		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 checked="" type="checkbox"/>	<input type="checkbox"/> Excessive <input checked="" type="checkbox"/> Inhibited	CATTAILS CREATE POOL
Poor pool quality	<input type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input checked="" type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	GARBAGE.
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)?

SMALL WET LAND DRAIN TOWARD THIS OUTFALL, CATTAIL CREATE A POOL AT THIS OUTFALL

VILLAGE OF MUKWONAGO ILLICIT DISCHARGE FIELD SCREENING SHEET

Section 1: Background Data

Subwatershed:	Outfall ID: H
Today's date: 10-26-15	Time (Military): 14:23
Investigators: RON BITTNER	Form completed by: RON BITTNER
Temperature (°F): 57	Rainfall (in.): Last 24 hours: 0 Last 48 hours: 0
Nearest Intersection / Location: HOLZ PARKWAY 200 FT SOUTH OF PERKINS	
Camera:	Photo #: 007
Land Use in Drainage Area (Check all that apply):	
<input checked="" type="checkbox"/> Industrial <input 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: 60" x 40"	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	52.9		°F	Thermometer
pH	7.5		pH Units	<u>Test strip/Probe</u>
Ammonia	0.25		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 checked="" type="checkbox"/>	<input type="checkbox"/> Excessive <input checked="" type="checkbox"/> Inhibited	CATTAILS + GRASS FORMED SMALL POOL
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)?

SMALL WETLAND DRAINS TOWARD THIS OUTFALL

VILLAGE OF MUKWONAGO ILLICIT DISCHARGE FIELD SCREENING SHEET

Section 1: Background Data

Subwatershed:	Outfall ID: I
Today's date: 10-26-15	Time (Military): 14:51
Investigators: RON BITTNER	Form completed by: RON BITTNER
Temperature (°F): 57	Rainfall (in.): Last 24 hours: 0 Last 48 hours: 0
Nearest Intersection / Location: MCKENZIE DR. + PERKINS DR.	
Camera:	Photo #: 008
Land Use in Drainage Area (Check all that apply):	
<input checked="" type="checkbox"/> Industrial	<input 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 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: 4	Diameter/Dimensions: 70" x 30"	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: _____	(This area is shaded in the original image)	
<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	56.7		°F	Thermometer
pH	7.5		pH Units	Test strip/Probe
Ammonia	0.0		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 checked="" type="checkbox"/> Inhibited	RAVENS FORM POOL AT OUTLET
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: <input type="checkbox"/> OBM <input type="checkbox"/> Caulk dam

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

SMALL WETLAND DRAINS TOWARD THIS OUT FALL.

VILLAGE OF MUKWONAGO ILLICIT DISCHARGE FIELD SCREENING SHEET

Section 1: Background Data

Subwatershed:	Outfall ID: <u>J</u>
Today's date: <u>11/10/15</u>	Time (Military): <u>08:44</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>CTH ES (FOX ST) + MCKENZIE DR.</u>	
Camera:	Photo #: <u>009</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 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>42"</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: _____	(This area is shaded in the original document)
<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	
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)?

GRASS + CATTAILS CREATED POOL BELOW OUTFALL

VILLAGE OF MUKWONAGO ILLICIT DISCHARGE FIELD SCREENING SHEET

Section 1: Background Data

Subwatershed:	Outfall ID: K.
Today's date: 11/10/15	Time (Military): 08:54
Investigators: RON BITTNER	Form completed by: RON BITTNER
Temperature (°F):	Rainfall (in.): Last 24 hours: 0 Last 48 hours: 0
Nearest Intersection / Location: CTH NN, 1000 FT EAST OF STA 83.	
Camera:	Photo #: 010
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"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: 72"	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"/> 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 - 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 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 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
3. Intermittent flow trap set?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, type: <input type="checkbox"/> OEM <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: M
Today's date: 11/10/15	Time (Military): 09:03
Investigators: RON BITTNER	Form completed by: RON BITTNER
Temperature (°F): 45	Rainfall (in.): Last 24 hours: 0 Last 48 hours: 0
Nearest Intersection / Location: 734 PINE HURST DR.	
Camera:	Photo #: 012
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: 36"	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: _____	(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	
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>N</u>
Today's date: <u>11/10/15</u>	Time (Military): <u>09:10</u>
Investigators: <u>RON BETTNER</u>	Form completed by: <u>RON BETTNER</u>
Temperature (°F):	Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u>
Nearest Intersection / Location: <u>VA HALL DR.</u>	
Camera:	Photo #: <u>013</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 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>42"</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 <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	
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: 0
Today's date: 11/10/15	Time (Military): 09:19
Investigators: RON BETTNER	Form completed by: RON BETTNER
Temperature (°F): 46	Rainfall (in.): Last 24 hours: 0 Last 48 hours: 0
Nearest Intersection / Location: 511 EAGLE LAKE AVE	
Camera:	Photo #: 014
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 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: 36"	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 indicating submerged status)
<input type="checkbox"/> In-Stream	(applicable when collecting samples)			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If No, Skip to Section 5 CHECKED NEXT MANHOLE UPSTREAM.		
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	
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: P
Today's date: 11/10/15	Time (Military): 09:27
Investigators: RON BETTNER	Form completed by: RON BETTNER
Temperature (°F): 46	Rainfall (in.): Last 24 hours: 0 Last 48 hours: 0
Nearest Intersection / Location: TERMINI WEST END OF WAHL AVE	
Camera:	Photo #s: 015
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 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: 48"	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> CHECKED MANHOLES UP STREAM.			
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	
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: Q
Today's date: 11/10/15	Time (Military): 10:43
Investigators: RON BITTNER	Form completed by: RON BITTNER
Temperature (°F): 47	Rainfall (in.): Last 24 hours: 0 Last 48 hours: 0
Nearest Intersection / Location: FRONT ST + JEFFERSON ST	
Camera:	Photo #s: 016
Land Use in Drainage Area (Check all that apply):	
<input type="checkbox"/> Industrial	<input type="checkbox"/> Open Space
<input checked="" 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 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"/> Single <input type="checkbox"/> Elliptical <input checked="" type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	Diameter/Dimensions: 16"	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	If No, Skip to Section 5 CHECKED NEXT HADHOLE UPSTREAM.		
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	
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: R
Today's date: 11/10/15	Time (Military): 13:00
Investigators: RON BITTNER	Form completed by: RON BITTNER
Temperature (°F): 54	Rainfall (in.): Last 24 hours: 0 Last 48 hours: 0
Nearest Intersection / Location: BAY VIEW CIRCLE + BAYVIEW CT.	
Camera:	Photo #: 017
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 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 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: 42"	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 type="checkbox"/> Trickle <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Substantial SEE NOTE IN SEC # 8			

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	59	°F	Thermometer	
pH	7.5	pH Units	Test strip/Probe	
Ammonia	0.0	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 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 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)?

DF TOMASINI WAS DEWATERING AN EXCAVATION ON CTH ES. THE EXCESS FLOW DRAINED INTO A RETENTION POND AND THRU THIS OUTFALL.

VILLAGE OF MUKWONAGO ILLICIT DISCHARGE FIELD SCREENING SHEET

Section 1: Background Data

Subwatershed:	Outfall ID: <u>S.</u>
Today's date: <u>4/10/15</u>	Time (Military): <u>14:00</u>
Investigators: <u>RON BITTNER</u>	Form completed by: <u>RON BITTNER</u>
Temperature (°F): <u>54</u>	Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u>
Nearest Intersection / Location: <u>CTH ES + HONEYWELL RD.</u>	
Camera:	Photo #: <u>010</u>
Land Use in Drainage Area (Check all that apply):	
<input type="checkbox"/> Industrial <input type="checkbox"/> Open Space <input checked="" 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 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 <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	
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>7</u>
Today's date: <u>11/10/15</u>	Time (Military): <u>14:15</u>
Investigators: <u>RON BITTNER</u>	Form completed by: <u>RON BITTNER</u>
Temperature (°F): <u>54</u>	Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u>
Nearest Intersection / Location: <u>CTH ES + CTH J</u>	
Camera:	Photo #: <u>019</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: <u>AGRICULTURE / ORCHARD</u>
<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 type="checkbox"/> Single <input checked="" type="checkbox"/> Elliptical <input checked="" type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: <u>24" x 42"</u>	In Water: <input checked="" 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 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	
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)?



Outfall C # 001



Outfall D #002



Outfall A #003



Outfall F # 004



Outfall E # 005



Outfall G # 006



Outfall H #007



Outfall I # 008



Outfall J # 009



Outfall K #010



Outfall L # 011



Outfall M #012



Outfall N # 013



Outfall O #014



Outfall P #015



Outfall Q # 016



Outfall R #017



Outfall S #018



Outfall T # 019