

MS4 Annual Report (Due by March 31, 2013)

Please use this template to assist in compiling information for the annual report. Use of this template is optional. Please refer to the permit language for the information minimally required to be submitted in the reporting year. If you have any questions, please contact Maureen McBroom at (262) 574-2126 or by email at maureen.mcbroom@wisconsin.gov. Please submit a signed copy of the annual report and any attachments to my attention at the Waukesha Service Center: 141 NW Barstow St., Rm 180, Waukesha, WI 53188

** ELECTRONIC SUBMITTALS ARE ACCEPTABLE **

Municipality: Village of Mukwonago		Reporting Year: 2012	
Name of Permit Group (if applicable):	WPDES Permit No.	Facility ID No. (FIN): 35717	
Contact Information:			
Name: Tom Brandemuehl		Public Works Supervisor	
Mailing Address: 440 River Crest Court	City: Mukwonago	State: WI	Postal Code 53149
E-mail Address: tbrandemuehl@villageofmukwonago.com	Telephone No: 262 363-6447		
<p>Section I. Summarize program activities implemented during the reporting year to maintain compliance with the six minimum control measures identified in the permit. Please include the management practice, individual or department responsible, measurable goals, and activities planned for next year. Amendments to the planned activities and/or changes to measurable goals should also be identified. <i>Add rows or attach additional sheets as needed</i></p>			
A. PUBLIC INVOLVEMENT, EDUCATION, AND OUTREACH			
<u>BMP Description:</u>			
<p>The annual report and MS4/VI DLS permit have been discussed at several recent staff and public works meetings, most recently in March of 2012, immediately prior to preparation of this report. The Village also maintains a robust storm water management section on their website, encouraging comments from the public. The Village also coordinates with Waukesha County I&E program.</p>			
<u>Responsible Dept./Person:</u>			
Tom Brandemuehl			
<u>Measurable Goal(s):</u>			
To participate in and attend workshops with Waukesha County. To host the County Staff at a Town Board meeting for a power point education presentation, to provide assistance with County Newsletter preparation and ideas.			
<u>Progress Made Towards Achieving Goal(s):</u>			
See Waukesha Co info			
<u>Planned Activities for Next Reporting Year:</u>			
The Village of Mukwonago will continue its involvement and participation with the County to implement similar goals and activities as previous years.			
<u>Program Modifications or Changes to Measurable Goal(s):</u>			
No program modifications or measurable goals are anticipated for 2013			
B. ILLICIT DISCHARGE DETECTION AND ELIMINATION			
<u>Screening Strategy (priority areas identified in plan?):</u>			

A fourth round of field screening was completed by Village Staff in September of 2012. The results of these inspections are included with this report. For their ongoing program, the Village intends to complete annual inspections of all major outfalls. Minor outfalls will be inspected throughout the year as part of the Village's standard maintenance operations.

Number of Outfalls Screened, Parameters Used, Detection Limits:

See attached reporting documentation

Number of Illicit Discharges / Illegal Connections Detected (identify outfall ID numbers):

See attached reporting documentation

Number of Complaints Received and Summarize Result(s) of Follow-Up (include description of sewershed investigation):

None

Screening Strategy for Next Reporting Year (identify priority areas / basins and outfall ID's):

Continue current review program and schedule

Storm Sewer Map Updated? (summarize changes identifying basins and outfall ID's):

No new storm sewers were added and no existing storm sewers were altered during the reporting period.

C. CONSTRUCTION SITE POLLUTANT CONTROL

Target Number of Inspections (measurable goal, can be represented as percentage of permits issued):

The Village inspects NR216 permitted sites on a monthly basis. This reporting year included inspections on the Dam improvements, Black Bear Residential Subdivision, Banker Wire, Gate Way YMCA and the Linden Grove expansion. Other site are reviewed by the building inspection department on an as needed basis.

Number of Permit Applications Received / Number of Permits Issued:

1 permits received 1 permits issued

Individual(s) Responsible for Plan Review, Inspection, and Enforcement Procedures:

Village Department Heads are responsible for the review of the plans. Inspections are typically the responsibility of the Engineer, Zoning Administrator and/or Public Work Director. Enforcement action is the responsibility of the zoning administrator.

Number of Inspections Completed:

Black Bear Residential Subdivision was inspected 10 times in 2012. Linden Grove was inspected twice in 2012. The Mukwonago Dam was inspected weekly 17 times in 2012. Banker Wire was inspected 4 times in 2012. Gateway YMCA was inspected 9 times in 2012

Number of Enforcement Actions and Description:

Gateway YMCA was given a written notice of non compliance in May of 2012. Items were resolved satisfactorily.

Changes in Inspection and /or Enforcement Strategy and Protocol:

No changes to procedures or protocol are anticipated for 2013.

D. POST-CONSTRUCTION STORM WATER MANAGEMENT

Number of Storm Water Management Plans Reviewed:

Linden Grove expansion was the only storm water plan reviewed and permit issued in 2012

Approved or Scheduled Ordinance Updates:

None

Number of Redevelopment Sites Reviewed:

None

Are you Documenting TSS Reductions Achieved on Redeveloped Sites? (for later inclusion in MS4 pollutant loading analysis):

Yes, however, none occurred in the reporting year

Inspection and/or Scheduled Maintenance of Facilities Where a Long-Term Maintenance Agreement was Recorded:

None in 2012.

E. POLLUTION PREVENTION

Estimate quantity of Street Sweepings and Catch Basin Cleanings Collected:

The Village Spent 300 Hours Street Sweepng With Approximately 37 Ton Collected. The village Also Spent 125 Hours Cleaning Catch Basins With Approximately 5 Tons Collected.

Summarize Findings of Municipal Yard Inspection(s), SWPPP Implemented and Up to Date?:

No water quality degradations or bad housekeeping issues were found.

Updates to Yard Waste Collection:

None

Winter Road Maintenance Program (description and estimate quantity of anti-icing or deicing materials used):

The Village Purchased 700 Tons of Road Salt. We used 495 Tons. See attached reporting document.

Planned Activities for Next Reporting Year:

The Village is planning on purchaseing a new Street Sweeper in January 2013.

Program Modifications or Changes:

No changes to procedures or protocol are anticipated for 2013.

F. STORM WATER QUALITY MANAGEMENT

Have there been any changes in implementation, maintenance, mapping or modeling of storm water management practices in the past year? If yes, please complete the remainder of Section F.

	NO
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Pollutant Loading Analysis:

Date of last model run:	Sep-09	"No Controls" Load (tons/yr):	317.45	"With Controls" Load (tons/yr):	239.33
Model Version Used:	SLAMM V 9.3	Average Unit Area Load (lbs/acre/yr):	357.89	TSS Reduction %	24.6

Storm Water Management Plan:

If TSS percent reduction is less than 20%, has a strategy been developed under a municipal-wide storm water management planning effort to achieve compliance?

Projected Timeframe to Achieve 20% TSS Reduction (if applicable):

BMPs Implemented in Reporting Year:

None

BMP Maintenance Activities in Reporting Year:

Street Sweeping & good housekeeping

Agreements or Discussions with Other Municipalities to Employ a Regional Watershed Approach?

None

Planned Activities for Next Reporting Year:

Maintain street sweeping and good housekeeping procedures

Program Modifications or Changes to Measurable Goal(s):

No changes are anticipated

Section II. Identify any known or perceived water quality improvements or degradation in the receiving water to which the MS4 system discharges. Where degradation is identified, identify why and what actions are being taken to improve the water quality of the receiving water. Please describe the stream reach or lake effected and the basin / outfall ID contributing to the improvement or degradation.

No changes or degradations to water quality have been identified.

Section III. Fiscal Analysis

<i>Program Element</i>	<i>Annual Expenditure</i>	<i>2012 Budget</i>	<i>Source of Funds</i>
Public Involvement, Education and Outreach			
IDDE			

Construction Site Pollutant Control			
Post-Construction Storm Water Management			
Pollution Prevention			
Storm Water Quality Management			
Other			

Section IV. Certification Statement

I hereby certify that I am an authorized representative of the municipality covered under the MS4 permit 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 and apprised of the contents of this annual report. I understand that Wisconsin law provides severe penalties for submitting false information.

Authorized Representative Printed Name:

Title:

Steven A. Braatz, Jr.

Clerk-Treasurer

Authorized Representative Signature:

Date Signed:

8-1-13

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

Department	Hours	Department Name (Level2)
Default Department Full Path: 100Govt/PubLkWrks/5300DPW(General Administration)	124.00	5344Storm Sewer
Sub Total (Default Department Full Path: 100Govt/PubLkWrks/5300DPW(General Administration))	297.00	5345Street Cleaning
Default Department Full Path: 100Govt/5241Bldg Inspc	421.00	5344Storm Sewer
Sub Total (Default Department Full Path: 100Govt/5241Bldg Inspc)	-	
Default Department Full Path: 610Vote/6920Adminstrative(General)	55.25	5344Storm Sewer
Sub Total (Default Department Full Path: 610Vote/6920Adminstrative(General))	55.25	
Report Total	476.25	

1/1/2012	30 Tons	1 " of Snow
1/1/2012	30 Tons	1/2 " of Snow
1/12/2012	20 Tons	1 "of Snow
1/13/2012	20 Tons	3 " of Snow
1/17/2012	30 Tons	3 " of Snow
1/20/2012	20 Tons	3 " of Snow
1/21/2012	30 Tons	1/2 " of Snow
1/26/2012	25 Tons	Freezing Rain/Ice
1/28/2012	30 Tons	1/2 " of Snow
1/29/2012	30 Tons	3 " of Snow
2/10/2012	35 Tons	3 " of Snow
2/12/2012	30 Tons	1/2 " of Snow
2/21/2012	30 Tons	1/2 " of Snow
2/24/2012	35 Tons	7 " of Snow
3/2/2012	15 Tons	1 " of Snow
3/3/2012	25 Tons	2 1/2 " of Snow
12/11/2012	30 Tons	1/2 " of Snow
12/20/2012	30 Tons	1 1/2 " of Snow

495 Tons Aprox.

32 " of Snow Aprox.

2012 Erosion Control Permits

Permit #	Address	Owner
20172	837 CTH "NN "East	Linden Grove
20140	Indian Head Park	Village of Mukwonago

General Fund
2013 Expenditures

100 - GENERAL FUND DESCRIPTION	ACTUAL 2010	ACTUAL 2011	BUDGET 2012	ACTUAL 06/30/12	Projected 12/31/12	Proposed 2013	% Increase (decrease)
GENERAL GOVERNMENT							
Lake Protection & Flood Prevention							
5254-Dam Operation and Maintenance							
E 100-5254-5110 Salaries & Wages	7,978	11,116	8,056	1,602	3,204	10,755	33.51%
E 100-5254-5111 Overtime	553	1,229	667	396	792	1,021	53.08%
E 100-5254-5112 Social Security	634				-	901	900.90%
E 100-5254-5152 Retirement	1,146				-	1,101	1101.10%
E 100-5254-5154 Health	2,680				-	3,411	3410.68%
E 100-5254-5159 Other Fringe Benefits	172				-	163	163.39%
E 100-5254-5222 Electric					-	300	300.00%
E 100-5254-5219 Professional Services			-	640	1,280		0.00%
E 100-5254-5226 Insurance Premiums	591	892	900	625	1,250	701	-22.11%
E 100-5254-5311 Supplies			250	-	-	200	-20.00%
Dams total:	13,753	13,237	9,873	3,263	6,526	18,554	87.92%
5344-Storm Sewer							
E 100-5344-5110 Salaries & Wages	10,559	24,623	8,673	2,424	4,847	6,120	-29.44%
E 100-5344-5111 Overtime	247	164	667	-	-	-	-100.00%
E 100-5344-5219 Professional Services	669	1,797	750	155	310	750	0.00%
E 100-5344-5395 Repairs & Maintenance	548	188	5,000	-	-	5,000	0.00%
Storm Sewer total:	12,024	26,771	15,090	2,579	5,158	11,870	-21.34%
5345-Street Cleaning							
E 100-5345-5110 Salaries & Wages	6,983	8,804	8,378	1,462	2,923	5,685	-32.14%
E 100-5345-5395 Repairs & Maintenance	1,900	1,132	2,500	4,026	8,051	-	-100.00%
Street Cleaning total:	8,883	9,937	10,878	5,487	10,974	5,685	-47.74%
5347-Snow & Ice Control							
E 100-5347-5110 Salaries & Wages	40,387	35,726	64,888	12,611	25,223	38,806	-40.19%
E 100-5347-5111 Overtime	8,073	9,653	22,966	6,361	12,722	-	-100.00%
E 100-5347-5311 Supplies	34,145	47,971	70,000	34,178	68,356	73,500	5.00%
Snow & Ice Control total:	82,605	93,351	157,854	53,150	106,301	112,306	-28.85%
5349-Tree & Brush Control							
E 100-5349-5110 Salaries & Wages	10,129	11,022	5,247	-	-	1,523	-70.97%
E 100-5349-5111 Overtime	247	110	559	-	-	559	0.00%
E 100-5349-5351 Motor Fuel & Oil	98	165	200	16	32	200	0.00%
Tree & Brush Control total:	10,474	11,296	6,006	16	32	2,282	-62.00%
5660-Stormwater							
E 100-5660-5219 Professional Services		6,139	-	-	-	-	0.00%
E 100-5660-5352 Stormwater Compliance Expense	14,951		10,000	-	-	10,000	0.00%
E 100-5660-5354 Stormwater Plan Expense	36,104		5,000	-	-	5,000	0.00%
E 100-5660-5399 Other			303	-	-	303	0.00%
Stormwater total:	51,055	6,139	15,303	-	-	15,303	0.00%

Storm Water Fund - Gateway District
2013 Expenditure Budget

500 STORM WATER UTILITY-DISTRICT 1 DESCRIPTION	Actual 2010	Actual 2011	Budget 2012	Actual 6/30/2012	Projected 12/31/2012	Proposed 2013	% increase (decrease)	Comments
REVENUE								
Taxes								
Property Taxes							0%	
Taxes subtotal:	-	-	-	-	-	-	0%	
4430 Permits								
500-4430-4446 Erosion Control Fees	10,202	18,641	14,403	5,101	7,933	15,527	8%	
Permits subtotal:	10,202	18,641	14,403	5,101	7,933	15,527	8%	
4810 Interest Revenue								
500-4810-4871 Interest Revenue	152	81	317	13	13	20	-94%	
Interest Revenue subtotal:	152	81	317	13	13	20	-94%	
4900 Other Financing Sources								
500-4900-4920 Transfers from Other Funds		20,000	47,500			31,833	-33%	Transfers from TID #3
Other Financing Sources subtotal:	-	20,000	47,500	-	-	31,833	-33%	
STORM WATER REVENUE:	10,353	38,722	62,220	5,114	7,946	47,380	-24%	
EXPENDITURES								
5140 Administrative & General								
500-5140-5110 Salaries & Wages	2,535	5,416	15,279	16,112	32,500	33,915	122%	
500-5140-5111 Overtime	-	-	699	-	-	-	-100%	
500-5140-5112 Social Security	191	394	1,220	1,194	2,414	2,598	113%	
500-5140-5152 Retirement	311	619	1,339	1,353	2,717	3,175	137%	
500-5140-5154 Health Insurance	312	570	4,067	3,445	6,819	7,184	77%	
500-5140-5159 Other Fringe Benefits	71	69	343	151	528	508	48%	
500-5140-5159 Professional Services	6,101	39,400	30,000	4,925	15,979		-100%	47,380
500-5140-5225 Telephone			250	-	-	-	-100%	
500-5140-5226 Insurance Premiums	903	2,627	3,000	755	755		-100%	
500-5140-5311 Supplies	335		900				-100%	
500-5140-5312 Printing			400				-100%	
500-5140-5315 Postage	28	30	500	15	23		-100%	
500-5140-5324 Membership Dues			250				-100%	
500-5140-5332 Mileage	15		250				-100%	
500-5140-5335 Training & Travel			410	75	75		-100%	
500-5140-5351 Motor Fuel & Oil			250				-100%	
500-5140-5352 Stormwater Compliance	956	1,063	2,000	5,726			-100%	
Stormwater Plan Expense			-				0%	
500-5140-5395 Repairs & Maintenance			250				-100%	
500-5140-5399 Other			813				-100%	
Village Administrator total:	11,758	50,186	62,220	33,752	61,811	47,380	-24%	
5900 Other Financing Uses								
500-5900-5905 Transfer to Fund Balance							0%	regional retention alternatives
Other Financing Uses Total	-	-	-	-	-	-	0%	
STORM WATER EXPENDITURES:	11,758	50,186	62,220	33,752	61,811	47,380	-24%	
							0	
TOTAL BY CATEGORY:								
Salaries & Compensation	3,420	7,067	22,947	22,256	44,979	47,380	106%	
Operating Expenditures	8,338	43,119	39,273	11,496	16,833	-	-100%	
Other Financing Uses	-	-	-	-	-	-	0%	
	11,758	50,186	62,220	33,752	61,811	47,380	-24%	

VILLAGE OF MUKWONAGO ILLICIT DISCHARGE FIELD SCREENING SHEET

Section 1: Background Data

Subwatershed:	Outfall ID: <u>A</u>
Today's date: <u>9-17-12</u>	Time (Military): <u>12:57</u>
Investigators: <u>RON BITTNER</u>	Form completed by: <u>RON BITTNER</u>
Temperature (°F): <u>74</u>	Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u>
Nearest Intersection / Location: <u>EAST WOLF RD + ST HWY 83</u>	
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 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"/> PVC <input type="checkbox"/> Steel <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Elliptical <input type="checkbox"/> Box <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: <u>6.6"</u>	In Water: <input type="checkbox"/> No <input checked="" type="checkbox"/> Partially <input type="checkbox"/> Fully With Sediment: <input type="checkbox"/> No <input checked="" type="checkbox"/> Partially <input type="checkbox"/> Fully
<input type="checkbox"/> Open drainage	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> rip-rap <input type="checkbox"/> Other: _____	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other: _____	Depth: _____ Top Width: _____ Bottom Width: _____	[Hatched Area]	
<input type="checkbox"/> In-Stream	(applicable when collecting samples)				
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>				
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial				

Section 3: Quantitative Characterization

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

VILLAGE OF MUKWONAGO 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"/> 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 <input type="checkbox"/> 2 - Easily detected <input type="checkbox"/> 3 - Noticeable from a distance
Color	<input type="checkbox"/>	See severity <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 - 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 <input type="checkbox"/> Excessive <input type="checkbox"/> Inhibited	
Abnormal Vegetation	<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:	
Poor pool quality	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input checked="" type="checkbox"/> Green <input type="checkbox"/> Other:	
Pipe benthic growth	<input checked="" type="checkbox"/>		

Section 6: Overall Outfall Characterization

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

Section 7: Data Collection

1. Sample for the lab? Yes No
2. If yes, collected from: Flow Pool
3. Intermittent flow trap set? Yes No If Yes, type: OBM Caulk dam

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

VILLAGE OF MUKWONAGO ILLICIT DISCHARGE FIELD SCREENING SHEET

Section 1: Background Data

Subwatershed:	Outfall ID: <u>B</u>
Today's date: <u>9-17-12</u>	Time (Military): <u>13:05</u>
Investigators: <u>RON BITTNER</u>	Form completed by: <u>RON BITTNER</u>
Temperature (°F): <u>74</u>	Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u>
Nearest Intersection / Location: <u>EAST WOLF RUN + MAPLE AVE</u>	
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"/> Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other: _____	<input type="checkbox"/> Circular <input checked="" type="checkbox"/> Elliptical <input type="checkbox"/> Box <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: <u>36" x 60"</u>	In Water: <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully With Sediment: <input type="checkbox"/> No <input checked="" type="checkbox"/> Partially <input type="checkbox"/> Fully
<input type="checkbox"/> Open drainage	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> rip-rap <input type="checkbox"/> Other: _____	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other: _____	Depth: _____ Top Width: _____ Bottom Width: _____	[Hatched Area]	
<input type="checkbox"/> In-Stream	(applicable when collecting samples)				
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>				
Flow Description (if present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial				

Section 3: Quantitative Characterization

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

VILLAGE OF MUKWONAGO ILLICIT DISCHARGE FIELD SCREENING SHEET

Section 4: Physical Indicators for Flowing Outfalls Only

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

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - 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	
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>9-17-12</u>		Time (Military): <u>13:15</u>	
Investigators: <u>RON BITTNER</u>		Form completed by: <u>RON BITTNER</u>	
Temperature (°F): <u>74</u>	Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u>		
Nearest Intersection / Location: <u>END OF EAST WOLF RUN. + WALMART</u>			
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 type="checkbox"/> PVC <input type="checkbox"/> Steel <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Elliptical <input type="checkbox"/> Box <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: <u>54"</u>	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

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

Section 8: Any Non-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>D.</u>
Today's date: <u>9-17-12</u>	Time (Military): <u>13:20</u>
Investigators: <u>ROD BITTNER.</u>	Form completed by: <u>ROD BITTNER.</u>
Temperature (°F): <u>74</u>	Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u>
Nearest Intersection / Location: <u>END OF EAST WOLF RUN.</u>	
Camera:	Photo #s:
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 type="checkbox"/> PVC <input type="checkbox"/> Steel <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> CMP <input type="checkbox"/> HDPE <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: <u>48" x 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? Yes No
2. If yes, collected from: Flow Pool
3. Intermittent flow trap set? Yes No If Yes, type: OBM Caulk dam

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

VILLAGE OF MUKWONAGO ILLICIT DISCHARGE FIELD SCREENING SHEET

Section 1: Background Data

Subwatershed:		Outfall ID: <u>E</u>	
Today's date: <u>9-17-12</u>		Time (Military): <u>13:30</u>	
Investigators: <u>ROW BITTNER</u>		Form completed by: <u>ROW BITTNER</u>	
Temperature (°F): <u>74</u>	Rainfall (in.): Last 24 hours: <input type="checkbox"/> Last 48 hours: <input type="checkbox"/>		
Nearest Intersection / Location: <u>EASTERN TRAIL + PERKEN'S AVE.</u>			
Camera:		Photo #s:	
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 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 type="checkbox"/> PVC <input type="checkbox"/> Steel <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Elliptical <input type="checkbox"/> Box <input type="checkbox"/> Other: _____	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: <u>22"</u>	In Water: <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully With Sediment: <input type="checkbox"/> No <input checked="" type="checkbox"/> Partially <input type="checkbox"/> Fully
<input type="checkbox"/> Open drainage	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> rip-rap <input type="checkbox"/> Other: _____	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other: _____	Depth: _____ Top Width: _____ Bottom Width: _____	[Hatched Area]	
<input type="checkbox"/> In-Stream	(applicable when collecting samples)				
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>				
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial				

Section 3: Quantitative Characterization

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

VILLAGE OF MUKWONAGO ILLICIT DISCHARGE FIELD SCREENING SHEET

Section 4: Physical Indicators for Flowing Outfalls Only

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

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - 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

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

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

VILLAGE OF MUKWONAGO ILLICIT DISCHARGE FIELD SCREENING SHEET

Section 1: Background Data

Subwatershed:	Outfall ID: <u>F.</u>
Today's date: <u>9-17-12</u>	Time (Military): <u>13:41</u>
Investigators: <u>RON BITTNER</u>	Form completed by: <u>RON BITTNER</u>
Temperature (°F): <u>74</u>	Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u>
Nearest Intersection / Location: <u>EASTERN TRAIL + MALLARD CT.</u>	
Camera:	Photo #s:
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: <u>30"</u> Depth: _____ Top Width: _____ Bottom Width: _____	In Water: <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully With Sediment: <input type="checkbox"/> No <input checked="" type="checkbox"/> Partially <input type="checkbox"/> Fully
<input type="checkbox"/> Open drainage	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> rip-rap <input type="checkbox"/> Other: _____	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other: _____	Depth: _____ Top Width: _____ Bottom Width: _____	[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? Yes No
2. If yes, collected from: Flow Pool
3. Intermittent flow trap set? Yes No If Yes, type: OBM Caulk dam

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

VILLAGE OF MUKWONAGO ILLICIT DISCHARGE FIELD SCREENING SHEET

Section 1: Background Data

Subwatershed:		Outfall ID: <u>G</u>	
Today's date: <u>9-17-12</u>		Time (Military): <u>13:48</u>	
Investigators: <u>RON BITTNER</u>		Form completed by: <u>RON BITTNER</u>	
Temperature (°F): <u>74</u>	Rainfall (in.):	Last 24 hours: <u>0</u>	Last 48 hours: <u>0</u>
Nearest Intersection / Location: <u>HOLZ PARKWAY + PERKINS DR.</u>			
Camera:		Photo #s:	
Land Use in Drainage Area (Check all that apply):			
<input checked="" type="checkbox"/> Industrial		<input checked="" type="checkbox"/> Open Space	
<input type="checkbox"/> Single Family		<input type="checkbox"/> Institutional	
<input type="checkbox"/> Multi Family		Other: _____	
<input type="checkbox"/> Commercial		Known Industries: _____	
Notes (e.g., origin of outfall, if known):			

Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED	
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other: _____	<input type="checkbox"/> Circular <input checked="" type="checkbox"/> Elliptical <input type="checkbox"/> Box <input type="checkbox"/> Other: _____	<input type="checkbox"/> Single <input type="checkbox"/> Double <input checked="" type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: <u>24x32"</u>	In Water: <input 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: _____	(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)		
			<input type="checkbox"/> 1 - Faint	<input type="checkbox"/> 2 - Easily detected	<input type="checkbox"/> 3 - Noticeable from a distance
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"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	<input type="checkbox"/>	<input type="checkbox"/>

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>H</u>
Today's date: <u>9-17-12</u>	Time (Military): <u>13:55</u>
Investigators: <u>RON BITTNER</u>	Form completed by: <u>RON BITTNER</u>
Temperature (°F): <u>73</u>	Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u>
Nearest Intersection / Location: <u>HOLZ PARKWAY 200' SOUTH OF PERKINS</u>	
Camera:	Photo #s:
Land Use in Drainage Area (Check all that apply):	
<input checked="" type="checkbox"/> Industrial	<input checked="" type="checkbox"/> Open Space
<input checked="" type="checkbox"/> Single Family	<input type="checkbox"/> Institutional
<input checked="" type="checkbox"/> Multi Family	Other: _____
<input type="checkbox"/> Commercial	Known Industries: _____
Notes (e.g., origin of outfall, if known):	

Section 2: Outfall Description

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

Section 3: Quantitative Characterization

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

VILLAGE OF MUKWONAGO ILLICIT DISCHARGE FIELD SCREENING SHEET

Section 4: Physical Indicators for Flowing Outfalls Only

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

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - 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"/> Only <input type="checkbox"/> Flow Line <input type="checkbox"/> Paint <input type="checkbox"/> Other:	
Abnormal Vegetation	<input checked="" type="checkbox"/>	<input type="checkbox"/> Excessive <input checked="" type="checkbox"/> Inhibited	
Poor pool quality	<input type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

Section 6: Overall Outfall Characterization

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

Section 7: Data Collection

1. Sample for the lab? Yes No

2. If yes, collected from: Flow Pool

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

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

VILLAGE OF MUKWONAGO ILLICIT DISCHARGE FIELD SCREENING SHEET

Section 1: Background Data

Subwatershed:	Outfall ID: <u>I</u>
Today's date: <u>9-17-12</u>	Time (Military): <u>1402</u>
Investigators: <u>RON BITTNER</u>	Form completed by: <u>RON BITTNER</u>
Temperature (°F): <u>72</u>	Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u>
Nearest Intersection / Location: <u>MC KEUZIE DR, + PERKINS DR.</u>	
Camera:	Photo #s:
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 type="checkbox"/> Single <input checked="" type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____ <input checked="" type="checkbox"/> Other: <u>4</u>	Diameter/Dimensions: <u>70" X 30"</u>	In Water: <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully With Sediment: <input type="checkbox"/> No <input checked="" type="checkbox"/> Partially <input type="checkbox"/> Fully
<input type="checkbox"/> Open drainage	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> rip-rap <input type="checkbox"/> Other: _____	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other: _____	Depth: _____ Top Width: _____ Bottom Width: _____	(Hatched area)
<input type="checkbox"/> In-Stream	(applicable when collecting samples)			
Flow Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, Skip to Section 5</i>			
Flow Description (If present)	<input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial			

Section 3: Quantitative Characterization

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

VILLAGE OF MUKWONAGO ILLICIT DISCHARGE FIELD SCREENING SHEET

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

INDICATOR	CHECK if Present	DESCRIPTION	RELATIVE SEVERITY INDEX (1-3)		
Odor	<input type="checkbox"/>	<input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Sulfide <input type="checkbox"/> Other	<input type="checkbox"/> 1 - 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	
Poor pool quality	<input type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other	

Section 6: Overall Outfall Characterization

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

Section 7: Data Collection

1. Sample for the lab? Yes No

2. If yes, collected from: Flow Pool

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

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

VILLAGE OF MUKWONAGO ILLICIT DISCHARGE FIELD SCREENING SHEET

Section 1: Background Data

Subwatershed:		Outfall ID: <u>J</u>	
Today's date: <u>9-17-12</u>		Time (Military): <u>14:07</u>	
Investigators: <u>RON BITTNER</u>		Form completed by: <u>RON BITTNER</u>	
Temperature (°F): <u>72</u>	Rainfall (in.): Last 24 hours: <input type="radio"/>	Last 48 hours: <input type="radio"/>	
Nearest Intersection / Location: <u>CTY HWY 25 (FOX ST) + MCENZIE DR (GREEN RIDGE)</u>			
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 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	<u> </u> ' <u> </u> "	Ft, In	Tape measure
	Measured length	<u> </u> ' <u> </u> "	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 Lime <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>K:</u>	
Today's date: <u>9-17-12</u>		Time (Military): <u>1413</u>	
Investigators: <u>RON BITTNER</u>		Form completed by: <u>RON BITTNER</u>	
Temperature (°F): <u>72</u>	Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u>		
Nearest Intersection / Location: <u>Q14 HWY NJ 1000 FT EAST OF ST HWY 83</u>			
Camera:		Photo #s:	
Land Use in Drainage Area (Check all that apply):			
<input type="checkbox"/> Industrial		<input checked="" type="checkbox"/> Open Space	
<input checked="" type="checkbox"/> Single Family		<input checked="" type="checkbox"/> Institutional	
<input checked="" type="checkbox"/> Multi Family		Other: _____	
<input checked="" type="checkbox"/> Commercial		Known Industries: _____	
Notes (e.g., origin of outfall, if known):			

Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED	
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Elliptical <input type="checkbox"/> Box <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: <u>72"</u> Depth: _____ Top Width: _____ Bottom Width: _____	In Water: <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully With Sediment: <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully
<input type="checkbox"/> Open drainage	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> rip-rap <input type="checkbox"/> Other: _____	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other: _____	Depth: _____ Top Width: _____ Bottom Width: _____		
<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 <input type="checkbox"/> Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	PAU ERRODING
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: L	
Today's date: 9-17-12		Time (Military): 1423	
Investigators: RON BITTNER		Form completed by: RON BITTNER	
Temperature (°F): 72	Rainfall (in.): Last 24 hours: 0 Last 48 hours: 0		
Nearest Intersection / Location: CTY HWY NN + CTY HWY EE			
Camera:		Photo #s:	
Land Use in Drainage Area (Check all that apply):			
<input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Single Family <input type="checkbox"/> Multi Family <input type="checkbox"/> Commercial		<input checked="" type="checkbox"/> Open Space <input checked="" type="checkbox"/> Institutional Other: _____ Known Industries: _____	
Notes (e.g., origin of outfall, if known):			

Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED	
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Elliptical <input type="checkbox"/> Box <input type="checkbox"/> Other: _____	<input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple <input checked="" type="checkbox"/> Other: 4	Diameter/Dimensions: 21"	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"/> Barthen <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"/> Orange <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Faint colors in sample bottle	<input type="checkbox"/> 2 - Clearly visible in sample bottle	<input type="checkbox"/> 3 - Clearly visible in outfall flow
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/> 1 - Slight cloudiness	<input type="checkbox"/> 2 - Cloudy	<input type="checkbox"/> 3 - Opaque
Floatables -Does Not Include Trash!!	<input type="checkbox"/>	<input type="checkbox"/> Sewage (Toilet Paper, etc.) <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Suds <input type="checkbox"/> Other:	<input type="checkbox"/> 1 - Few/slight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

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

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

INDICATOR	CHECK if Present	DESCRIPTION	COMMENTS
Outfall Damage	<input type="checkbox"/>	<input type="checkbox"/> Spalling <input type="checkbox"/> Cracking or Chipping <input type="checkbox"/> Corrosion <input type="checkbox"/> Peeling Paint	
Deposits/Stains	<input type="checkbox"/>	<input type="checkbox"/> Oily <input type="checkbox"/> Flow Line <input type="checkbox"/> Paint <input type="checkbox"/> Other:	
Abnormal Vegetation	<input type="checkbox"/>	<input type="checkbox"/> Excessive <input type="checkbox"/> Inhibited	
Poor pool quality	<input type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Suds <input type="checkbox"/> Colors <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Other:	
Pipe benthic growth	<input 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>M</u>	
Today's date: <u>9-17-12</u>		Time (Military): <u>14:26</u>	
Investigators: <u>RON BITTNER</u>		Form completed by: <u>RON BITTNER</u>	
Temperature (°F): <u>72</u>	Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u>		
Nearest Intersection / Location: <u>734 PINEHURST DR.</u>			
Camera:		Photo #s:	
Land Use in Drainage Area (Check all that apply):			
<input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Single Family <input type="checkbox"/> Multi Family <input type="checkbox"/> Commercial		<input checked="" type="checkbox"/> Open Space <input type="checkbox"/> Institutional Other: _____ Known Industries: _____	
Notes (e.g., origin of outfall, if known):			

Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED	
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Elliptical <input type="checkbox"/> Box <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: <u>36"</u>	In Water: <input 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 image)
<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? Yes No

2. If yes, collected from: Flow Pool

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

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

VILLAGE OF MUKWONAGO ILLICIT DISCHARGE FIELD SCREENING SHEET

Section 1: Background Data

Subwatershed:	Outfall ID: 0
Today's date: 9-24-12	Time (Military): 12:44
Investigators: RON BITTNER	Form completed by: RON BITTNER
Temperature (°F): 62	Rainfall (in.): Last 24 hours: 0 Last 48 hours: 0
Nearest Intersection / Location: 511 EAGLE LAKE AVENUE	
Camera:	Photo #s:
Land Use in Drainage Area (Check all that apply):	
<input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Open Space <input checked="" type="checkbox"/> Single Family <input checked="" type="checkbox"/> Institutional <input type="checkbox"/> Multi Family Other: _____ <input checked="" type="checkbox"/> Commercial Known Industries: _____	
Notes (e.g., origin of outfall, if known):	

Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> 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)
<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"/> Only <input type="checkbox"/> Flow Line <input type="checkbox"/> Paint <input type="checkbox"/> Other:	
Abnormal Vegetation	<input type="checkbox"/>	<input type="checkbox"/> Excessive <input type="checkbox"/> Inhibited	
Poor pool quality	<input type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

Section 6: Overall Outfall Characterization

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

Section 7: Data Collection

1. Sample for the lab? Yes No

2. If yes, collected from: Flow Pool

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

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

VILLAGE OF MUKWONAGO ILLICIT DISCHARGE FIELD SCREENING SHEET

Section 1: Background Data

Subwatershed:	Outfall ID: <u>P</u>
Today's date: <u>9-24-12</u>	Time (Military): <u>12:55</u>
Investigators: <u>RON BITTNER</u>	Form completed by: <u>RON BITTNER</u>
Temperature (°F): <u>62</u>	Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u>
Nearest Intersection / Location: <u>WEST END OF WAHL AVE</u>	
Camera:	Photo #s:
Land Use in Drainage Area (Check all that apply):	
<input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Open Space <input checked="" type="checkbox"/> Single Family <input type="checkbox"/> Institutional <input type="checkbox"/> Multi Family Other: _____ <input checked="" type="checkbox"/> Commercial Known Industries: _____	
Notes (e.g., origin of outfall, if known):	

Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: <u>48"</u> LAKE DRAW DOWN FOR DAM REPAIRS	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/sight; origin not obvious	<input type="checkbox"/> 2 - Some; indications of origin (e.g., possible suds or oil sheen)	<input type="checkbox"/> 3 - Some; origin clear (e.g., obvious oil sheen, suds, or floating sanitary materials)

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

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

Section 6: Overall Outfall Characterization

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

Section 7: Data Collection

1. Sample for the lab? Yes No

2. If yes, collected from: Flow Pool

3. Intermittent flow trap set? Yes No If Yes, type: OEM Canlk 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>Q</u>
Today's date: <u>9-24-12</u>	Time (Military): <u>13:00</u>
Investigators: <u>RON BITTNER</u>	Form completed by: <u>RON BITTNER</u>
Temperature (°F): <u>62</u>	Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u>
Nearest Intersection / Location: <u>FRONT ST + JEFFERSON ST</u>	
Camera:	Photo #s:
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"/> Elliptical <input type="checkbox"/> Box <input type="checkbox"/> Other: _____ <input type="checkbox"/> Single <input checked="" type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: <u>16"</u> LAKE DRAWDOWN FOR DAM REPAIRS	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 checked="" 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)?

VILLAGE OF MUKWONAGO ILLICIT DISCHARGE FIELD SCREENING SHEET

Section 1: Background Data

Subwatershed:		Outfall ID: <u>R</u>	
Today's date: <u>9-24-12</u>		Time (Military): <u>13:20</u>	
Investigators: <u>RON BITTNER</u>		Form completed by: <u>RON BITTNER</u>	
Temperature (°F): <u>62</u>	Rainfall (in.): Last 24 hours: <u>0</u>	Last 48 hours: <u>0</u>	
Nearest Intersection / Location: <u>BAYVIEW CIRCLE + BAYVIEW COURT</u>			
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 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 type="checkbox"/> PVC <input type="checkbox"/> Steel <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Elliptical <input type="checkbox"/> Box <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: <u>42"</u>	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)		
			1 - Faint	2 - Easily detected	3 - Noticeable from a distance
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"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 <input type="checkbox"/> 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>S</u>	
Today's date: <u>9-24-12</u>		Time (Military): <u>13:26</u>	
Investigators: <u>RON BITTNER</u>		Form completed by: <u>RON BITTNER</u>	
Temperature (°F): <u>62</u>	Rainfall (in.): Last 24 hours: <input checked="" type="checkbox"/> Last 48 hours: <u>0</u>		
Nearest Intersection / Location: <u>CTY HWY E5 + HOVEY WELL R.D.</u>			
Camera:		Photo #s:	
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"/> Elliptical <input type="checkbox"/> Box <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: <u>36"</u>	In Water: <input 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"/> Barthen <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 <input type="checkbox"/> Cracking or Chipping <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion	
Deposits/Stains	<input type="checkbox"/>	<input type="checkbox"/> Oily <input type="checkbox"/> Flow Line <input type="checkbox"/> Paint <input type="checkbox"/> Other:	
Abnormal Vegetation	<input type="checkbox"/>	<input type="checkbox"/> Excessive <input type="checkbox"/> Inhibited	
Poor pool quality	<input type="checkbox"/>	<input type="checkbox"/> Odors <input type="checkbox"/> Colors <input type="checkbox"/> Floatables <input type="checkbox"/> Oil Sheen <input type="checkbox"/> Suds <input type="checkbox"/> Excessive Algae <input type="checkbox"/> Other:	
Pipe benthic growth	<input type="checkbox"/>	<input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:	

Section 6: Overall Outfall Characterization

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

Section 7: Data Collection

1. Sample for the lab? Yes No
2. If yes, collected from: Flow Pool
3. Intermittent flow trap set? Yes No If Yes, type: OBM Caulk dam

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

VILLAGE OF MUKWONAGO ILLICIT DISCHARGE FIELD SCREENING SHEET

Section 1: Background Data

Subwatershed:		Outfall ID: <u>T</u>	
Today's date: <u>9-24-12</u>		Time (Military): <u>13:40</u>	
Investigators: <u>RON BITTNER</u>		Form completed by: <u>RON BITTNER</u>	
Temperature (°F): <u>62</u>	Rainfall (in.): Last 24 hours: <u>0</u> Last 48 hours: <u>0</u>		
Nearest Intersection / Location: <u>CTY HWY E5 + CTY HWY J</u>			
Camera:		Photo #s:	
Land Use in Drainage Area (Check all that apply):			
<input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Single Family <input type="checkbox"/> Multi Family <input checked="" type="checkbox"/> Commercial		<input checked="" type="checkbox"/> Open Space <input type="checkbox"/> Institutional Other: <u>AGRICULTURE</u> Known Industries: _____	
Notes (e.g., origin of outfall, if known):			

Section 2: Outfall Description

LOCATION	MATERIAL	SHAPE	DIMENSIONS (IN.)	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Other: _____	<input type="checkbox"/> Circular <input checked="" type="checkbox"/> Elliptical <input type="checkbox"/> Box <input type="checkbox"/> Other: _____	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/> Other: _____	Diameter/Dimensions: <u>24 x 42</u> In Water: <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully With Sediment: <input type="checkbox"/> No <input checked="" type="checkbox"/> Partially <input type="checkbox"/> Fully
<input type="checkbox"/> Open drainage	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> rip-rap <input type="checkbox"/> Other: _____	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other: _____	Depth: _____ Top Width: _____ Bottom Width: _____	(This area is shaded in the original form)
<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 - Faint	2 - Easily detected	3 - Noticeable from a distance
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"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turbidity	<input type="checkbox"/>	See severity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Section 6: Overall Outfall Characterization

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

Section 7: Data Collection

1. Sample for the lab? Yes No

2. If yes, collected from: Flow Pool

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

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