

SITE INFORMATION

Name of Community, Plan or Development: _____
Property Owner Information: _____
Address Line 1: _____
Address Line 2: _____
Responsible Party of Facility if different than owner: _____
Contact Name, Phone #, and email: _____

Y

N

Is there an active Operation and Maintenance Agreement in Place?

☐☐

Has an Asbuilt or Record Drawing of the facility been performed? When?

☐☐

Has the Facility been converted from Erosion & Sediment to Stormwater?

☐☐

Year of Facility Construction

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| |
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| |
| |
| |

of Facilities within this development:

Outfall (Facility Discharge pipe)

Outlet Control Structure (Structure for runoff leaving facility)

Basin Invert (Pond Bottom or Floor)

Inflow Pipes

Embankment (Earth Berm or Dam holding back water)

Emergency Spillway (Earth Berm low area)

Location Map

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| |
|--|

CURRENT INSPECTION

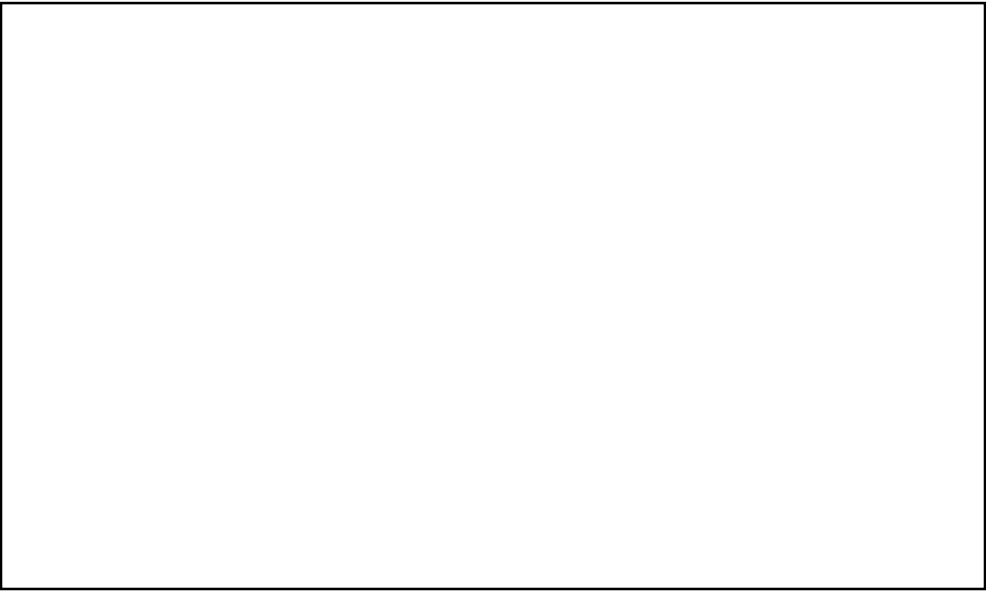
Professional Seal for 1st & 6th year reports

Date: _____
Time: _____
Facility Name & ID#: _____
Reviewer Info (Name, address, contact info): _____

*Note and add additional photos as needed to any section at the end of the report.

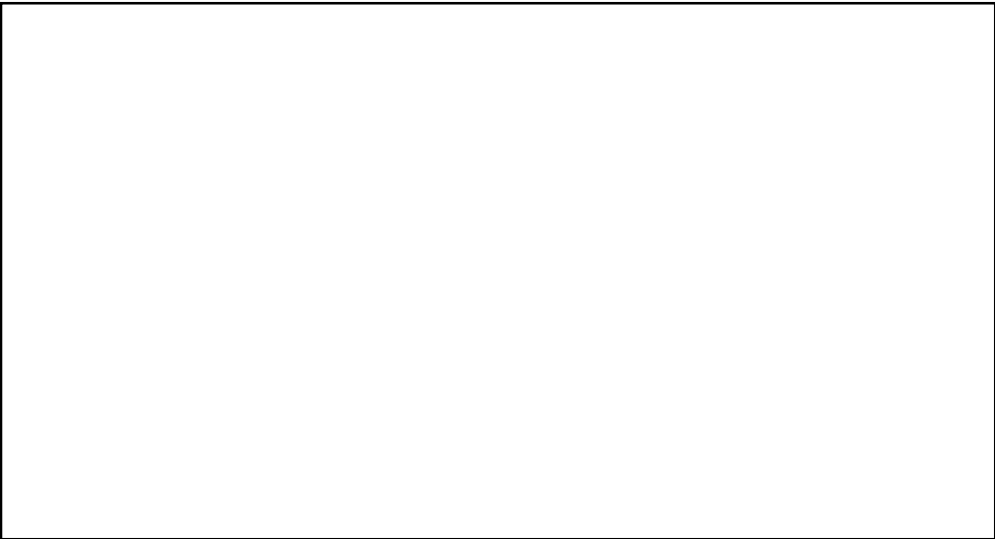
OUTLET CONTROL STRUCTURE

Photo #1 – Corner of Structure



OUTLET CONTROL STRUCTURE

Photo #2 – Opposite Corner of Structure

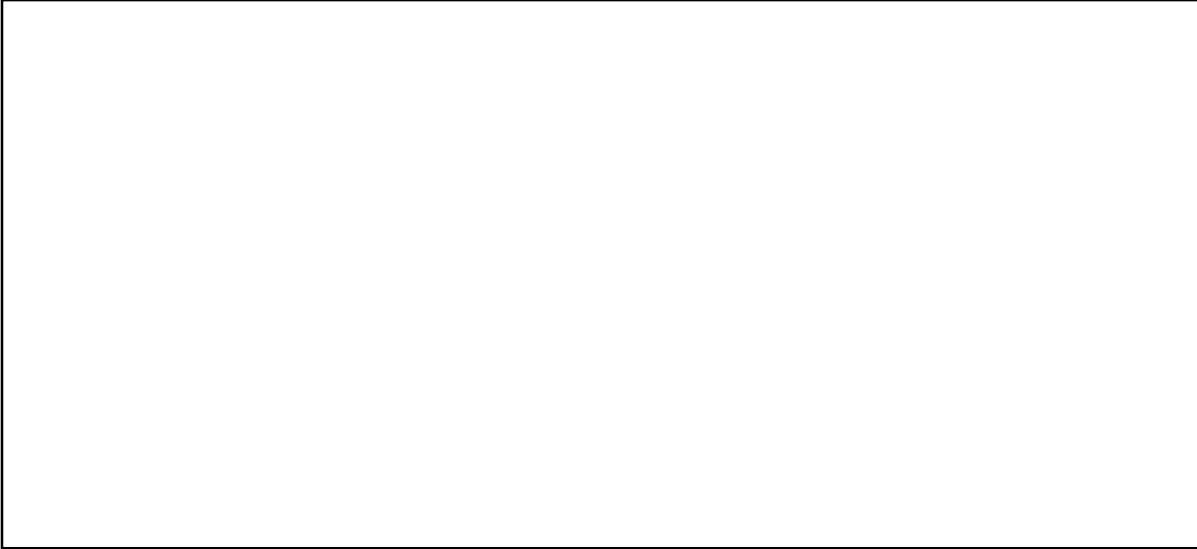


- | | Y | N |
|---|--------------------------|--------------------------|
| 1. Are Orifices/Weirs plugged or clogged? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the Trash rack or grate covered with brush or debris? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is there Debris or sediment accumulated in structure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is there Structural damage such as broken or missing pieces? | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

BASIN INVERT

Photo



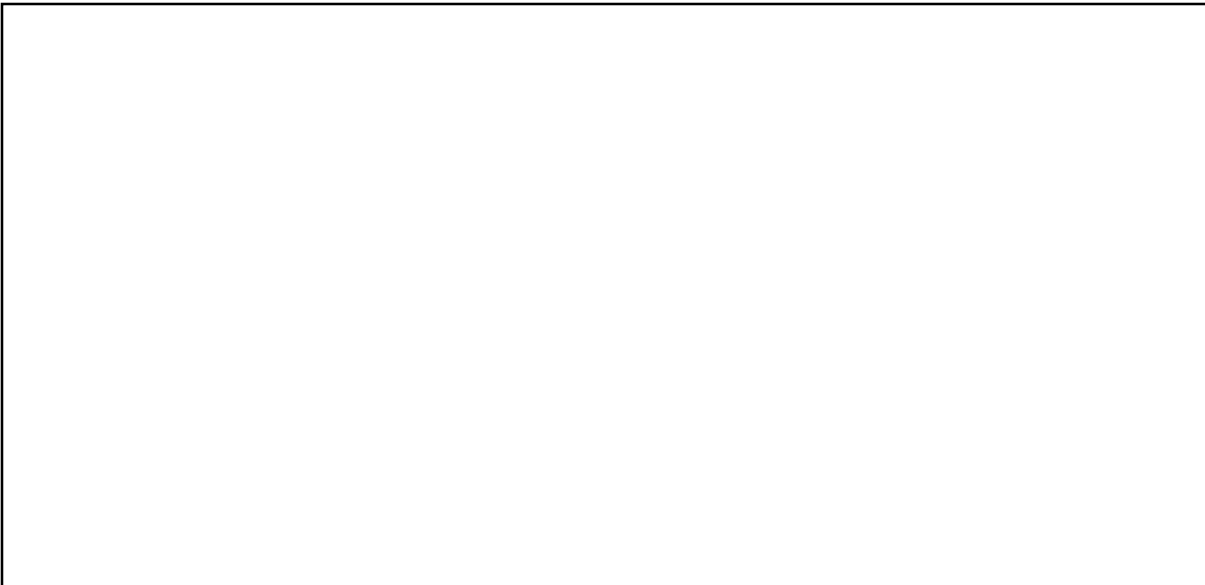
| Y | N |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

1. Is there Significant accumulation throughout facility?
2. Is there overgrown vegetation/brush or trees in the facility?
3. Are there bare areas or areas lacking vegetative growth?
4. Is the basin/pond not dewatering?
5. Is there a perimeter fence and access in good condition?

Comments:

OUTFALL

Photo



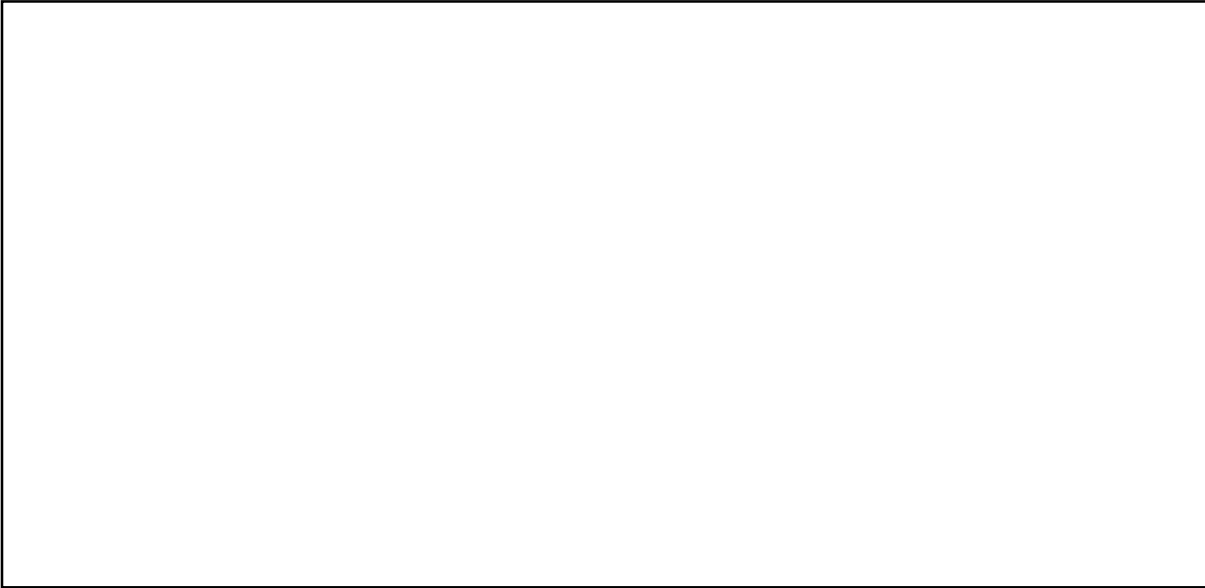
| Y | N |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

1. Is there debris or sediment in outfall pipe?
2. Is there Erosion present at outfall?
3. Is there Sediment accumulation at outfall?
4. Is there Overgrown vegetation surrounding outfall?
5. Does discharge have any discolorations or films?

Comments:

INFLOW PIPE #1

Photo

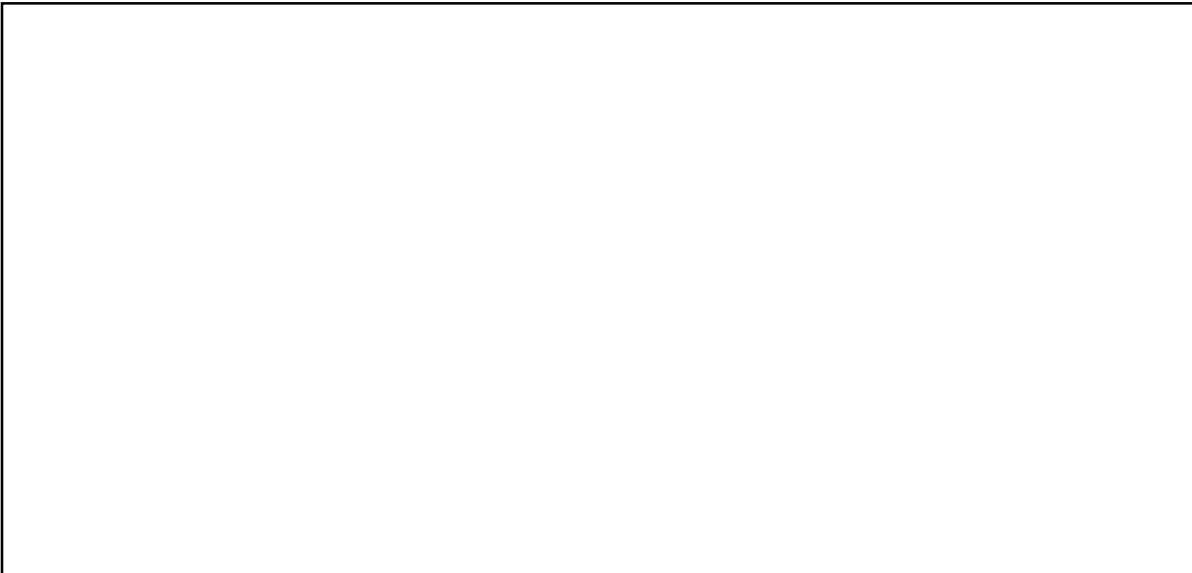


- | | Y | N |
|---|--------------------------|--------------------------|
| 1. Is there debris/junk or sediment in inflow pipe? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there erosion present at inflow pipe? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is there sediment accumulation at outfall? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is there overgrown vegetation surrounding outfall? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does discharge have any discolorations or films? | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

INFLOW PIPE #2

Photo:

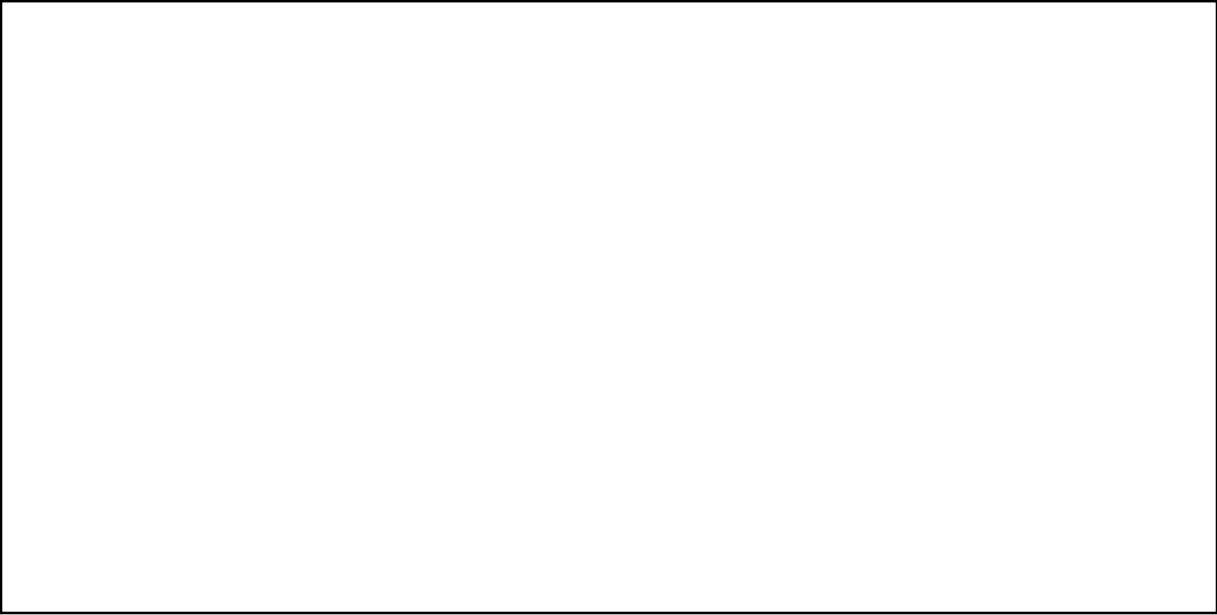


- | | Y | N |
|---|--------------------------|--------------------------|
| 1. Is there debris/junk or sediment in inflow pipe? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there erosion present at inflow pipe? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is there sediment accumulation at outfall? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is there overgrown vegetation surrounding outfall? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does discharge have any discolorations or films? | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

EMBANKMENT

Photo



- | | Y | N |
|---|--------------------------|--------------------------|
| 1. Is there erosion present on embankment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are there burrow holes present on embankment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is there overgrown vegetation and brush on embankment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are there trees growing on embankment? | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

EMERGENCY SPILLWAY

Photo



- | | Y | N |
|--|--------------------------|--------------------------|
| 1. Is there erosion present on or below the spillway? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there sediment or debris accumulation in the spillway? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is there vegetation (brush, trees, etc.) in spillway? | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

CORRECTIVE ACTIONS/MAINTENANCE TO BE PERFORMED

Date: _____
Preparer: _____

LIST MAINTENANCE MEASURES TAKEN IN THE LAST YEAR:

0-3 MONTHS

3-9 MONTHS

GREATER THAN 12 MONTHS

ADDITIONAL PHOTOS: