

Project Name _____
Permit No. _____
Parcel No. _____

INSPECTION AND MAINTENANCE AGREEMENT

For the Continued Regulation of Permanent and Post Construction Stormwater Control Facilities and Permanent and Post Construction Stormwater Best Management Practices

This Inspection and Maintenance Agreement, made this _____ day of _____ 20____, by and between the *[insert name of party responsible for the project on which the stormwater control measures will be located]* (hereafter referred to as the Owner) and the Richland Soil and Water Conservation District, Stormwater Manager, as designated by the Richland County Commissioners (hereafter referred to as Stormwater Manager) provides as follows:

WHEREAS, Ohio Revised Code (ORC) §307.79, authorizes the Board of County Commissioners to manage stormwater, abate soil erosion, and abate water pollution by soil sediment, ORC §307.37(B)(3) authorizes the Commissioners to protect surface and subsurface drainage, and ORC §307.85 authorizes counties to implement federal programs; and

WHEREAS, the Richland County Board of Commissioners has properly designated the Richland Soil and Water Conservation District as Stormwater Manager. The Stormwater Manager shall have the authority to inspect and determine compliance with regulations, issue or deny permits, approve or disapprove plans, and issue notices of violations and stop work orders.

WHEREAS, the Stormwater Manager has the authority to execute a conservation easement under ORC §5301.67 et seq., an environmental covenant under ORC §5301.80 et seq., any deed of easement or any other instrument.

WHEREAS, in compliance with Richland County Stormwater Management and Sediment Control Regulations, incorporated by reference is a final Stormwater Management and Sediment Control Plan (SWM/SC Plan) as approved by the Stormwater Manager; fully described and attached in Exhibit A; and

WHEREAS, the Owner is responsible for certain real estate identified by Tax Map No. *[insert all relevant parcel numbers]* that is to be developed as *[insert the name of the development]* (hereafter referred to as the Property); and

WHEREAS, the Owner is in compliance with Richland County Stormwater Management and Sediment Control Regulations, Owner hereby grants and agrees to dedicate certain property required for such continued, uninterrupted and perpetual compliance.

WHEREAS, the Owner, at their own expense, shall, upon execution of this Inspection and Maintenance Agreement, record this agreement with the Recorder of Richland County, Ohio

NOW, THEREFORE, for and in consideration of the mutual covenants and undertaking of the parties, the parties hereby agree as follows:

LONG-TERM MAINTENANCE PLANS AND SCHEDULES

The Owner agrees to the construction of any such stormwater control facilities or BMPs in accordance with the permit, according to the final SWM/SC Plan attached in Exhibit A. The maintenance recommendations will allow the stormwater control facilities or BMPs to perform the purposes for which they were designed and constructed in accordance to the standards by which they were designed and constructed.

This agreement shall ensure a maintenance plan for each stormwater control measure on the Property. A schedule for monthly and annual maintenance is recommended. The Owner shall perform all maintenance. The Owner shall complete all repairs identified through regular inspections and any additional repairs as requested in writing by the Stormwater Manager.

The Stormwater Manager is authorized to conduct inspections and will as required; inspections will not occur less than once every five years. Upon completion of the inspection, the Stormwater Manager shall provide the Owner with the inspection report, including findings requiring repairs, when necessary.

The Owner shall maintain, update, and store the maintenance records for the stormwater control measures. The Owner shall submit inspection reports in writing to the Stormwater Manager within 30 days after each inspection. All inspection and maintenance reports shall be in the format provided in Exhibit B. *[select the appropriate inspection reports for the approved SCMs from Exhibit B]*

Noncompliance with the long-term maintenance plans and schedules will warrant the receipt of a written violation notice from the Stormwater Manager. If, after a period of not less than thirty days has elapsed following the issuance of the notice of violation, the violation continues, the Stormwater Manager shall issue a second notice of violation. If, after a period of not less than fifteen days has elapsed following the issuance of the second notice of violation, the violation continues, the Stormwater Manager may issue a stop work order. Once a stop work order is issued, with the approval of the prosecuting attorney of the county, the Stormwater Manager shall request, in writing, the prosecuting attorney of the county to seek an injunction or other appropriate relief in the court of common pleas to abate excessive erosion or sedimentation and secure compliance with the rules adopted under this section.

The Owner shall name the post-construction person or entity who shall be bound by and comply with this Agreement in perpetuity.

Printed name

Title

Phone number

Address

The Owner shall name the post-construction person or entity who will physically perform the inspections and maintenance of the post construction BMPs

Printed name

Title

Phone number

Address

LONG-TERM MAINTENANCE FUNDING

[The Owner shall specify the method of funding for the perpetual inspection, operation, and maintenance of the stormwater management practices listed in this Inspection and Maintenance Agreement if different than that shown above. This funding mechanism shall be approved by the Stormwater Manager].

The Owner shall name the post-construction person or entity who will be financially responsible the inspections and maintenance of the post construction BMPs

_____ Printed name	_____ Title
_____ Phone number	_____ Address

INDEMNIFICATIONS

The Owner hereby agrees that it shall save, hold harmless, and indemnify the Stormwater Manager and its employees and officers from and against all liability, losses, claims, demands, costs and expenses arising from, or out of, default or failure by the Owner to maintain the stormwater control measures, in accordance with the terms and conditions set forth herein, or from acts of the Owner arising from, or out of, the construction, operation, repair or maintenance of the stormwater control measures.

The Owner hereby releases the Stormwater Manager from all damages, accidents, casualties, occurrences, or claims that might arise or be asserted against the Stormwater Manager from the presence, existence, or maintenance of the stormwater control measures.

SPECIAL CONDITIONS

This Inspection and Maintenance Agreement shall be a covenant that runs with the land and shall inure to the benefit of and shall be binding upon the parties hereto, their respective successors and assigns, and all subsequent owners of the property.

The parties hereto expressly do not intend by execution of this Inspection and Maintenance Agreement to create in the public, or any member thereof, any rights as a third-party beneficiary or to authorize anyone not a party hereof to maintain a suit for any damages pursuant to the terms of this Inspection and Maintenance Agreement.

The current Owner shall promptly notify the Stormwater Manager at least fifteen (15) days prior to the legally transfer of the property to a new Owner. The Owner shall supply the Stormwater Manager with a copy of any document of transfer, executed by both parties.

No Owner shall violate or fail to comply with any provision or requirement of any permit issued under Richland County Stormwater Management and Sediment Control Regulations, including any SWM/SC Plan or Inspection and Maintenance Agreement.

IN WITNESS WHERE OF, the Owner has caused this Inspection and Maintenance Agreement to be signed in its names by a duly authorized person.

Stormwater Manager:

Richland County, Ohio,

By: _____
Its: _____

Owner:

Owner
a [State] corporation

By: _____
Its: _____

DEED OF STORMWATER CONTROL AND EROSION CONTROL EASEMENT

1. This DEED OF STORMWATER CONTROL AND EROSION CONTROL EASEMENT, is made by _____, of _____ County, _____, grantor and hereinafter Owner.
2. This instrument is located in the Official Record Volume _____, Page _____ in the Richland County, Ohio Recorder's Office.
3. Stormwater Manager, grantee, is the authorized governmental authority responsible for the establishment, oversight, and maintenance of the Richland County Stormwater and Erosion Control Program as required by Article IV, Section 4.02 (E) and (F) of the Richland County Stormwater Management, Sediment Control, and Post-Construction Stormwater Regulations.
4. Owner, grantor, is now in compliance with the Richland County Stormwater and Erosion Control Program and has agreed to dedicate certain property required for such continued, and uninterrupted, and perpetual compliance.
5. Owner, grantor, declares that in consideration of \$1.00 and other valuable consideration, the receipt of which is hereby acknowledged, the Owner grants to the Board of County Commissioners Richland County, Ohio, the right to inspect, construct, maintain, and repair stormwater and erosion controls and applications in and along the Owner's property as hereinafter fully described and shown on the legal description and site plan attached hereto as Exhibit C.
6. The easement further grants to Stormwater Manager the free right to enter and depart of Owner's property as is necessary in accordance with the purpose of the easement: purposes including, but not limited to, inspection in order to document the condition and status of the stormwater control facilities or other BMPs

7. To the extent the Easement Area, as defined, contains a storm sewer, culvert, over land open ditch flood route, detention basin, retention basin and or any other storm water structure or stormwater BMP as part of the Drainage Easement (Storm Sewer), the Storm Sewer rights are senior to the rights of any other public or private utility or interest utilizing the easement except for the overlap areas with a Sanitary Easement. Any costs associated with the damage, repair, replacement or relocation of any buried or above ground facility or structure that is necessary to allow the maintenance, repair or replacement of a Storm Sewer shall be the responsibility of the owner of said utility, facility, or structure. When maintenance, repair or replacement of a Storm Sewer causes the removal of any trees, plantings, landscaping, fence, driveway, or any other feature located within the Easement Area, the replacement and cost of said items shall be the responsibility of the Owner.
8. Any landscape features, such as trees, fences, retaining walls, etc. in the Easement Area shall be reviewed by the Richland Soil and Water Conservation District (RSWCD) and the Richland County Engineer's Office (RCEO) prior to installation. The RSWCD and RCEO will review the proposed landscape improvements to assure that the landscape improvements will not interfere with the Drainage Easement stormwater control facilities.
9. No buildings, sheds, decks, pools, or other such structures, or the footer or foundations of any structures or features shall be constructed above or below ground within the Easement Area unless said structure is approved in writing by the RSWCD and the RCEO.
10. Stormwater Manager may post signage identifying the Easement Area.
11. The Owner grants the Easement Area and right-of-way unto the Stormwater Manager, grantee, its successors and assigns forever. This grant of easement shall be perpetual and run with the land.

The Owner grants for itself and its successors and assigns, hereby covenant with Stormwater Manager, grantee, its successors and assignees, that it is the true and lawful owner of said premises as recorded in the Official Record Volume _____, Page _____, in the Richland County, Ohio Recorder's Office and is lawfully seized of the same in fee simple, and has good right and full power to grant, bargain, sell and release the same in the manner aforesaid, and will warrant and defend the same against all claims of all persons whomsoever.

Signed by the Grantor on this _____ day of _____, 20_____.

Grantor:

Signature

Legibly Printed Name

Title

Address

Grantee: Richland County Board of County Commissioners

Authorized Signatory

Legibly Printed Name

Title

Address

STATE OF OHIO }
 } ss.
COUNTY OF RICHLAND }

Before me, a Notary Public in and for said County and State, personally appeared

_____,
the Grantor, in the foregoing Deed of Stormwater Control and Erosion Control Easement, and
acknowledge the signing thereof to be his/her voluntary act and deed.

Witness my hand and official seal this _____ day of _____, 20_____.

Notary Public

This instrument was prepared by Grantee

Exhibit A
Stormwater Management and Sediment Control Plan (SWM/SC Plan)

Exhibit B
Stormwater Control Measure Inspection Reports

Bioretention Area Inspection and Maintenance Checklist

Facility:			
Location/Address:			
Date:	Time:	Weather Conditions:	Date of Last Inspection:
Inspector:		Title:	
Rain in Last 48 Hours <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list amount and timing:			
Pretreatment: <input type="checkbox"/> vegetated filter strip <input type="checkbox"/> swale <input type="checkbox"/> turf grass <input type="checkbox"/> forebay <input type="checkbox"/> other, specify: <input type="checkbox"/>			
Site Plan or As-Built Plan Available: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Inspection Item		Comment	Action Needed
1. PRETREATMENT			
Sediment has accumulated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Trash and debris have accumulated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. DEWATERING			
Standing water is present after 24 hours. If yes, describe sheen, color, or	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. INLETS			
Inlets are in poor structural condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Sediment has accumulated and/or is blocking the inlets.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Erosion is occurring around the inlets.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. VEGETATION			
Vegetation is wilting, discolored, or dying due to disease or stress.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Vegetation needs to be controlled through mowing or manual removal.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
4. BIORETENTION MAIN INFILTRATION AREA			
Trash and debris have accumulated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Sediment has accumulated at the surface.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Topmost layer is caked or crusted over with sediment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Erosion is evident.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Mulch is compacted.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Sinkholes or animal borrows are present.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
5. SIDE SLOPES AND EMBANKMENT			
Erosion is evident.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Sinkholes or instability is evident.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No

6. OUTLETS AND OVERFLOW STRUCTURE (i.e., catch basin)			
Outlets or overflow structures in poor structural condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Sediment, trash or debris is blocking the outlets or overflow structure.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Erosion is occurring around the outlets or overflow structure.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Height from surface of practice to top of overflow structure is insufficient to allow for ponding during rain events.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Notes
<div></div>
Wet weather inspection needed <input type="checkbox"/> Yes <input type="checkbox"/> No

Signature:

Name Printed
Legibly:

Site Sketch:

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Dry Pond or Dry Extended Detention Basin Inspection and Maintenance Checklist

Facility:			
Location/Address:			
Date:	Time:	Weather Conditions:	Date of Last Inspection:
Inspector:		Title:	
Rain in Last 48 Hours <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list amount and timing:			
Pretreatment: <input type="checkbox"/> vegetated filter strip <input type="checkbox"/> swale <input type="checkbox"/> forebay <input type="checkbox"/> other, specify:			
Site Plan or As-Built Plan Available: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Inspection Item		Comment	Action Needed
1. PRETREATMENT			
Sediment has accumulated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Trash and debris have accumulated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. DEWATERING			
The water quality orifice is visible.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. INLETS			
Inlets are in poor structural condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Sediment has accumulated and/or is blocking the inlets.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Erosion is occurring around the inlets.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. EMBANKMENT			
Sinkholes or cracks are visible in the embankment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Trees or woody vegetation present on the dam or embankment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
4. BASIN OR BOWL AREA			
Trash and debris have accumulated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Invasive plants are present.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Erosion is evident on the basin floor or low flow channel.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
The micro-pool has sediment accumulation.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Sinkholes or animal borrows are present.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
5. SIDE SLOPES AND EMBANKMENT			
Erosion is evident.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Sinkholes, animal borrows or instability are present.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
6. OUTLETS AND OVERFLOW STRUCTURE			
Outlets or overflow structures in poor structural condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Sediment, trash or debris is blocking the outlets or overflow structure.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No

Wet Pond or Wet Extended Detention Basin Inspection and Maintenance Checklist

Facility:			
Location/Address:			
Date:	Time:	Weather Conditions:	Date of Last Inspection:
Inspector:		Title:	
Rain in Last 48 Hours <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list amount and timing:			
Pretreatment: <input type="checkbox"/> vegetated filter strip <input type="checkbox"/> swale <input type="checkbox"/> forebay <input type="checkbox"/> other, specify:			
Site Plan or As-Built Plan Available: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Inspection Item		Comment	Action Needed
1. PRETREATMENT			
Sediment has accumulated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Trash and debris have accumulated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. DEWATERING			
The water quality orifice is visible.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. INLETS			
Inlets are in poor structural condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Sediment has accumulated and/or is blocking the inlets.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Erosion is occurring around the inlets.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. EMBANKMENT			
Sinkholes, cracks or seeps are visible in the embankment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Trees or woody vegetation present on the dam or embankment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
4. BASIN PERMANENT POOL			
Trash and debris have accumulated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Sediment has accumulated and reduced pool volume.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Invasive plants are present.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Erosion is present at shoreline.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Excessive algae blooms are present.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
5. SIDE SLOPES AND EMBANKMENT			
Erosion is evident.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Sinkholes, animal borrows or instability is present.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
6. OUTLETS AND OVERFLOW STRUCTURE			
Outlets or overflow structures in poor structural condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Sediment, trash or debris is blocking the outlets, trash racks or overflow	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No

Vegetated Infiltration Swale Inspection and Maintenance Checklist


Facility:			
Location/Address:			
Date:	Time:	Weather Conditions:	Date of Last Inspection:
Inspector:		Title:	
Rain in Last 48 Hours <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list amount and timing:			
Pretreatment: <input type="checkbox"/> vegetated filter strip <input type="checkbox"/> swale <input type="checkbox"/> turf grass <input type="checkbox"/> forebay <input type="checkbox"/> other, specify:			
Site Plan or As-Built Plan Available: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Inspection Item		Comment	Action Needed
1. PRETREATMENT			
Sediment has accumulated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Trash and debris have accumulated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. DEWATERING			
Standing water is present after 24 hours. If yes, describe sheen, color, or	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. INLETS			
Inlets are in poor structural condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Sediment has accumulated and/or is blocking the inlets.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Erosion is occurring around the inlets.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. VEGETATION			
Vegetation is wilting, discolored, or dying due to disease or stress.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Vegetation needs to be controlled through mowing or manual removal.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
4. MAIN INFILTRATION AREA			
Trash and debris have accumulated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Sediment has accumulated at the surface	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Topmost layer is caked or crusted over with sediment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Erosion is evident.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Mulch is compacted.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Sinkholes or animal borrows are present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
5. SIDE SLOPES AND EMBANKMENT			
Erosion is evident.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Sinkholes or instability is evident.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No

6. OUTLETS AND OVERFLOW STRUCTURE (i.e., catch basin)

Outlets or overflow structures in poor structural condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Sediment, trash or debris is blocking the outlets or overflow structure.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Erosion is occurring around the outlets or overflow structure.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Height from surface of practice to top of overflow structure is insufficient to allow for ponding	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Notes



Wet weather inspection needed ☐ Yes ☐ No

Signature:

Name Printed

Legibly:

Site Sketch:

Permeable Pavement Inspection and Maintenance Checklist

Facility:			
Location/Address:			
Date:	Time:	Weather Conditions:	Date of Last Inspection:
Inspector:		Title:	
Rain in Last 48 Hours <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list amount and timing:			
Pavement Type: <input type="checkbox"/> permeable interlocking concrete pavement (PICP) <input type="checkbox"/> asphalt <input type="checkbox"/> concrete <input type="checkbox"/> other, specify:			
Pretreatment: <input type="checkbox"/> vegetated filter strip <input type="checkbox"/> swale <input type="checkbox"/> turf grass <input type="checkbox"/> forebay <input type="checkbox"/> other, specify: <input type="checkbox"/> none			
Site Plan or As-Built Plan Available: <input type="checkbox"/> Yes <input type="checkbox"/> No			

*Permeable interlocking concrete pavement (PICP)

Inspection Item		Comment	Action Needed
1. PRETREATMENT			
Sediment has accumulated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Trash and debris have accumulated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. PAVEMENT TRANSITION AREA			
Non-permeable transition area at pavement edges is unstable/deteriorating.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. DEWATERING			
Standing water is visible on the surface after a rain event.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
4. PAVEMENT SURFACE AND JOINTS			
Sediment has accumulated on pavement surface.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Trash and debris have accumulated on pavement surface or around curbing.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Pavement has deteriorated, cracked, settled, or raveled.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Sediment has accumulated in the joints of PICP.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Vegetation is growing in the joints of PICP.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Gravel is insufficient in the joints of PICP.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Notes

Wet weather inspection needed ☐ **Yes** ☐ **No**

Signature:

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Site Sketch:

Green Roof Inspection and Maintenance Checklist

Facility:			
Location/Address:			
Date:	Time:	Weather Conditions:	Date of Last Inspection:
Inspector:		Title:	
Rain in Last 48 Hours: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list amount and timing:			
Type of Irrigation System: <input type="checkbox"/> overhead <input type="checkbox"/> drip <input type="checkbox"/> other, specify:			
Results from Most Recent Soil Test Available: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Site Plan or As-Built Plan Available: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Inspection Item	Comment	Action Needed
1. VEGETATION		
Plant cover is less than 90%.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vegetation is wilting, discolored, or dying due to disease, pests, or stress.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vegetation is stressed due to drought.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vegetation needs to be controlled through manual removal or mowing if specified by manufacturer.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. GROWING MEDIUM/SOIL LAYER		
Standing water is present. If yes, describe color or smell.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sediment has accumulated at the surface or throughout the media.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gullies or other evidence of erosion are observed.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Soil depth is insufficient.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Based on most recent soil test, fertilization is needed.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. STRUCTURAL COMPONENTS		
Waterproof membrane is cracked or leaking.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other structural components are in poor condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. INLETS/DRAINAGE LAYER		
Inlets are in poor structural condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sediment, vegetation, trash or debris are blocking inlets.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. IRRIGATION SYSTEM		
Drip lines, supply lines, or other irrigation components are not functioning or are in poor structural condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Notes

Wet weather inspection needed ☐ Yes ☐ No

Signature: _____

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Additional Notes	
Wet weather inspection needed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature:	Name Printed
Site Sketch:	Legibly:

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Non-Structural Stormwater Control Measure Inspection and Maintenance Checklist

Facility:			
Location/Address:			
Date:	Time:	Weather Conditions:	Date of Last Inspection:
Inspector:		Title:	
Rain in Last 48 Hours <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list amount and timing:			
Non-structural SCM Type: <input type="checkbox"/> riparian setback <input type="checkbox"/> wetland setback <input type="checkbox"/> conservation area <input type="checkbox"/> other, specify:			
Pretreatment: <input type="checkbox"/> vegetated filter strip <input type="checkbox"/> level spreader <input type="checkbox"/> gravel verge <input type="checkbox"/> other, specify:			
Site Plan or As-Built Plan Available: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Inspection Item		Comment	Action Needed
1. PRETREATMENT			
Sediment has accumulated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Trash and debris have accumulated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Erosion or scouring is visible	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. UNAUTHORIZED ACTIVITY			
There is unauthorized dumping of yard waste, litter or debris.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
There are unauthorized structures or construction activity.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
There is unauthorized removal of vegetation or trees.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
There are unauthorized recreational activities or motorized vehicles.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. VEGETATION			
Vegetation is dying or diseased.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Invasive vegetation is present.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
4. NON-STRUCTURAL AREA			
The boundaries are clearly marked.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Signage is visible and intact.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Notes

Wet weather inspection needed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Site Sketch:

Rain Barrel/Cistern Inspection and Maintenance Checklist

Facility:			
Location/Address:			
Date:	Time:	Weather Conditions:	Date of Last Inspection:
Inspector:		Title:	
Rain in Last 48 Hours <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list amount and timing:			
Pretreatment: <input type="checkbox"/> downspout screen <input type="checkbox"/> gutter guards <input type="checkbox"/> rain barrel filter/screen <input type="checkbox"/> other, specify:			
Site Plan or As-Built Plan Available: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Inspection Item		Comment	Action Needed
1. PRETREATMENT			
Sediment and debris have accumulated in gutter.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
The screen or trap is clogged or not attached.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. FOUNDATION			
Barrel foundation is unstable.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. INLETS/DOWNSPOUTS			
Gutters and downspouts joints are disconnected and/or leaks are present.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Downspouts are disconnected to barrel and/or leaks are present.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Diverter is disconnected and/or leaks are present.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. SPIGOT			
Visible leaks are present and connections are not tight.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Valves and knobs do not turn.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
4. RAIN BARREL/CISTERN			
Sediment accumulated at bottom of barrel.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Odor of mildew present or algae is visible inside the barrel.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Cracks or leaks are visible in barrel.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Mosquito larva is visible in barrel.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
5. OVERFLOW STRUCTURE			
Overflow is directed away from the structure or disconnected from the downspout.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Special Notes: An untrained individual should never enter a cistern. Never drink water from a rain barrel or a cistern. Always follow the manufacturer's manual and recommended maintenance schedule.			

Additional Notes

Wet weather inspection needed ☐ Yes ☐ No

Signature: _____

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Site Sketch:

Legibly:

Rain Garden Inspection and Maintenance Checklist

Facility:			
Location/Address:			
Date:	Time:	Weather Conditions:	Date of Last Inspection:
Inspector:		Title:	
Rain in Last 48 Hours <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list amount and timing:			
Pretreatment: <input type="checkbox"/> vegetated filter strip <input type="checkbox"/> swale <input type="checkbox"/> turf grass <input type="checkbox"/> other, specify: _____ <input type="checkbox"/> none			
Inlet Type: <input type="checkbox"/> swale <input type="checkbox"/> disconnected downspout <input type="checkbox"/> pipe <input type="checkbox"/> sheet flow			
Site Plan or As-Built Plan Available: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Inspection Item	Comment	Action Needed
1. PRETREATMENT		
Sediment has accumulated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trash and debris have accumulated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. DEWATERING		
Standing water is present after 24 hours. If yes, describe sheen, color, or	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. INLET		
Structural inlet in poor condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sediment has accumulated and/or is blocking the inlet.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Erosion is occurring around the inlet.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. VEGETATION		
Vegetation is wilting, discolored, or dying due to disease or stress.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vegetation needs to be controlled through mowing or manual removal.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. RAIN GARDEN MAIN INFILTRATION AREA		
Trash and debris have accumulated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sediment has accumulated at the surface	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Topmost layer is caked or crusted over with sediment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Erosion is evident.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mulch is compacted.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sinkholes or animal borrows are present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. EDGES AND BERM		
Erosion is evident.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sinkholes or instability is evident.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. OUTLET AND OVERFLOW STRUCTURE (i.e., catch basin)			
Outlet or overflow structure in poor structural condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Sediment, trash or debris is blocking the outlets or overflow structure.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Erosion is occurring around the outlets or overflow structure.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Height from surface of practice to top of overflow structure is insufficient to allow for ponding during rain events.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Notes
<div></div>
Wet weather inspection needed <input type="checkbox"/> Yes <input type="checkbox"/> No

Signature:

Print Name

Site Sketch:

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Sand Filter System Inspection and Maintenance Checklist

Facility:			
Location/Address:			
Date:	Time:	Weather Conditions:	Date of Last Inspection:
Inspector:		Title:	
Rain in Last 48 Hours <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list amount and timing:			
Pretreatment: <input type="checkbox"/> vegetated filter strip <input type="checkbox"/> swale <input type="checkbox"/> turf grass <input type="checkbox"/> forebay <input type="checkbox"/> other, specify: _____ <input type="checkbox"/> none			
Site Plan or As-Built Plan Available: <input type="checkbox"/> Yes <input type="checkbox"/> No			

*Do not enter sand filter chambers to inspect system unless Occupational Safety & Health Administration (OSHA) regulations for confined space entry are followed.

*Follow inspection and maintenance instructions and schedules provided by system manufacturer and installer.

*Properly dispose of all wastes.

Inspection Item		Comment	Action Needed
1. PRETREATMENT			
Sediment has accumulated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Trash and debris have accumulated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. INLETS			
Inlets are in poor structural condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Sediment, trash or debris have accumulated and/or is blocking the	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. SAND OR SAND/PEAT FILTER LAYER			
Sediment accumulation threshold has been reached.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Surface is hardened/crusted.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
5. COLLECTION CHAMBERS			
Trash and debris have accumulated in chambers.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Oil is visible at surface.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
6. OTHER SYSTEM COMPONENTS			
Structural deterioration is evident.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
7. OUTLETS			
Outlets in poor structural condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Sediment, trash or debris are blocking outlets.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Erosion is occurring around outlets.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No

8. OTHER			
Evidence of ponding water on area draining to system.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Evidence that water is not being conveyed through the system.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Notes			
Wet weather inspection needed <input type="checkbox"/> Yes <input type="checkbox"/> No			

Signature:

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Underground Detention System / Water Quality Unit Inspection and Maintenance Checklist

Facility:			
Location/Address:			
Date:	Time:	Weather Conditions:	Date of Last Inspection:
Inspector:		Title:	
Rain in Last 48 Hours <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list amount and timing:			
Pretreatment: <input type="checkbox"/> vegetated filter strip <input type="checkbox"/> swale <input type="checkbox"/> turf grass <input type="checkbox"/> forebay <input type="checkbox"/> other, specify: <input type="checkbox"/>			
Site Plan or As-Built Plan Available: <input type="checkbox"/> Yes <input type="checkbox"/> No			

- *Do not enter underground detention chambers to inspect system unless Occupational Safety & Health Administration (OSHA) regulations for confined space entry are followed.
- *Follow inspection and maintenance instructions and schedules provided by system manufacturer and installer.
- * Properly dispose of all wastes.

Inspection Item		Comment	Action Needed
1. PRETREATMENT			
Sediment has accumulated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Trash and debris have accumulated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. INLETS			
Inlets are in poor structural condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Sediment, trash, or debris have accumulated and/or is blocking the inlets.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. CHAMBERS			
Sediment accumulation threshold has been reached.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Trash and debris have accumulated in chambers.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
4. OTHER SYSTEM COMPONENTS			
Structural deterioration is evident.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
5. OUTLETS			
Outlets in poor structural condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Sediment, trash or debris are blocking outlets.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Erosion is occurring around outlets.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
6. OTHER			
Evidence of ponding water on area draining to system.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Evidence that water is not being conveyed through the system.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Notes

Wet weather inspection needed ☐ Yes ☐ No

Signature: _____

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Oil-Water Separator Inspection and Maintenance Checklist

Facility:			
Location/Address:			
Date:	Time:	Weather Conditions:	Date of Last Inspection:
Inspector:		Title:	
Rain in Last 48 Hours <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list amount and timing:			
Pretreatment: <input type="checkbox"/> vegetated filter strip <input type="checkbox"/> swale <input type="checkbox"/> turf grass <input type="checkbox"/> forebay <input type="checkbox"/> other, specify: <input type="checkbox"/> none			
Site Plan or As-Built Plan Available: <input type="checkbox"/> Yes <input type="checkbox"/> No			

*Do not enter underground detention chambers to inspect system unless Occupational Safety & Health Administration (OSHA) regulations for confined space entry are followed.

*Follow inspection and maintenance instructions and schedules provided by system manufacturer and installer.

* Properly dispose of all wastes.

Inspection Item	Comment	Action Needed
1. PRETREATMENT		
Sediment has accumulated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trash and debris have accumulated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. INLETS		
Inlets are in poor structural condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sediment, trash, or debris has accumulated and/or is blocking the	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. OIL CONTAINMENT CHAMBER		
Oil volume threshold has been reached.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Oil-absorbing pads are saturated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. SEDIMENT COLLECTION CHAMBER		
Sediment accumulation threshold has been reached.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sludge accumulation threshold at bottom of chamber has been reached.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. OTHER SYSTEM COMPONENTS		
Structural deterioration is evident.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spills or leaks are evident.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Yes No
5. OUTLETS		
Outlets in poor structural condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sediment, trash or debris is blocking outlets.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Erosion is occurring around outlets.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. OTHER			
Evidence of ponding water on area draining to system.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Evidence that water is not being conveyed through the system.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Notes			
Wet weather inspection needed <input type="checkbox"/> Yes <input type="checkbox"/> No			

Signature:

Name Printed

Legibly:

Site Sketch:

Exhibit C
Site Plan and Legal Description