

INFILTRATION PRACTICE MAINTENANCE INSPECTION FORM

Facility Number: _____ Date: _____ Time: _____
 Subdivision Name: _____ Watershed: _____
 Weather: _____ Inspector(s): _____
 Date of Last Rainfall: _____ Amount: _____ Inches Streets: _____
 Mapbook Location: _____ GPS Coordinates: _____
 Property Classification: Residential 9 Government 9 Commercial 9 Other: _____

Type of Practice: Trench 9 Basin 9
 Confined 9 Unconfined 9 Barrel Size _____ As-built Plan Available? Yes 9 No 9
 Is Facility Inspectable? Yes 9 No 9 Why? _____ Comments Specific Location(s): _____

Scoring Breakdown:

N/A = Not Applicable **1 = Monitor (potential for future problem exists)** * **Use open space in each section to further explain scoring as needed**
N/I = Not Investigated **2 = Routine Maintenance Required**
0 = Not a Problem **3 = Immediate Repair Necessary**

1. Outfall Channel(s) from Facility

Woody growth within 5' of outfall barrel	N/A	N/I	0	1	2	3
Outfall channel functioning	N/A	N/I	0	1	2	3
Manholes, frames and covers	N/A	N/I	0	1	2	3
Released water undercutting outlet	N/A	N/I	0	1	2	3
Erosion	N/A	N/I	0	1	2	3
Displaced rip rap	N/A	N/I	0	1	2	3
Excessive sediment deposits	N/A	N/I	0	1	2	3
Other:	N/A	N/I	0	1	2	3

2. Downstream Dam Bank

Cracking, bulging, or sloughing of dam	N/A	N/I	0	1	2	3
Erosion and/or loss of dam material	N/A	N/I	0	1	2	3
Animal burrows	N/A	N/I	0	1	2	3
Soft spots or boggy areas	N/A	N/I	0	1	2	3
Woody growth or unauthorized plantings on dam	N/A	N/I	0	1	2	3
Other:	N/A	N/I	0	1	2	3

3. Upstream Dam Bank

Cracking, bulging, or sloughing of dam	N/A	N/I	0	1	2	3
Erosion and/or loss of dam material	N/A	N/I	0	1	2	3
Animal burrows	N/A	N/I	0	1	2	3
Soft spots or boggy areas	N/A	N/I	0	1	2	3
Woody growth or unauthorized plantings on dam	N/A	N/I	0	1	2	3
Other:	N/A	N/I	0	1	2	3

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4. Emergency Spillway

Woody growth or unauthorized plantings	N/A	N/I	0	1	2	3
Erosion or back cutting	N/A	N/I	0	1	2	3
Soft or boggy areas	N/A	N/I	0	1	2	3
Obstructions / debris	N/A	N/I	0	1	2	3

5. Principal Spillway Built to Plans

# of Barrels: _____	Size: _____	RCP	CMP	PVC	STEEL	or	MASONRY	(Circle One)
Confined space entry permit required for entry into all riser and barrels.				Entry Approved 9			Entry Denied 9	
Minor spalling or parging (<1")	N/A	N/I	0	1	2	3		
Major spalling (exposed rebar)	N/A	N/I	0	1	2	3		
Joint failure	N/A	N/I	0	1	2	3		
Loss of joint material	N/A	N/I	0	1	2	3		
Leaking	N/A	N/I	0	1	2	3		
Corrosion	N/A	N/I	0	1	2	3		
Protective material deficient	N/A	N/I	0	1	2	3		
Misalignment or split seams / joints	N/A	N/I	0	1	2	3		
Other:	N/A	N/I	0	1	2	3		

6. Riser Built to Plans

Size: _____	CONC	CMP	or	MASONRY	(Circle One)	
Minor spalling or parging (<1")	N/A	N/I	0	1	2	3
Major spalling (exposed rebar)	N/A	N/I	0	1	2	3
Joint failure	N/A	N/I	0	1	2	3
Loss of joint material	N/A	N/I	0	1	2	3
Leaking	N/A	N/I	0	1	2	3
Manhole access and steps acceptable	N/A	N/I	0	1	2	3
Corrosion	N/A	N/I	0	1	2	3
Protective material deficient	N/A	N/I	0	1	2	3
Misalignment or split seams / joints	N/A	N/I	0	1	2	3
Anti-vortex device secure / acceptable	N/A	N/I	0	1	2	3
Sediment accumulation within riser	N/A	N/I	0	1	2	3
Woody or vegetative growth within 25' of riser	N/A	N/I	0	1	2	3
Safety rebar / pipes in place	N/A	N/I	0	1	2	3
Safety rebar / pipes corroded	N/A	N/I	0	1	2	3
Other:	N/A	N/I	0	1	2	3

7. Weir Trash Rack

Structurally sound	N/A	N/I	0	1	2	3
Debris removal necessary	N/A	N/I	0	1	2	3
Corrosion	N/A	N/I	0	1	2	3

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8. Infiltration Basin / Filter						
Existing as required			No	Yes		
Depth & material of layers: _____						
Test pit depth: _____						
Sediment accumulation in gravel / sand	N/A	N/I	0	1	2	3
Oil / chemical accumulation on gravel / sand	N/A	N/I	0	1	2	3
Filter fabric	N/A	N/I	0	1	2	3
Other:	N/A	N/I	0	1	2	3

9. Observation Wells						
Number by design: _____						
Number existing: _____						
Observation cap on correctly	N/A	N/I	0	1	2	3
Cracked or broken cap	N/A	N/I	0	1	2	3
Debris accumulation	N/A	N/I	0	1	2	3
Other:	N/A	N/I	0	1	2	3

10. Underdrains						
Broken	N/A	N/I	0	1	2	3
Daylighted	N/A	N/I	0	1	2	3
Clogging	N/A	N/I	0	1	2	3
Other:	N/A	N/I	0	1	2	3

11. Pretreatment						
Maintenance access	N/A	N/I	0	1	2	3
Pretreatment is a practice other than a stilling basin or plunge facility			No	Yes	Of so, _____ (code)	
Grass channel erosion	N/A	N/I	0	1	2	3
Filter strip adequately vegetated	N/A	N/I	0	1	2	3
Filter strip level spreader	N/A	N/I	0	1	2	3
Short circuiting / channeling in filter strip	N/A	N/I	0	1	2	3
Sediment accumulation in plunge pool	N/A	N/I	0	1	2	3 Estimated % full: _____%
Other:	N/A	N/I	0	1	2	3

12. Dewatering						
Ponding on surface	N/A	N/I	0	1	2	3
Other:	N/A	N/I	0	1	2	3

13. Upland Characteristics						
Excessive trash / debris	N/A	N/I	0	1	2	3
Bare soil present	N/A	N/I	0	1	2	3
Sand in parking lot	N/A	N/I	0	1	2	3

14. Hotspots in Close Proximity (ex. gas station)						
			No	Yes	Describe: _____	

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15. Inflow Points						
Number of inflow pipes: _____	Direction: N		E	W	S	
Endwalls, headwalls, end sections	N/A	N/I	0	1	2	3
Outfall pipes	N/A	N/I	0	1	2	3
Discharge undercutting outlet or displacing rip-rap	N/A	N/I	0	1	2	3
Discharge water is causing outfall to erode	N/A	N/I	0	1	2	3
Sediment accumulation	N/A	N/I	0	1	2	3

16. Special Structures						
Manhole access (steps, ladders)	N/A	N/I	0	1	2	3
Vehicular access	N/A	N/I	0	1	2	3
Concrete / masonry condition	N/A	N/I	0	1	2	3
Trash racks	N/A	N/I	0	1	2	3
Elbows	N/A	N/I	0	1	2	3
Sediment / trash removal	N/A	N/I	0	1	2	3
Manhole lockable nuts	N/A	N/I	0	1	2	3

17. Miscellaneous						
Encroachment in facility area and / or easement area	N/A	N/I	0	1	2	3
Fence condition	N/A	N/I	0	1	2	3
Safety signs	N/A	N/I	0	1	2	3
Complaints from local residents	N/A	N/I	0	1	2	3
Graffiti	N/A	N/I	0	1	2	3
Public hazards	N/A	N/I	0	1	2	3
Were any pad locks cut and replaced			No	Yes	How many? _____	
Other:	N/A	N/I	0	1	2	3

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Overall Condition of Facility

Total number of concerns receiving a: (1)_____ - Need Monitoring
(2)_____ - Routine Repair
(3)_____ - Immediate Repair Needed

Inspector's Summary

Pictures

Clock/Degrees

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____

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Sketches, If Necessary:

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OBSERVATION WELL INSPECTION FORM

Site Name and Seq. Number: _____ Date of Inspection: _____ Inspector(s): _____

Observation Well

Well Location	1.	2.	3.	4.
Total depth of well from bottom to top? (inches)				
Total water depth from bottom of well to top of water? (inches)				
Total depth from top of well to ground surface (inches)?				
Actual depth, ground surface (gs) to bottom of well? (inches)				
Design well depth from gs to bottom according to plans? (inches)				
Design / as-built gs elevation? (msl)				
Observed / estimated wse? (msl)				
Well secured?				
Notes:				

Sketch:

Site Name and Seq. Number: _____ Date of Inspection: _____ Inspector(s): _____

Observation Well

Well Location	1.	2.	3.	4.
Total depth of well from bottom to top? (inches)				
Total water depth from bottom of well to top of water? (inches)				
Total depth from top of well to ground surface (inches)?				
Actual depth, ground surface (gs) to bottom of well? (inches)				
Design well depth from gs to bottom according to plans? (inches)				
Design / as-built gs elevation? (msl)				
Observed / estimated wse? (msl)				
Well secured?				
Notes:				

Sketch: