

Inspector: \_\_\_\_\_ Inspector Certification Number: \_\_\_\_\_

Project Name: \_\_\_\_\_ Permit Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Permit Holder: \_\_\_\_\_ Compliance Activity record attached: ☒ Y ☐ N

Multiple BMP types in system: ☒ ☐ Permit drawings reviewed: ☒ ☐ Addition photos attached: ☒ ☐

Inspection Date: \_\_\_\_\_ Time: \_\_\_\_\_ Date of Last Inspection: \_\_\_\_\_

Approx. time since last rain: ☐ <24h ☐ 24-48h ☐ >48h    Approx. size of last rain: ☐ <0.5 in ☐ 0.5-1.0 in ☐ >1 in

All questions are either 'S' or 'U' for satisfactory/unsatisfactory, respectively, unless otherwise specified.  
Note: 'U' typically indicates maintenance is needed.

S      U

- S** **U**

**S** **U**

- S** **U**

S U

- S** **U**

S U

- S U**

a. If yes, approx. depth (in. or ft):

**S** **U**

S U

- S** **U**

S U

- S** **U**

**Emergency Overflow / Outlet Structure (if appropriate):**

- |                                                                                         | <u>S</u>                   | <u>U</u>                   |
|-----------------------------------------------------------------------------------------|----------------------------|----------------------------|
| 16. Outlet(s) condition. ....                                                           | <input type="checkbox"/> S | <input type="checkbox"/> U |
| 17. Evidence of trash/debris/sediment in or around outlet. (If yes, check 'U'). ....    | <input type="checkbox"/> S | <input type="checkbox"/> U |
| 18. Evidence of erosion or flooding that may impair function. (If yes, check 'U'). .... | <input type="checkbox"/> S | <input type="checkbox"/> U |

**Qualitative Inspection:**

- |                                                                                                  |                               |                                 |                               |
|--------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------|-------------------------------|
| 19. Rate the presence of debris (e.g. leaves, trash, grass clippings) in the drainage area. .... | Good                          | Marginal                        | Poor                          |
|                                                                                                  | <input type="checkbox"/> <25% | <input type="checkbox"/> 25-50% | <input type="checkbox"/> >50% |
| 20. Rate tree health per landscaping plan and site objectives (Stress). ....                     | Good                          | Marginal                        | Poor                          |
|                                                                                                  | <input type="checkbox"/> >50% | <input type="checkbox"/> 25-50% | <input type="checkbox"/> <25% |