

Inspector: \_\_\_\_\_ Inspector Certification Number: \_\_\_\_\_ Permit Number: \_\_\_\_\_ Permit Effective Date: \_\_\_\_\_  
 Project Name: \_\_\_\_\_ Permit Holder: \_\_\_\_\_ Permit drawings have been reviewed: Y/N Multiple BMP types in system: Y/N  
 Addition photos attached: Y/N Compliance Activity record attached: Y/N Approximate time since last rain: < 24 h 24-48 h >48 h  
 Inspection Date: \_\_\_\_\_ Time: \_\_\_\_\_ Date of Last Inspection: \_\_\_\_\_ Approximate size of last rain: <0.5 in. 0.5-1.0 in. > 1 in.

## Cisterns

All questions are either 'S' or 'U' for satisfactory/unsatisfactory, respectively, unless otherwise specified.

Note: 'U' typically indicates maintenance is needed

### General:

S U

- Is access to the site adequately maintained for inspection? (If no, check 'U') ☐ ☐
- Is the cistern ONLINE or OFFLINE (Circle answer) ☐ ☐
- Above Ground:** are there any structural issues with cistern foundation? If so, check U. ☐ ☐

On/Off

### Vegetation:

S U

- Trees appear healthy ☐ ☐
- Trees do not need replacing or pruning ☐ ☐
- No emergent invasive plant life ☐ ☐

### Structural:

S U

- Constructed elements condition ☐ ☐
- Condition of foundation if above ground ☐ ☐
- Evidence of leaks (If yes, check 'U') ☐ ☐
- Evidence of algal growth in cistern (If yes, check 'U') ☐ ☐
- Evidence of prolonged storage (If yes, check 'U') ☐ ☐
- Approximate depth of water in cistern \_\_\_\_\_ in./ft
- Approximate depth of sediment in cistern \_\_\_\_\_ in./ft

### Inlets:

S U

- Inlet(s) condition ☐ ☐
- Is run-off bypassing the inlet(s) (If yes, check 'U') ☐ ☐
- Evidence of trash/debris/sediment in or around inlet that may impair function (If yes, check 'U') ☐ ☐
- Evidence of erosion, gullies, rills, or flooding around inlet that may impair function (If yes, check 'U') ☐ ☐
- Screen and/or trap level of functionality? ☐ ☐
- Screen and/or trap is clear of debris build-up that may impair function (If not, check 'U') ☐ ☐
- First flush collector (if present) clear of debris and properly functioning. (If not, check 'U') ☐ ☐

### Outlet(s):

S U

- Outlet(s) condition ☐ ☐
- Trash/debris/sediment/in or around outlet may impair function. (If yes, check 'U') ☐ ☐
- Erosion or flooding that may impair function. (If yes, check 'U') ☐ ☐

### If installed:

S U

- Float switch function ☐ ☐
- Pump function ☐ ☐
- Vegetation health, if used for irrigation ☐ ☐

### Qualitative Inspection

**S U**

- |   |   |
|---|---|
| 27. Do BMPs and treatment facilities need repair? If so, check U.   | <input type="checkbox"/> <input type="checkbox"/> |
| 28. Is there debris buildup present that may impair the function of BMPs and treatment facilities? If so, check U.  | <input type="checkbox"/> <input type="checkbox"/> |
| 29. Are berms, embankments, curbing, or other methods used to impound, divert, and direct discharges in poor condition? If so, check U.                                     | <input type="checkbox"/> <input type="checkbox"/> |
| 30. Are floating materials, visible oil sheen, discoloration, turbidity, odor, foam, or any other signs of contamination present in the discharge (if any)? If so, check U. | <input type="checkbox"/> <input type="checkbox"/> |