

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.

Dry Infiltration Basin

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

Note: 'U' typically indicates maintenance is needed

Site access:

S U

1. Is the site accessible? (If not, check 'U') ☐ ☐
2. Is basin ONLINE or OFFLINE (Circle answer) **On/Off**

Main Treatment:

3. Water presence in the basin:
4. If yes, approx. depth: _____ In./Ft.

Vegetation:

S U

5. Impact from animal activity: ☐ ☐
6. Overall plant health (no stress or disease) ☐ ☐
7. Presence of invasive plant life (If yes, check 'U') ☐ ☐
8. Vegetative coverage and replanting needs: ☐ ☐
9. Removal of dead plant material ☐ ☐
10. Condition of upland banks ☐ ☐
11. Evidence of plant overgrowth (If yes, check 'U') ☐ ☐

Structural:

S U

12. Embankment condition ☐ ☐
13. Side slopes stability ☐ ☐
14. Evidence of erosion (If yes, check 'U') ☐ ☐

Fences/access repairs:

S U

15. Fence(s) condition ☐ ☐
16. Lock(s) and gate(s) function ☐ ☐

Inlets:

S U

17. Inlet(s) condition ☐ ☐
18. Runoff is short-circuiting the inlet(s) (If yes, check 'U') ☐ ☐
19. Evidence of trash/debris/sediment in or around inlet(s) that may impair function. (If yes, check 'U') ☐ ☐
20. Evidence of erosion, gullies, rills, or flooding around inlet(s) that may impair function. (If yes, check 'U') ☐ ☐

Outlet(s)/overflow spillway/drain gate:

S U

21. Outlet(s) condition ☐ ☐
22. Evidence of trash/debris/sediment in or around outlet that may impair function. (If yes, check 'U') ☐ ☐
23. Evidence of erosion, gullies, rills, or flooding around outlet that may impair function (If yes, check 'U') ☐ ☐



Weir System (Drawdown and overflow weir):

- | | |
|--|---|
| 24. Weir system condition. | <input type="checkbox"/> S <input type="checkbox"/> U |
| 25. Evidence of clogging that may impair function. (If yes, check 'U') | <input type="checkbox"/> S <input type="checkbox"/> U |
| 26. Clear of debris that may impair function. (If not, check 'U') | <input type="checkbox"/> S <input type="checkbox"/> U |

Qualitative Inspection:

25. Sediment accumulation in basin surface area.

Good	Marginal	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<25%	25-50%	>50%

26. Rate the presence of debris (e.g. leaves, trash, grass clippings) in the basin surface area.

Good	Marginal	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<25%	25-50%	>50%

27. Presence of undesirable vegetation.

Good	Marginal	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<25%	25-50%	>50%

28. Rate the plant health per landscaping plan and site objectives. (Dying/stressed)

Good	Marginal	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
>50%	25-50%	<25%

29. Rate the plant density per landscaping plan and site objectives. (Vegetation coverage)

Good	Marginal	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
>50%	25-50%	<25%

Scan QR code for examples of potential issues:

