

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.

Pervious Pavement

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. Condition of site access | <input type="checkbox"/> <input type="checkbox"/> |
| 2. Evidence of runoff short-circuiting (bypassing the practice) (If yes, check 'U') | <input type="checkbox"/> <input type="checkbox"/> |
| 3. Evidence of gullies, rills, or erosion around the site (If yes, check 'U') | <input type="checkbox"/> <input type="checkbox"/> |

Debris Cleanout:

S U

- | | |
|--|---|
| 4. Condition of paving area (clean of debris that may impair function) | <input type="checkbox"/> <input type="checkbox"/> |
|--|---|

Site Area:

S U

- | | |
|--|---|
| 5. Condition of drainage area soil (stable soil that will not clog pavers) | <input type="checkbox"/> <input type="checkbox"/> |
| 6. Condition of vegetation on site (healthy and grass clippings removed) | <input type="checkbox"/> <input type="checkbox"/> |
| 7. Runoff short-circuiting the pavers (If yes, check 'U') | <input type="checkbox"/> <input type="checkbox"/> |
| 8. Condition of erosion, gullies, or rills around site | <input type="checkbox"/> <input type="checkbox"/> |

Infiltration:

S U

- | | |
|----------------------|---|
| 9. Infiltration test | <input type="checkbox"/> <input type="checkbox"/> |
|----------------------|---|

Recovery:

S U

- | | |
|---|---|
| 10. Pervious paving recovers between storms (If yes, check 'S') | <input type="checkbox"/> <input type="checkbox"/> |
| 11. Evidence of clogging or standing water (If yes, check 'U') | <input type="checkbox"/> <input type="checkbox"/> |

Sediments:

S U

- | | |
|---|---|
| 12. Condition of pavement area (clean of sediments) | <input type="checkbox"/> <input type="checkbox"/> |
| 13. Area vacuum swept on a periodic basis (If yes, check 'S') | <input type="checkbox"/> <input type="checkbox"/> |

Structural Integrity (If yes, check 'U'):

S U

- | | |
|--|---|
| 14. Evidence of surface deterioration | <input type="checkbox"/> <input type="checkbox"/> |
| 15. Evidence of rutting or spalling | <input type="checkbox"/> <input type="checkbox"/> |
| 16. Evidence of pavement settling | <input type="checkbox"/> <input type="checkbox"/> |
| 17. Evidence of missing aggregate between pavers | <input type="checkbox"/> <input type="checkbox"/> |

Outlets:

S U

- | | |
|---|---|
| 18. Outlet(s) condition | <input type="checkbox"/> <input type="checkbox"/> |
| 19. Evidence of clogging (If yes, check 'U') | <input type="checkbox"/> <input type="checkbox"/> |
| 20. Condition of clean out caps (if included) | <input type="checkbox"/> <input type="checkbox"/> |

Vegetation Cells (N/A):

S U

- | | |
|--|---|
| 21. Vegetation health | <input type="checkbox"/> <input type="checkbox"/> |
| 22. Vegetation overgrowth (If yes, check 'U') | <input type="checkbox"/> <input type="checkbox"/> |
| 23. Amount of grass clippings (that may impair function) | <input type="checkbox"/> <input type="checkbox"/> |

Qualitative Inspection:

25. Rate the presence of undesirable vegetation

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

26. Rate the presence of sediment accumulation in pore spaces

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

27. Rate the presence of debris (e.g., leaves, trash, grass clippings) on the permeable pavement surface

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

28. Rate the presence of pervious concrete raveling. (e.g., porous concrete aggregate becoming loose)

Good	Marginal	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<5%	5-15%	>15%

29. Is there visible smearing of pervious concrete? (e.g., no visible pore space).

Good	Marginal	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<5%	5-15%	>15%

Scan QR code for examples of potential issues:

