**Infiltration Trench Inspections and Maintenance Checklist**

 Site Name: Owner Change since last inspection? Y N

Location:

Owner Name:

Address Phone Number

Site Status:

Date: Time: Site conditions:

*Inspection Frequency Key: A=annual; M=monthly; S=after major storms*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Inspection Items | Inspection Frequency | Inspected? (Yes/No) | Maintenance Needed? (Yes/No) | Comments/Description |
| **Debris Removal** |
| Trench surface clear of debris? | *M* |  |  |  |
| Contributing area free of debris? | *M* |  |  |  |
| Inlets/Inflow pipes free of debris? | *M* |  |  |  |
| Overflow spillway clear of debris? | *M* |  |  |  |
| **Vegetation** |
| Mowing done when necessary? | *M* |  |  |  |
| Unauthorized or inappropriate plantings? | *A* |  |  |  |
| Fertilized per specification? | *M* |  |  |  |
| Evidence of erosion? | *M* |  |  |  |
| Contributing drainage area stabilized? | *M* |  |  |  |
| Trees growing in the trench? | *A* |  |  |  |
| **Dewatering** |
| Trench dewaters between storms? | *M* |  |  |  |
| **Sediment traps, forebays, or pretreatment swales** |
| Adequately trapping sediment? | *A* |  |  |  |
| Structural damage? | *A* |  |  |  |
| Greater than 50% of original storage volume remaining? | *A* |  |  |  |
| **Sediment removal of trench** |
| Any evidence of sedimentation in trench? | *A* |  |  |  |
| Are pea gravel/topsoil and top surface filter fabric functioning properly? | *M* |  |  |  |
| Does sediment accumulation currentlyrequire removal? | *A* |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Inspection Items | Inspection Frequency | Inspected? (Yes/No) | Maintenance Needed? (Yes/No) | Comments/Description |
| **Inlets** |
| Good condition (no need for repair)? | *A* |  |  |  |
| Evidence of erosion? | *A* |  |  |  |
| **Outlets/overflow spillway** |
| Good condition (no need for repair)? | *A* |  |  |  |
| Evidence of erosion? | *A* |  |  |  |
| **Aggregate repairs** |
| Surface of aggregate clean? | *A* |  |  |  |
| Top layer of stone in need of replacement? | *A* |  |  |  |
| Trench in need of rehabilitation? | *A* |  |  |  |
| **Observation wells** |
| Evidence of clogging/failure to percolate?(Should percolate within 3 days.) | *M* |  |  |  |
| Has drawdown rate been measured atobservation well and is well capped? | *A* |  |  |  |
| **Hazards** |
| Have there been complaints fromresidents? | *M* |  |  |  |
| Public hazards noted? | *M* |  |  |  |

Inspector Comments:

**Overall Condition of Facility**:  Acceptable  Unacceptable

If any of the above Inspection Items are checked “Yes” for “Maintenance Needed,” list Maintenance actions and their completion dates below:

|  |  |
| --- | --- |
| **Maintenance Action Needed** | **Due Date** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

The next routine inspection is scheduled for approximately:

(date) **Inspected by: (signature) Inspected by: (printed)**