**Permeable Pavement Inspection and Maintenance Checklist**

 Site Name: Owner Change since last inspection? Y N

Location:

Owner Name:

Address: Phone Number:

Site Status:

Date: Time: Site conditions:

\*\*\*\*\*Conduct maintenance inspection in the spring of each year.

Pavement Type: Pervious Concrete/Asphalt D Modular Pavers D Grass/Gravel Pavers D

*Inspection Frequency Key: A=annual (required); M=monthly (recommended); S=after major storms (recommended)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Inspection Items | Inspection Frequency | Inspected? (Yes/No) | Maintenance Needed? (Yes/No) | Comments/Description |
| **Pavement Area** |
| Pavement area free of debris? | *A/M* |  |  |  |
| Staining or sediment? | *A/M* |  |  |  |
| Inlets and outlets unobstructed andsediment free? | *A/M* |  |  |  |
| All contributing drainage area free oferosion and sources of sediment? | *A/M* |  |  |  |
| Water standing after a storm event? | *S* |  |  |  |
| Any evidence of clogged pores that requirevacuum-sweeping? | *A/M* |  |  |  |
| Has area been vacuum swept in the past 12months? | *A/M* |  |  |  |
| Access to pervious pavement (egress andingress routes) safe and efficient? | *A/M* |  |  |  |
| Has drawdown rate been measured atobservation well and is well capped? | *A* |  |  |  |
| Structural integrity of the pavement intact? Look for deterioration such as: slumping, cracking, spalling, or broken pavers. | *A/M* |  |  |  |
| **Grass Pavers** |
| Adjacent area fully stabilized (no evidence | *A* |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Inspection Items | Inspection Frequency | Inspected? (Yes/No) | Maintenance Needed? (Yes/No) | Comments/Description |
| of eroding material into or from perviouspavement area)? |  |  |  |  |
| Any noticeable irrigation needs? | *A/M* |  |  |  |
| Fallen leaves/plant debris collecting inpaving area? | *A/M* |  |  |  |
| Grass height over 4 inches? | *A/M* |  |  |  |
| Vegetation health affected by oil/greasefrom vehicles? | *A* |  |  |  |
| Other | *A* |  |  |  |
| **Hazards** |
| Obstructions or debris affectingoverflows/emergency spillways? | *A/M* |  |  |  |
| Load-bearing capability of pavementintact? | *A/M* |  |  |  |

Inspector Comments:

**Overall Condition of Facility**: D Acceptable D 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)**