**Storm Sewer 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:

Indicate Features Present: Catch Basins  Storm Pipe  Headwalls  Outfalls  Catch Basin Inlets 

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Inspection Items | Inspection Frequency | Inspected? (Yes/No) | Maintenance Needed? (Yes/No) | Comments/Description |
| **Catch Basins** |
| Ensure all are structurally sound and in good condition. Note any deficiencies and repair to proper working condition ensure all are set properly in place over inlets | *A/S* |  |  |  |
| Check for sediment, leaf, or debris clogging grates andremove | *A/S* |  |  |  |
| **Catch Basin Inlets** |
| Ensure all are structurally sound and in good condition. Note any deficiencies and repair to proper working condition | *A/S* |  |  |  |
| Inspect for blockage or sediment accumulation and remove when capacity is diminished by 20% or greater | *A/S* |  |  |  |
| **Pipes** |
| Ensure all are structurally sound and in good condition. Note any deficiencies and repair to proper working condition | *A/S* |  |  |  |
| Inspect for blockage or sediment accumulation and remove when capacity is diminished by 20% or greater. | *A/S* |  |  |  |
| Concrete/masonry condition of pipes and joints? (Cracks or displacement? Spalling?) | *A/S* |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Inspection Items | Inspection Frequency | Inspected? (Yes/No) | Maintenance Needed? (Yes/No) | Comments/Description |
| **Headwalls and Endwalls** |
| Ensure all are structurally sound and in good condition. Note any deficiencies and repair to proper working condition | *A/S* |  |  |  |
| Inspect for blockage or sediment | *A/S* |  |  |  |
| Check for erosion or scouring around headwall inlets and repair | *A/S* |  |  |  |
| Evidence of staining? | *A/S* |  |  |  |
| If flowing water is present does it appear to contain anything other thanstormwater? I.e. Discoloration, odors, sheens, etc? Note location and describe. | *A/S* |  |  |  |
| **Hazards** |
| Have there been complaints from residents? | *A/S* |  |  |  |

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)**