



Stormwater Infiltration Feature Inspection Form

OFFICE USE ONLY
SWP _____

Inspection Details:	Inspection Date:		Inspector Name:	
	BMP# Inspected:			
	BMP Type: <input type="checkbox"/> Dry Basin		<input type="checkbox"/> Infiltration Feature/Basin	
	Inspection Type: <input type="checkbox"/> Pre-Rain <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually			
Infiltration Rate:	<input type="checkbox"/> No standing water visible 24-hours following 0.50" storm event.	<input type="checkbox"/> No standing water visible 72 hours following 0.50" storm event.	<input type="checkbox"/> Standing water present longer than 72 hours following 0.50" storm event.	
	<input type="checkbox"/> Clear of sediment and debris, no obstructions. No maintenance needed.	<input type="checkbox"/> Some accumulation of sediment or debris, minor maintenance needed.	<input type="checkbox"/> Significant blockage with sediment and debris. Maintenance required.	
Sediment or Particle Accumulation	<input type="checkbox"/> Sediment/particulate accumulation less than 1.0". No impacts to infiltration.	<input type="checkbox"/> Sediment/particulate accumulation less than 2.0".	<input type="checkbox"/> Sediment/particulate accumulation greater than 2.0". Cleanout is required.	
	Surface Layer Condition	<input type="checkbox"/> No visible loss of cover/infiltration media (rocks, gravel, etc.). No rill erosion or scour observed around cover media.	<input type="checkbox"/> Cover media requires infill or repair or minor erosion is visible around media.	<input type="checkbox"/> Cover media (rock, gravel, etc.) requires replacement or repair. Rill erosion evident in BMP. Maintenance required.
Debris or Litter:	<input type="checkbox"/> No debris, litter, or evidence of illicit dumping.	<input type="checkbox"/> Small amount of debris, litter. Debris and litter removed at the time of inspection.	<input type="checkbox"/> Debris and litter present in significant quantities. Evidence of illicit dumping. Removal or repair required.	
	Maintenance Records:	Have any maintenance needs identified by this inspection been scheduled for repair? <input type="checkbox"/> YES <input type="checkbox"/> NO Date that maintenance will be completed:	Notes:	
Date Received:	Staff Reviewer:		SWP Case #:	