



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 and sediment free?	A/M			
All contributing drainage area free of erosion and sources of sediment?	A/M			
Water standing after a storm event?	S			
Any evidence of clogged pores that require vacuum-sweeping?	A/M			
Has area been vacuum swept in the past 12 months?	A/M			
Access to pervious pavement (egress and ingress routes) safe and efficient?	A/M			
Has drawdown rate been measured at observation 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 pervious pavement area)?				
Any noticeable irrigation needs?	A/M			
Fallen leaves/plant debris collecting in paving area?	A/M			
Grass height over 4 inches?	A/M			
Vegetation health affected by oil/grease from vehicles?	A			
Other	A			
Hazards				
Obstructions or debris affecting overflows/emergency spillways?	A/M			
Load-bearing capability of pavement intact?	A/M			

*Refer to GIP-03 Section 11.3 for further guidance.

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) _____