



### Permeable Pavement Inspection and Maintenance Checklist

Site Name: \_\_\_\_\_ Owner Change since last inspection? \_\_\_\_\_

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      Modular Pavers      Grass/Gravel Pavers

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
<b>Pavement Area</b>				
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			
<b>Grass Pavers</b>				
Paver area stabilized/fully vegetated?	A/M			



Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
Adjacent area fully stabilized (no evidence of eroding material onto/from pervious pavement area)?	A/M			
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			
<b>Hazards</b>				
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:**                      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)** \_\_\_\_\_