



Storm Sewer Inspections and Maintenance Checklist

Site Name: _____ Owner Change since last inspection? _____

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 and remove | 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 than stormwater? 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 |
|---------------------------|----------|
| | |
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| | |

The next routine inspection is scheduled for approximately: _____
 (date)

Inspected by: (signature) _____
 Inspected by: (printed) _____