

Infiltration Trench - Operation & Maintenance Inspection Form

[Note: a separate form must be used for each SCM]

SCM Name: _____ Parcel Number: _____
 SCM Address/Location: _____
 Inspection Date: _____ Last Inspection Date: _____
 Inspector Name: _____ Phone/Email: _____

Stormwater Collection System and Accessibility			
1. Infiltration trench is accessible for inspection.	Yes	No	N/A
2. Grates, gutters, curb openings, and pipes appear free from damage and clogs.	Yes	No	N/A
3. Swales are free from blockages and erosion.	Yes	No	N/A
4. Adjacent pavement surfaces are free from sediment.	Yes	No	N/A
Flow Diversion Structure, Pretreatment, and Inlet(s)			
5. Grass filter strip is vegetated and free from areas with bare soil (if applicable).	Yes	No	N/A
6. Pretreatment area is free from sediment accumulation and debris.	Yes	No	N/A
7. Flow diversion is free from damage and clogs (if applicable).	Yes	No	N/A
8. Inlet pipe is free from damage and clogs (if applicable).	Yes	No	N/A
Trench and Observation Ports			
9. Sand/gravel surface is free from sediment accumulation and debris.	Yes	No	N/A
10. Sand/gravel surface is free from weeds, shrubs, and trees.	Yes	No	N/A
11. Sand/gravel surface is dry within 24 hours after a storm event.	Yes	No	N/A
12. Observation ports are free from damage and able to be opened.	Yes	No	N/A
13. Observation ports, when open, are dry within 24 hours after a storm event.	Yes	No	N/A
Outlet Device			
14. Emergency bypass and/or bypass swale is visible and in good condition (if applicable).	Yes	No	N/A
15. Outlet structure is free from damage and clogs (if applicable).	Yes	No	N/A
Miscellaneous			
16. Water quality issues observed (i.e. oily sheen, algae, cloudy, discolored, etc.)	Yes	No	N/A

Action Plan to address any “Nos” listed above, including dates for completion (attach additional pages as necessary):

I do hereby certify that I conducted an inspection of the SCM described herein. I further certify that at the time of my inspection said SCM was performing properly and was in compliance with the terms and conditions of the approved operation and maintenance agreement required by Statesville UDO Section 8.05.

Certification:

Inspector Signature: _____ Date: _____
Inspector Name (print): _____
Certification Number: _____ Expiration Date: _____

[Note: Section 8.05 of the Statesville UDO requires that inspections be conducted of all SCMs beginning with one (1) year from the date of as-built certification and each year thereafter and that these inspections be completed by a Certified Stormwater SCM Inspection and Maintenance Professional. All inspections must be documented and submitted using this form. The inspection form must be signed and sealed (if applicable) by the Inspector and submitted electronically to the Stormwater Program Manager.]