

Detention Basin Inspection

Basin Address and Location: _____

Owner Name and Address: _____

Inspection Date: _____

Inspected By: _____

| | Y | N | N/A | Last Maintenance Date |
|--|--------------------------|--------------------------|--------------------------|-----------------------|
| Are inlet/outlet structures free of debris, trash, sediment, and leaves? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Repairs/Comments: _____

| | | | | |
|---|--------------------------|--------------------------|--------------------------|-------|
| Is rip rap in place and free of sediment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
|---|--------------------------|--------------------------|--------------------------|-------|

Repairs/Comments: _____

| | | | | |
|---|--------------------------|--------------------------|--------------------------|-------|
| Are embankments and structures free of trees? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
|---|--------------------------|--------------------------|--------------------------|-------|

Repairs/Comments: _____

| | | | | |
|---|--------------------------|--------------------------|--------------------------|-------|
| Are embankments and structures damaged or eroded? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
|---|--------------------------|--------------------------|--------------------------|-------|

Repairs/Comments: _____

| | | | | |
|--|--------------------------|--------------------------|--------------------------|-------|
| Is the facility mowed and free of trash? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
|--|--------------------------|--------------------------|--------------------------|-------|

Repairs/Comments: _____

| | | | | |
|--|--------------------------|--------------------------|--------------------------|-------|
| Is there excess sediment in the basin? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
|--|--------------------------|--------------------------|--------------------------|-------|

Repairs/Comments: _____

| | | | | |
|--|--------------------------|--------------------------|--------------------------|-------|
| Is the trickle channel damaged by erosion? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
|--|--------------------------|--------------------------|--------------------------|-------|

Repairs/Comments: _____

| | | | | |
|---|--------------------------|--------------------------|--------------------------|-------|
| Is the out flow of water causing damage to adjacent property? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
|---|--------------------------|--------------------------|--------------------------|-------|

Repairs/Comments: _____

| | | | | |
|---|--------------------------|--------------------------|--------------------------|-------|
| Is there exposed soil with no vegetation growing? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
|---|--------------------------|--------------------------|--------------------------|-------|

Repairs/Comments: _____

| | | | | |
|--|--------------------------|--------------------------|--------------------------|-------|
| Is the facility draining properly according to as built plans? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
|--|--------------------------|--------------------------|--------------------------|-------|

Repairs/Comments: _____