



STF Maintenance Inspection Report

Infiltration Basin

Development Name: _____ Date: _____

Facility #: _____ (Indicate facility number ID from approved Construction Plans or Maintenance Plan)

Inspector/Agent/Firm: _____

Assessment

Inspection Criteria	Pass	Fail	N/A
Vegetation Composition per Plan			
Weeds Controlled			
Standing Water (beyond 72 hours)			
Sediment Accumulation (pretreatment device)			
Sediment Accumulation (basin)			
Trash Accumulation			
Outlet Structure Condition			
Cleanout/Underdrain Condition			
Overflow Spillway Condition			
Erosion Below Outlet Structure			
Other			

Comments
