



# STF Maintenance Inspection Report

## Native Vegetation Area

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 Establishment/Density			
Vegetation Composition per Plan			
Weeds Controlled			
Trash Accumulation			
Other			

**Comments**

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