



STF Maintenance Inspection Report

Permeable Pavement

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
Water Infiltration			
Flow at Outlet			
Surface Plugging			
Pavement Condition			
Trash Accumulation			
Outlet/Overflow Structure Condition			
Other			

Comments
