Pond Inspection Checklist

Date: ____________ Time: ______ Weather: ________________________________

Pond Address: ______________ Facility Number: __________ Photo numbers: ______ As-buils (Y/N): _____

Inspected By: ________________ Ownership: ________________________________

Sediment: ______________________ Vegetation: ____________________________

Max WS: _______ Length: __________ Width: ___________ Depth: ____________

Design Volume (Max WS): _______ Existing Volume: ________________________

Water Quality (Y/N): __________ Outflow Pipe Size: ________________________

Trash Rack (Y/N): _____________ Is it clear? (Y/N): __________________________

Access: ________________________ Riprap Pad: _____________________________

Shear Gate (Y/N): _____________ Fence: _________________________________

Gate (locked, Y/N): ______________

Emergency Overflow Spillway: ________________________________

Deviations from Design: ______________________________________

Condition of Facility (attach photo sheets and plans/notes)

Recommendations:

Date: _______________ City of _____________

Job Number ____________ Pond Inspection Checklist
Vault Inspection Checklist

Date: ___________ Time: ___________ Weather: ________________

Vault Address: _______________________________________________________
General Location at Address: ___________________________________________
Facility Number: ___________ Photo numbers: _______ As-builts (Y/N): ____
Inspected By: ___________ Ownership: ________________________________
Number of Cells: _______ Cell Length: _______ Width: ________________
Total Height: _______ Dead Storage Depth: _______ Overflow Depth: _______
Water Depth _______ Turbidity: _______ Sediment Thickness: _______
Inlet Size/type __________________ Outflow Size/type ___________________
Interior Finish/Grouting at Pipes: ______________________________________
Secondary Treatment: _________________________________________________
Outfall Location: ___________ Is it clear? (Y/N): _______________________
Control Structure Clear (Y/N): ___________________ Shear Gate (Y/N) _______
Hatch No./Type: ___________________ Hatches secured (Y/N): ___________
Deviations from Design: _____________________________________________

Condition of Facility (attach photo sheets and plans/notes)

Recommendations:

Date: ___________ City of ___________
Job Number _______________ Vault Inspection Checklist