Hamilton County Water
Quality Department
(423) 209-7852

Hamilton County
Water Quality Program

Infiltration Trench Inspections and Maintenance Checklist

Site Name: _____ Owner Change since last inspection?

Location: _____

Owner Name: _____

Address _____ Phone Number _____

Site Status: _____

Date: _____ Time: _____ Site conditions: _____

Inspection Frequency Key: A=annual; M=monthly; S=after major storms

Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
Debris Removal				
Trench surface clear of debris?	M			
Contributing area free of debris?	M			
Inlets/Inflow pipes free of debris?	M			
Overflow spillway clear of debris?	M			
Vegetation				
Mowing done when necessary?	M			
Unauthorized or inappropriate plantings?	A			
Fertilized per specification?	M			
Evidence of erosion?	M			
Contributing drainage area stabilized?	M			
Trees growing in the trench?	A			
Dewatering				
Trench dewaters between storms?	M			
Sediment traps, forebays, or pretreatment swales				
Adequately trapping sediment?	A			
Structural damage?	A			
Greater than 50% of original storage volume remaining?	A			
Sediment removal of trench				
Any evidence of sedimentation in trench?	A			
Are pea gravel/topsoil and top surface filter fabric functioning properly?	M			
Does sediment accumulation currently require removal?	A			

Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
Inlets				
Good condition (no need for repair)?	A			
Evidence of erosion?	A			
Outlets/overflow spillway				
Good condition (no need for repair)?	A			
Evidence of erosion?	A			
Aggregate repairs				
Surface of aggregate clean?	A			
Top layer of stone in need of replacement?	A			
Trench in need of rehabilitation?	A			
Observation wells				
Evidence of clogging/failure to percolate? (Should percolate within 3 days.)	M			
Has drawdown rate been measured at observation well and is well capped?	A			
Hazards				
Have there been complaints from residents?	M			
Public hazards noted?	M			

Inspector Comments:_____

_____

_____

Overall Condition of Facility: ☐ Acceptable   ☐ Unacceptable

If any of the above Inspection Items are checked "Yes" for "Maintenance Needed," list Maintenance actions and their completion dates below:

Maintenance Action Needed	**Due Date**

The next routine inspection is scheduled for approximately: _____
                                                                                                (date)

Inspected by: (signature) _____

Inspected by: (printed) _____