

Storm Sewer Inspections and Maintenance Checklist

Site Name: _____ Owner Change since last inspection? _____

Location: _____

Owner Name: _____

Address: _____ Phone Number: _____

Site Status: _____

Date: _____ Time: _____ Site conditions: _____

Indicate Features Present: Catch Basins ☐ Storm Pipe ☐ Headwalls ☐ Outfalls ☐ Catch Basin Inlets ☐

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

Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
Catch Basins				
Ensure all are structurally sound and in good condition. Note any deficiencies and repair to proper working condition ensure all are set properly in place over inlets	A/S			
Check for sediment, leaf, or debris clogging grates and remove	A/S			
Catch Basin Inlets				
Ensure all are structurally sound and in good condition. Note any deficiencies and repair to proper working condition	A/S			
Inspect for blockage or sediment accumulation and remove when capacity is diminished by 20% or greater	A/S			
Pipes				
Ensure all are structurally sound and in good condition. Note any deficiencies and repair to proper working condition	A/S			
Inspect for blockage or sediment accumulation and remove when capacity is diminished by 20% or greater.	A/S			
Concrete/masonry condition of pipes and joints? (Cracks or displacement? Spalling?)	A/S			

Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
Headwalls and Endwalls				
Ensure all are structurally sound and in good condition. Note any deficiencies and repair to proper working condition	A/S			
Inspect for blockage or sediment	A/S			
Check for erosion or scouring around headwall inlets and repair	A/S			
Evidence of staining?	A/S			
If flowing water is present does it appear to contain anything other than stormwater? I.e. Discoloration, odors, sheens, etc? Note location and describe.	A/S			
Hazards				
Have there been complaints from residents?	A/S			

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) _____