

## Storm Drain Inspection Form

Last Updated: 12/13/2018

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### Location Information

Date:

Inspector:

Time:

Outfall ID:

Outfall Location:

Receiving Waterbody:

Source of flow: ☐ Groundwater ☐ Irrigation ☐ Condensate ☐ Residual ☐ stormwater ☐ unknown

Weather:      Approximate Temp:      Wind Present: ☐ Yes ☐ No

Precipitation in the past 3 days: ☐ Yes ☐ No

Flow: ☐ None ☐ Trickle ☐ Steady ☐ High

Color (if flow is present):

### Inspection Information *Circle all that are applicable*

Obvious Debris/Pollution:

Odor:

Water Clarity:

☐ None

☐ None/Natural

☐ Clear

☐ Brownish Foam

☐ Musty

☐ Cloudy

☐ Floating Green Scum

☐ Sewage/septic

☐ Opaque

☐ Oil / Film/ Sheen

☐ Organic Material (plant debris, dead animals)

☐ Trash and Debris

☐ White Foam

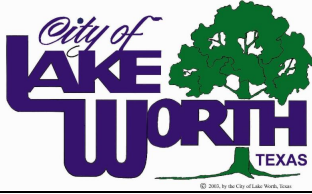
☐ Sewage Material

### Additional Information

Sediment in structure/channel: ☐ Open ☐ 1/4 Full ☐ 1/2 Full ☐ 3/4 Full ☐ Plugged

Sediment around grate: ☐ Yes Source: ☐ No

Structure Condition: ☐ Excellent ☐ Good ☐ Fair ☐ Poor



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Trash/litter present in area:

☐ Yes ☐ No

Erosion, slides, drilling on adjacent hillsides, ditch or channel sides: ☐ Yes ☐ No

Nearby activities that could impact stormwater quality or creek : ☐ Yes ☐ No (If yes – describe)

Description of activities:

General Comments:

Actions Taken:

Follow up required: ☐ Yes ☐ No ☐ Specify on Corrective Action Sheet

## CORRECTIVE ACTIONS

Location: \_\_\_\_\_

Date: \_\_\_\_\_

List all follow-up items identified during the inspection

Corrective Action	Initials	Date Completed