

INSPECTION FORM

Project Name: _____ **Inspection Date:** _____

Inspector's Name: _____ **Inspector's Company:** _____

STF Identification Number	STF Type	Assessment Performed (Yes/No)	Corrective Actions needed	Assigned To	Expected Completion	Access Restricted (Fence, vegetation, etc...)	Is site modified from original plan?

<p><u>Condition:</u></p> <p><input type="radio"/> Outstanding (No Maintenance Required)</p> <p><input type="radio"/> Satisfactory (Minor Maintenance Required)</p> <p><input type="radio"/> Needs Improvement (Maintenance Needed)</p> <p><input type="radio"/> Not Applicable</p>	<p><u>Describe Maintenance/Additional Comments:</u></p>
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Photographs: Attach photographs of the site and STF features, provide captions describing each photograph.

STF Annual Inspection Form

STF: _____

STF Identification: _____ Inspection Date: _____

Every response that is a 'yes' requires a corrective action, whom the action is assigned to, and the expected completion date of the assignment.

Condition:

- Outstanding (No Maintenance Needed)
- Satisfactory (Minor Maintenance Needed)
- Needs Improvement (Maintenance Needed)
- Not Applicable

Features Assessment	Yes/No	Corrective Actions	Assigned To	Expected Completion

Misc. Assessment	Yes/No	Corrective Actions	Assigned To	Expected Completion
Access restricted (fence, vegetation, etc.)				
Fumes/Odors present				
Evidence of routine maintenance not being performed				
Issues with additional features (walkways, fences, etc.)				
Is site modified from approved plan?				

Photographs:

Attach photographs of the site and STF features using the photo log template attached. Include captions describing each photograph.

Additional Comments:

Permanent Stormwater Treatment Facility (STF) Annual Inspection Form

Inspection Date: _____ Inspection Time: _____

Project Name: _____ Project Number: _____

Site Address: _____ City: _____ Postal Code: _____

Owner Name: _____ Owner Phone Number: _____

Owner Address: _____ City: _____ Postal Code: _____

Designer Name: _____ Designer Company: _____

Are maintenance records being kept? Yes No

Date of previous inspection: _____

Was previous inspection reviewed prior to conducting this inspection? Yes No N/A

Are there any outstanding corrective actions? Yes No N/A

If yes, explain: _____

Site Contact Name: _____ Site Contact Phone Number: _____

Site Contact E-mail: _____

Inspector: _____ Inspector Phone Number: _____

Inspector E-mail: _____ Inspector Company/Firm: _____

Inspector Qualifications/Certifications/Official Training:

STF Type	Number of STF's per Site (use separate checklist for EACH BMP)
Bio Retention System	
Dry Detention Basin	
Bioswale	
Level Spreader	
Sediment Forebay	
Permeable Pavers/Pervious Pavement	
Other:	

Days since last rain: _____ Amount of rain: _____

I certify that this information is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Only applicants emailing this application to stormwater@kearneygov.org may check the _____ box to the right and type their initials in the space provided in lieu of physically signing.