

CITY OF MILTON
STORMWATER MANAGEMENT FACILITY INSPECTION FORM

Facility Name: _____ Facility Number: _____

Location: Latitude: _____ Longitude: _____

Inspection Date: _____

Inspector: _____

Pond Components

Inspection Frequency	Embankment and Emergency Spillway			Comments
A	a. Adequate vegetation / ground cover	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
A	b. Embankment erosion	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
A	c. Animal burrows	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
A	d. Unauthorized plantings	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
A	e. Cracking, bulging, or sliding of dam	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	i. Upstream face		<input type="checkbox"/>	
	ii. Downstream face		<input type="checkbox"/>	
A	iii. At or beyond toe		<input type="checkbox"/>	
	Upstream		<input type="checkbox"/>	
	Downstream		<input type="checkbox"/>	
	iv. Emergency spillway		<input type="checkbox"/>	
A	f. Pond, toe & chimney drains clear and functioning	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
A	g. Leaks on downstream face	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
A	h. Abutment protection or rip-rap failures	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
A	i. Visual settlement or horizontal misalignment of top of dam	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
A	j. Emergency spillway clear of debris	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
A	k. Other (specify)			

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Inspection Frequency	Riser and principal spillway	Action Required
A	Type: Reinforced concrete <input type="checkbox"/> Corrugated pipe <input type="checkbox"/> Masonry <input type="checkbox"/>	
A	a. Low flow orifice obstructed <input type="checkbox"/> Yes <input type="checkbox"/> No	Retrofit should be removed.
A	b. Low flow trash rack i. Debris removal necessary <input type="checkbox"/> Yes <input type="checkbox"/> No ii. Corrosion control <input type="checkbox"/> Yes <input type="checkbox"/> No	
A	c. Weir trash rack i. Debris removal necessary <input type="checkbox"/> Yes <input type="checkbox"/> No ii. Corrosion control <input type="checkbox"/> Yes <input type="checkbox"/> No	
A	d. Excessive sediment accumulation inside riser <input type="checkbox"/> Yes <input type="checkbox"/> No	
A	e. Concrete/Masonry condition <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good Riser and barrels i. Cracks or displacement <input type="checkbox"/> Yes <input type="checkbox"/> No ii. Minor spalling (<1") <input type="checkbox"/> Yes <input type="checkbox"/> No iii. Major spalling (rebar exposed) <input type="checkbox"/> Yes <input type="checkbox"/> No iv. Joint failures <input type="checkbox"/> Yes <input type="checkbox"/> No v. Water tightness <input type="checkbox"/> Yes <input type="checkbox"/> No	
A	f. Metal pipe condition <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good	N/A
A	g. Control valve i. Operational/exercised ii. Chained and locked <input type="checkbox"/> Yes <input type="checkbox"/> No	N/A
A	h. Pond drain valve i. Operational/exercised <input type="checkbox"/> Yes <input type="checkbox"/> No ii. Chained and locked <input type="checkbox"/> Yes <input type="checkbox"/> No	N/A
A	i. Outfall channels flowing <input type="checkbox"/> Yes <input type="checkbox"/> No	
A	j. Other (specify)	

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Inspection Frequency	Permanent pool (wet ponds) - If Applicable <input type="checkbox"/> Not Applicable	Action Required
M	a. Undesirable vegetative growth <input type="checkbox"/> Yes <input type="checkbox"/> No	
M	b. Floating or floatable debris removal required <input type="checkbox"/> Yes <input type="checkbox"/> No	
M	c. Visible pollution <input type="checkbox"/> Yes <input type="checkbox"/> No	
M	d. High Water Marks <input type="checkbox"/> Yes <input type="checkbox"/> No	
M	e. Shoreline problems <input type="checkbox"/> Yes <input type="checkbox"/> No	
M	f. Other (specify)	

Inspection Frequency	Sediment forebays - If Applicable <input type="checkbox"/> Not Applicable	Action Required
M	a. Sedimentation Noted	
M	b. Sediment removal when depth <50% design depth	

Inspection Frequency	Dry pond areas - If Applicable <input type="checkbox"/> Not Applicable	Action Required
M	a. Vegetation adequate <input type="checkbox"/> Yes <input type="checkbox"/> No	
M	b. Undesirable vegetative growth <input type="checkbox"/> Yes <input type="checkbox"/> No	
M	c. Undesirable woody vegetation <input type="checkbox"/> Yes <input type="checkbox"/> No	
M	d. Low flow channels clear of obstructions <input type="checkbox"/> Yes <input type="checkbox"/> No	
M	e. Standing water or wet spots <input type="checkbox"/> Yes <input type="checkbox"/> No	
M	f. Sediment and/or trash accumulation <input type="checkbox"/> Yes <input type="checkbox"/> No	
M	g. Other (specify)	

Inspection Frequency	Condition of outfalls into pond	Action Required
A, S	a. Riprap failures <input type="checkbox"/> Yes <input type="checkbox"/> No	
A, S	b. Slope erosion <input type="checkbox"/> Yes <input type="checkbox"/> No	
A, S	c. Storm drain pipes <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good	
A, S	d. Endwalls/headwalls <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good	
A, S	e. Other (specify)	

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Inspection Frequency	Other			Action Required
M	a. Encroachments on ponds or easement areas	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
M	b. Complaints from residents	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
M	c. Aesthetics			
	i. Grass height	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	ii. Graffiti removal necessary	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	iii. Other (specify)			
M	d. Any public hazards (specify)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
M	e. Maintenance access	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Inspection Frequency	Constructed wetland areas - If Applicable	<input type="checkbox"/> Not Applicable		Action Required
A	a. Vegetation healthy and growing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
A	b. Evidence of invasive species	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
A	c. Excessive sedimentation in wetland area	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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Summary
<p>a. Inspector's Remarks</p>
<p>b. Overall condition of the facility (check one)</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable</p>
<p>c. Date any maintenance must be complete by:</p>
<p style="text-align: center;">Inspector's Signature: _____</p>