

Town of Elkton Stormwater Management Program Inspection Sheet

Visual Inspection Checklist

Inspection is for an:	Outfall / Stormwater Facility	Outfall / F	Facility ID:
Inspection Date:	Time:	Duration:	_ minutes
Type:initial /	_Site Visit /Return		
Primary Inspector:			
Secondary Inspector	:		
Weather Condition:	Clear /Overcast /	_Raining	
Time Since Last Prec	ipitation:Days		
Visual Screenin	g		
Overall Condition:	Excellent /Good /	Fair /Poor /	N/A
Flow Condition:	Plugged /Open /I	nhibited /N/A	
Structural Condition:	Corrosion /Crack	ing /Normal / _	N/A
Hydrologic Fluctuation	on:Normal /Excessive	e /Undetermine	ed /N/A
Water Level:Sys	tem Dry /Low /No	ormal /High /	N/A
Vegetation Present: _	Yes /No		
Debris Present:	Yes /No		
Method of Removal:	Hand /Vacuum Ti	uck /Other	

ection Notes:	