



STF Maintenance Inspection Report

Native Vegetation Area

Development Name: _____ Date: _____

Facility #: _____ (Indicate facility number ID from approved Construction Plans or Maintenance Plan)

Inspector/Agent/Firm: _____

Assessment

Inspection Criteria	Pass	Fail	N/A
Vegetation Establishment/Density			
Vegetation Composition per Plan			
Weeds Controlled			
Trash Accumulation			
Other			

Comments
