STF Maintenance Inspection Report
Infiltration Basin

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**	**Comments**
Vegetation Composition per Plan				
Weeds Controlled				
Standing Water (beyond 72 hours)				
Sediment Accumulation (pretreatment device				
Sediment Accumulation (basin)				
Trash Accumulation				
Outlet Structure Condition				
Cleanout/Underdrain Condition				
Overflow Spillway Condition				
Erosion Below Outlet Structure				
Other				