



STF Maintenance Inspection Report

Infiltration Trench

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				_____
Other				_____