STF Maintenance Inspection Report
Extended Detention Wetland

Development Name: _____ **Date:** _____

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

Inspector/Agent/Firm: _____

Inspection Criteria	Assessment: Pass	Fail	N/A	Comments
Bank Erosion				
Vegetation Establishment/Density				
Vegetation Composition per Plan				
Water Level (diversity, edges, emergent zone				
Woody Plants Removed from Dams/Weirs				
Stagnant Water/Mosquitoes				
Sediment Accumulation				
Trash Accumulation				
Outlet Structure Condition				
Dam Condition				
Emergency Spillway Condition				
Retaining Wall Condition				
Erosion Below Outlet Structure				
Other				