# STF Maintenance Inspection Report
# Extended Dry Detention

**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** |
| Bank Erosion | | | | |
| Vegetation Establishment/Density | | | | |
| Vegetation Composition per Plan | | | | |
| Weeds Controlled | | | | |
| Standing Water (beyond 72 hours) | | | | |
| Sediment Accumulation (pretreatment device | | | | |
| Sediment Accumulation (primary cell) | | | | |
| Trash Accumulation | | | | |
| Outlet Structure Condition | | | | |
| Erosion Below Outlet Structure | | | | |
| Emergency Spillway Condition | | | | |
| Dam Condition | | | | |
| Trickle Channel Structure Condition | | | | |
| Other | | | | |