CATCH BASIN INSPECTION FORM

Job No.: \_\_\_\_\_\_\_\_\_\_\_ Town: \_\_\_\_\_\_\_\_\_\_\_ Inspector: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Catch Basin I.D.** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | **Final Discharge from Structure?** Yes  No  **If Yes, Discharge to Outfall No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **Catch Basin Label:** | **Stencil  Ground Inset  Sign  None  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | |
| **Basin Material:** | Concrete  Corrugated metal  Stone  Brick  Other: | | | | **Catch Basin Condition:** | | | | | Good  Poor  Fair  Crumbling | | |
| **Pipe Material:** | Concrete  HDPE  PVC  Clay Tile  Other: \_\_\_\_\_ | | | | **Pipe Measurements:** | | | | | Inlet Dia. (in): d= \_\_\_\_  Outlet Dia. (in): D= \_\_\_\_ | | |
|  | | | | | | | | | | | | |
| **Required Maintenance/ Problems (check all that apply):**  Tree Work Required  New Grate is Required  Pipe is Blocked  Frame Maintenance is Required  Remove Accumulated Sediment  Pipe Maintenance is Required  Basin Undermined or Bypassed | | | | | | Cannot Remove Cover  Ditch Work  Corrosion at Structure  Erosion Around Structure  Remove Trash & Debris  Need Cement Around Grate  **Other:**  \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ | | | | | | |
| **Catch Basin Grate Type:**  Bar:  Cascade:  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Properly Aligned: Yes  No | | | **Sediment Buildup Depth:**  0-6 (in):  6-12(in):  12-18 (in):  18-24 (in):  24 + (in): | | | **More than 50% full?**  Yes  No | | **Description of Flow:**  Heavy  Moderate  Slight  Trickling | | | **Street Name/ Structure Location:** | |
| **\*If the outlet is submerged check yes and indicate approximate height of water above the outlet invert.** h above invert (in): | | | | | | | | | Yes | | | No |
| **Flow** | | **Observations:** | | | | | | | **Circle those present:** | | | |
| **Standing Water** | | Color: | |  | | | | | Foam  Sanitary Waste  Orange Staining  Excessive sediment  Other:**\_\_\_\_\_\_\_** | | | Oil Sheen  Bacterial Sheen  Floatables  Pet Waste  Optical Enhancers |
| **(check one or both)** | | Odor: | |  | | | | |
| **Weather Conditions :** | | | | Dry > 24 hours | | | Wet | |
| **Sample of Screenings Collected for Analysis?** Yes  No | | | | | | | | |
| **Amount of sediment removed:** | | | | | | | | |
| **Comments:** | | | | | | | | |

**Catch Basin Inspection and Cleaning Log**

**##MUNICIPALITY, Massachusetts**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Inspector** | **Weather Conditions** | **Number of Catch Basins Inspected/Cleaned** | **Amount of Material Removed** | **Catch Basins More Than 50% Full** | **Corrective Action Taken/Recommended**  **if More Than 50% Full** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |