

Detention Basin Inspection Report Maintenance and Cleaning Log

Basin Name/Location:	
Inspection Date:	Inspector Name:
Reason	<input type="checkbox"/> Quarterly <input type="checkbox"/> Post-Rain
Date of most recent rain event	Click or tap here to enter text.
Type of rain	<input type="checkbox"/> Drizzle <input type="checkbox"/> Shower <input type="checkbox"/> Downpour <input type="checkbox"/> Other
Current ground condition	<input type="checkbox"/> Dry <input type="checkbox"/> Damp <input type="checkbox"/> Ponding <input type="checkbox"/> Submerged <input type="checkbox"/> Snow
<u>Basin Bed</u>	
Is standing water present	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does basin drain within 72 hours following a rain event	<input type="checkbox"/> Yes <input type="checkbox"/> No
The observed drain time is approx. _____ hours	
Excessive sediment, silt, or trash in basin bed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Areas of erosion or channelization noted	<input type="checkbox"/> Yes <input type="checkbox"/> No
Animal burrows/rodents are present	<input type="checkbox"/> Yes <input type="checkbox"/> No
Erosion, soil slide, wet spots or loss of vegetation on side slopes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency spillway overgrown	<input type="checkbox"/> Yes <input type="checkbox"/> No
Maintenance or Repairs Required: <i>(If yes, explain below and note when repairs were made)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Low Flow Channels</u>	
Excessive sediment and/or silt in low flow channels	<input type="checkbox"/> Yes <input type="checkbox"/> No
Damaged low flow channel or scouring under the channels	<input type="checkbox"/> Yes <input type="checkbox"/> No
Maintenance or Repairs Required: <i>(If yes, explain below and note when repairs were made)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Vegetation</u>	
Large areas of bare soil present	<input type="checkbox"/> Yes <input type="checkbox"/> No
Overgrown or invasive vegetation present	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tree growth in basin	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vegetation has been mowed or removed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Maintenance or Repairs Required: <i>(If yes, explain below and note when repairs were made)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Structural Components (Outlet Control Structure, Flared End Sections, Headwalls, Rip Rap)</u>	
Trash or debris accumulation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Damaged or rusted trash rack	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spalling or misalignment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Scouring or erosion present	<input type="checkbox"/> Yes <input type="checkbox"/> No
Standing water present more than 72 hours after rain event	<input type="checkbox"/> Yes <input type="checkbox"/> No
Maintenance or Repairs Required: <i>(If yes, explain below and note when repairs were made)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No