



Job No.: _____ City: _____
 Inspector: _____ Date: _____

CATCH BASIN INSPECTION FORM

Catch Basin I.D.		Final Discharge from Structure? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Discharge to Outfall No: _____	
Catch Basin Label:	Stencil <input type="checkbox"/> Ground Inset <input type="checkbox"/> Sign <input type="checkbox"/> None <input type="checkbox"/> Other _____		
Basin Material:	Concrete <input type="checkbox"/> Corrugated metal <input type="checkbox"/> Stone <input type="checkbox"/> Brick <input type="checkbox"/> Other: _____ <input type="checkbox"/>	Catch Basin Condition:	Good <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Crumbling <input type="checkbox"/>
Pipe Material:	Concrete <input type="checkbox"/> HDPE <input type="checkbox"/> PVC <input type="checkbox"/> Clay Tile <input type="checkbox"/> Other: _____ <input type="checkbox"/>	Pipe Measurements:	Inlet Dia. (in): d= _____ Outlet Dia. (in): D= _____

Required Maintenance/ Problems (check all that apply): <input type="checkbox"/> Tree Work Required <input type="checkbox"/> New Grate is Required <input type="checkbox"/> Pipe is Blocked <input type="checkbox"/> Frame Maintenance is Required <input type="checkbox"/> Remove Accumulated Sediment <input type="checkbox"/> Pipe Maintenance is Required <input type="checkbox"/> Basin Undermined or Bypassed	<input type="checkbox"/> Cannot Remove Cover <input type="checkbox"/> Ditch Work <input type="checkbox"/> Corrosion at Structure <input type="checkbox"/> Erosion Around Structure <input type="checkbox"/> Remove Trash & Debris <input type="checkbox"/> Need Cement Around Grate Other: _____
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Catch Basin Grate Type:	Sediment Buildup Depth:	Description of Flow:	Street Name/ Structure Location:
Bar: <input type="checkbox"/> Cascade: <input type="checkbox"/> Other: _____ Properly Aligned: Yes <input type="checkbox"/> No <input type="checkbox"/>	0-6 (in): _____ 6-12(in): _____ 12-18 (in): _____ 18-24 (in): _____ 24 + (in): _____	Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Slight <input type="checkbox"/> Trickling <input type="checkbox"/>	

*If the outlet is submerged check yes and indicate approximate height of water above the outlet invert. h above invert (in): _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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<input type="checkbox"/> Flow <input type="checkbox"/> Standing Water (check one or both)	Observations: Color: _____ Odor: _____	Circle those present: Foam _____ Sanitary Waste _____ Orange Staining _____ Excessive sediment _____ Other: _____
Weather Conditions: Dry > 24 hours <input type="checkbox"/> Wet <input type="checkbox"/>		
Sample of Screenings Collected for Analysis? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Comments: 		Oil Sheen _____ Bacterial Sheen _____ Floatables _____ Pet Waste _____ Optical Enhancers _____