

Sand/Organic Filter Operation, Maintenance, and Management Inspection Checklist

Project: _____

Location: _____

Site Status: _____

Date: _____

Time: _____

Inspector: _____

| MAINTENANCE ITEM | SATISFACTORY / UNSATISFACTORY | COMMENTS |
|---|----------------------------------|----------|
| 1. Debris Cleanout (Monthly) | | |
| Contributing areas clean of debris | | |
| Filtration facility clean of debris | | |
| Inlet and outlets clear of debris | | |
| 2. Oil and Grease (Monthly) | | |
| No evidence of filter surface clogging | | |
| Activities in drainage area minimize oil and grease entry | | |
| 3. Vegetation (Monthly) | | |
| Contributing drainage area stabilized | | |
| No evidence of erosion | | |
| Area mowed and clipping removed | | |

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|---|----------------------------------|----------|
| 4. Water Retention Where Required (Monthly) | | |
| Water holding chambers at normal pool | | |
| No evidence of leakage | | |
| 5. Sediment Deposition (Annual) | | |
| Filter chamber free of sediments | | |
| Sedimentation chamber not more than half full of sediments | | |
| 6. Structural Components (Annual) | | |
| No evidence of structural deterioration | | |
| Any grates are in good condition | | |
| No evidence of spalling or cracking of structural parts | | |
| 7. Outlet/Overflow Spillway (Annual) | | |
| Good condition, no need for repairs | | |
| No evidence of erosion (if draining into a natural channel) | | |
| 8. Overall Function of Facility (Annual) | | |
| Evidence of flow bypassing facility | | |
| No noticeable odors outside of facility | | |

Comments:

Actions to be Taken:
