

## COUNTY OF SAN LUIS OBISPO DEPARTMENT OF PLANNING & BUILDING Catch Basin Insert Inspection Form

SWP-1015 02/01/2018

Submit this completed form by June 15 <sup>th</sup> each year							
Submit via email: Stormwater.SCM@co.slo.ca.us		Attn: S 976 Os	Submit by mail: Attn: Stormwater Manager, Planning & Building 976 Osos St. Room 300 San Luis Obispo, CA 93408				
Inspection Details	Inspection Date:  SCM#s Inspected: (SCM numbers are listed on notice of inspection)  SCM Type: Catch Basin F  Total number of filters installed	spected: are listed on notice of inspection letter) : Catch Basin Filter					
	Inspection Type: Pre-Rain  Manufacturer:	Month	ıly 🗌 Semi-Annı	ually Annually  Design Life:			
Filter condition:	Filter intact and capturing all inflow to inlet. Fabric/structure in good condition with no tears or damage.	May hav tears in repositi	argely intact.  ye some small fabric or require oning/adjustmen ture inflows.	Filter missing or badly damaged. Drainage to inlet not being adequately treated by filter.			
Sediment or litter accumulation:	Sediment depth less than ¼ inch. Trash/litter and sediment can be removed for continued function.	¾ inch. remove Filter re	ent depth up to Trash/litter d for function. quires cleaning inued function.	Sediment depth greater than ¾ inch. Filter must be cleaned, or removed and replaced, as soon as possible.			
Filter function:	Filter is not causing ponding at drain inlet. There is no standing water ponded inside the filter.	backup large sto	s causing minor of inflows during orm events, but ausing flood	Filter is preventing efficient drainage during storm events. Filter type should be modified to prevent localized flooding.			
Drainage area condition:	No exposed soil or erosion in periphery of drain inlet.	minor e	bare soil or rosion in area g to inlet.	Significant areas of bare exposed soil in area draining to inlet.			

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Design capability:	Filter designed to trash as small as (5 mm)?		Does the filter include specialized media for pollutant removal?	Has specialized media has been replaced at frequency recommended		
	(5 mm):		poliutarit removal:	by manufacturer?		
	Yes No		Yes No	Yes No		
Date that maintenance will be completed:						
Date that filter media was last replaced (if applicable):						
Contact for vendor that can supply replacement parts:						
Photographs taken?  Yes No			Photographs submitted?  Yes No			
If submitting photos via email, please label/name the photo with the SCM number for the photographed stormwater feature. Submission of photos is optional, but encouraged.						
For County Use: Date Recei	ved:	Staff Reviewer:		CCM Case#:		