



Subsurface Stormwater Feature Inspection Form

Submit this completed form by June 15th each year

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| <p>Submit via email: Stormwater.SCM@co.slo.ca.us</p> | <p>Submit by mail: Attn: Stormwater Manager, Planning & Building 976 Osos St. Room 300 San Luis Obispo, CA 93408</p> |
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| Inspection Details | Inspection Date: | Inspector Name: |
| | SCM# Inspected: <small>(SCM numbers are listed on notice of inspection letter)</small> | |
| | SCM Type: <input type="checkbox"/> Media Filter <input type="checkbox"/> Treatment Vault <input type="checkbox"/> Bed Filter <input type="checkbox"/> Infiltration Feature | |
| | Inspection Type: <input type="checkbox"/> Pre-Rain <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually | |

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| System Manufacturer: | Model: | Design Capacity (ft³): |
|-----------------------------|---------------|------------------------------------------|

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| Access cover or inspection port: | <input type="checkbox"/> Cover can be opened and closed as designed. No corrosion, deformation or cracking. | <input type="checkbox"/> Cover requires additional equipment for operation. Minor corrosion, deformation or cracking evident. | <input type="checkbox"/> Cover cannot be located or opened for inspection. Corrosion or deformation prevents proper operation. |
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| Vault Structure: <input type="checkbox"/> Unknown, not observed. | <input type="checkbox"/> No cracks wider than 0.50" at the joints of any inlet/outlet. No evidence of particles entering the structure through cracks. | <input type="checkbox"/> Minor cracks visible at joints or on surfaces. Cracks may be repaired without significant disturbance. | <input type="checkbox"/> Cracks wider than 0.50" evident at joints or walls. Significant repair required to maintain functionality. |
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| Sediment or particle accumulation: <input type="checkbox"/> Unknown, not observed. | <input type="checkbox"/> Sediment/particulate accumulation less than 1.0". Clean outs and drains functioning properly. | <input type="checkbox"/> Sediment/particulate accumulation less than 2.0". Clean outs and drains functioning, but require minor maintenance. | <input type="checkbox"/> Sediment/particulate accumulation greater than 2.0". Vault, cleanouts, and drains require maintenance. |
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| <p>Baffles/Filters (If applicable)</p> <p><input type="checkbox"/> Unknown, not observed.</p> | <p><input type="checkbox"/> Baffles or filters in good condition with >50% capacity remaining. No signs of warping, corrosion or failure.</p> | <p><input type="checkbox"/> Baffles or filters showing accumulation, warping or damage. Maintenance should be scheduled.</p> | <p><input type="checkbox"/> Baffles or filters are clogged, warped, corroded, or failing. Immediate maintenance required.</p> |
| <p>Drain Inlets and Outlets: (if applicable)</p> | <p><input type="checkbox"/> Drain inlets and outlets are clear of debris. Filters are intact (if applicable). No ponding observed.</p> | <p><input type="checkbox"/> Drain inlets and outlets partially blocked/impaired by sediment, vegetation or debris. Some ponding observed.</p> | <p><input type="checkbox"/> Drain inlets and outlets require maintenance. Debris and sediment must be removed for proper function.</p> |
| <p>Maintenance Records:</p> | <p>Has vault clean out been conducted? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> | <p>Have vault inlets and outlets and filters been maintained? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> | <p>Have maintenance needs identified by this inspection been scheduled for repair? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> |
| <p>Date that identified maintenance will be completed:</p> | | | |
| <p>Date of last subsurface video inspection and/or maintenance:</p> | | | |
| <p>Additional Notes:</p> | | | |
| <p>Photographs taken? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | <p>Photographs submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| <p>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.</p> | | | |
| <p>For County Use:</p> | | | |
| <p>Date Received:</p> | <p>Staff Reviewer</p> | <p>CCM Case#</p> | |