



Municipal Online Stormwater Training Center

Catch Basin Inspection Guide

Person Conducting Inspection: _____ Date of Inspection: _____

Phone Number: _____ Take Picture of Catch Basin and

E-Mail Address: _____ Indicate Where Picture is Stored

County: _____

Township: _____

Asset Description:	Material: Shape of Basin: Size: Inlet Diameter: Pipe Material: Outlet Diameter: Pipe Material: ID #: Installation Date: Age: Catch Basin Discharges from Structure: _____ Yes _____ No If Yes, ID Number of Outfall: _____	Location: Lat: _____ Long: _____ Street Location: _____	
	Condition: Excellent Good Fair Poor	Estimated Remaining Useful Life:	
Estimated Replacement Cost:			
Comments on Catch Basin: (Include any information regarding the catch basin that is not otherwise included above)			



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Catch Basin Inspection

Weather Conditions: (Circle One) Dry Dry But After Rain

Time, if same day, or Date (if no rain on date of inspection) of last Known Rain Event: _____

<p>Maintenance Required Based on Inspection (Circle All That Apply)</p> <p>Tree Work Required New Grate Required Pipe is Blocked Frame Maintenance Required Remove Accumulated Sediment Pipe Maintenance is Required Basin Undermined or Bypassed</p>	<p>Cannot Remove Cover Ditch Work Corrosion at Structure Erosion Around Structure Remove Trash & Debris Need Cement Around Grate</p> <p>Other: _____ _____ _____ _____</p>
<p>Catch Basin Grate Type (Circle One):</p> <p>Bar Cascade Other: _____ _____</p> <p>Properly Aligned: ___ Yes ___ No</p>	<p>Sediment Buildup Depth (Circle One):</p> <p>0-6 inches 6-12 inches 12-18 inches 18-24 inches 24+ inches</p>
<p>Description of Flow (Circle One):</p> <p>Heavy Moderate Slight Trickling</p>	<p>Is the Outlet Submerged with Water (Circle One):</p> <p>___ Yes ___ No If Yes, approx height above outlet invert: _____</p>
<p>Is There: Flow Standing Water Circle All That Apply</p> <p>Color: _____ Odor: _____ Other: _____</p>	<p>Circle What's Present (Circle One):</p> <p>Foam Sanitary Waste Orange Staining Excessive Sediment Oil Sheen Bacterial Sheen Floatables Pet Waste Other _____</p>
<p>Comments regarding visual observations and potential illicit discharges:</p> 	



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Stormwater Outfall Inspection Guide

Person Conducting Inspection: _____ Date of Inspection: _____

Phone Number: _____ Take Picture of Outfall and

E-Mail Address: _____ Indicate Where Picture is Stored

County: _____

Township: _____

Asset Description:	Material: Size: ID #: Installation Date: Age: Circle One: Pipe Outfall or Ditch Outfall Pipe Shape (circle one): Circular – Rectangular – Elliptical – Egg – Other Ditch Outfalls Back Slope: Fore Slope: Bottom width:	Location: Lat: _____ Long: _____	
	Condition: Excellent Good Fair Poor	Estimated Remaining Useful Life:	
Estimated Replacement Cost:			
Comments on Outfall: (Include any information regarding the outfall that is not otherwise included above)			



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Dry Weather Flow Inspection

Weather Conditions: (Circle One) Dry Dry But After Rain

Time, if same day, or Date (if no rain on date of inspection) of last Known Rain Event: _____

Outfall Flow (Circle One): None Observed

Outfall Flow (Circle One):	None Observed Heavy Flow Moderate Flow Low Flow Trickle of Water	Color of Water in Outfall (Circle One):	N/A Yellow Gray Other: _____	Green Brown Blue
Odor Present at Outfall (Circle One):	N/A (no flow) None Musty Sewage Solvent Sulfur Oil Gasoline Other: _____ _____	Floatables Present At Outfall (Circle One):	None Oil Sheen Sewage Foam/Bubbles Algae None: _____ _____	
Turbidity of Water at Outfall (Circle One):	Clear Cloudy Opaque	Status of Potential Illicit Discharge (Circle One):	No Flow Low Priority Medium Priority High Priority	
Source of Potential Illicit Discharge	None Industrial Commercial Other: _____	Description Of Site (Circle One):	Litter Contaminants Other site concerns: _____	
Comments regarding visual observations and potential illicit discharges:				