



UNIVERSITY OF MINNESOTA
**Stormwater Treatment:
 Assessment and Maintenance**

**Field Data Sheet for Level 1 Assessment: Visual Inspection
 Filtration Practices**

Inspector's Name(s): _____
 Date of Inspection: _____
 Location of the filtration practice: _____
 Address or Intersection: _____
 Latitude, Longitude: _____
 Date the filtration practice began operation: _____
 Filter Size (ft. x ft.): _____
 Time since last rainfall (hr): _____
 Quantity of last rainfall (in): _____
 Rainfall Measurement Location: _____

Site Sketch (include inlets, outlets, etc.)

Based on visual assessment of the site, answer the following questions and make photographic or video-graphic documentation:

1. Has visual inspection been conducted at this location before? Yes No I don't know
 1. a) If yes, enter date: _____
 1. b) Based on previous visual inspections, have any corrective actions been taken?
 Yes No I don't know (If yes, describe actions in comments box)
2. Has it rained within the last 48 hours at this location? Yes No I don't know
3. Does this filtration practice utilize pretreatment practices upstream?
 Yes No I don't know (If yes, describe pretreatment practices in comment box)
4. Access
 4. a) Access to the filtration practice is:
 Clear Partially obstructed Mostly obstructed Inaccessible
 4. b) If obstructed, the obstruction is (choose and provide comments) :
 temporary **and** no action needed **or** action needed
 permanent **and** before or during installation **or** new since installation
 4. c) Access to the upstream and downstream drainage is:
 Clear Partially obstructed Mostly obstructed Inaccessible
 4. d) If obstructed, the obstruction is (choose and provide comments) :
 temporary **and** no action needed **or** action needed
 permanent **and** before or during installation **or** new since installation

Comments

Filtration Practices

5. Inlet Structures

5. a) How many inlet structures are present? 0 1 2 3 4 5 > 5
5. b) Are any of the inlet structures clogged? (If yes, mark location on site sketch above and fill in boxes below with items causing clogging (ie. debris, sediment, vegetation, etc.)

	Inlet #:	Inlet #:	Inlet #:	Inlet #:	Inlet #:
Partially					
Completely					
Not Applicable					

5. c) Are any of the inlet structures askew or misaligned from the original design or otherwise in need of maintenance? (if yes, write in reason: frost heave, vandalism, unknown, etc.)

	Inlet #:	Inlet #:	Inlet #:	Inlet #:	Inlet #:
Yes					
No					

6. Is there standing water in the filtration practice? Yes No

6. a) If yes, does the water have:
- Surface sheen (from oils or gasoline)
 - Murky color (from suspended solids)
 - Green color (from algae or other biological activity)
 - Other (describe in comment box)

7. Is there evidence of illicit storm sewer discharges?
 Yes No I don't know (if yes, describe in comment box)

8. What is the approximate percentage of vegetation coverage in the practice? _____ %

9. Are there indications of any of the following in the filtration practice? (If yes, mark on site sketch)

- Sediment deposition
- Erosion or channelization
- Excessive or undesirable vegetation (that needs mowing or removal)
- Bare soil or lack of healthy vegetation significantly different from the original design
- Litter or debris
- Other
- No

9. a) If sediment deposition is evident, what is the source?
- Erosion or channelization inside the filtration practice
 - Erosion or channelization outside the filtration practice
 - Construction site erosion
 - Other
 - Unknown

Comments

Filtration Practices

10. Are there indications of any of the following on the banks of the filtration practice:

- Erosion or channelization
- Soil slides or bulges
- Excessive animal burrows
- Seeps and wet spots
- Poorly vegetated areas
- Trees on constructed slopes

11. Is the bottom of the filtration practice covered with a layer of silts and/or clays?

- Yes No

12. Are any outlet structures or the emergency spillway clogged? No Partially Completely NA

12. a) If yes, specify the clogging material (i.e. debris, sediment, vegetation, etc.) in the box below.

	Outlet #:	Outlet #:	Outlet #:
Material			

12. b) Are any of the outlet structures askew or misaligned from the original design or otherwise in need of maintenance? (if yes, write in reason: frost heave, vandalism, unknown, etc.)

	Outlet #:	Outlet #:	Outlet #:
Reason			

13. Is there any evidence of any of the following downstream of the outlet structure?

- Sediment deposition Erosion or channelization Other No

13. a) If sediment deposition is evident, what is the source?

- Erosion or channelization inside the filtration practice
- Erosion or channelization outside the filtration practice
- Construction site erosion
- Other, Specify _____
- Unknown

14. Inspector's Recommendations. When is maintenance needed?

- Before the next rainfall
- Before the next rainy season
- Within a year or two
- No sign that any is required

Comments

15. Summarize the results of this inspection and write any other observations in the box below.

Summary and other observations

