



Porous Hardscape Inspection Checklist

City of Charleston



Facility Name:	Primary Contact:
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Facility Address (include onsite location of LID):

Phone:	Date:	Inspector:
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Date of Last Rainfall and Amount:	# of Photos taken:
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Inspected items				
Yes	No	Needs Attention	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Porous concrete, asphalt (spalling, chipping, crumbling)?
Comment:				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Porous pavers (cracked, broken, damaged)?
Comment:				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excessive debris, (gravel, dirt, leaves) on surface?
Comment:				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Areas of ponding water during rain event?
Comment:				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signs of sediment accumulation?
Comment:				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drains blocked or not functioning?
Comment:				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Underdrain system clogged?
Comment:				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does system drain into a bio-retention area?
Comment:				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there potential debris that could block or damage or clog LID?
Comment:				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does LID appear to be maintained (vacuumed, sweep, etc.)?
Comment:				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nuisance noticed (odor, insects, etc.)?
Comment:				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Encroachment into or easement area by other activities?
Comment:				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have there been complaints?
Comment:				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access for maintenance in good condition?
Comment:				

Enforcement:	<input type="checkbox"/> In compliance (see Comments)	<input type="checkbox"/> Correct issues (see Comments)
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Additional Comments:

Inspector Signature:	Date:
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Representative Signature:	Date:
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