



Underground Detention Inspection Checklist

City of Charleston



| | |
|-----------------------|-------------------------|
| Facility Name: | Primary Contact: |
|-----------------------|-------------------------|

Facility Address (include onsite location of LID):

| | | |
|---------------|--------------|-------------------|
| Phone: | Date: | Inspector: |
|---------------|--------------|-------------------|

| | |
|--|---------------------------|
| Date of Last Rainfall and Amount: | # of Photos taken: |
|--|---------------------------|

Pretreatment: vegetated filter strip swale turf grass forebay other, specify: _____ none

INSPECTION ITEMS

| Yes | No | Needs Attention | N/A | |
|-----|----|-----------------|-----|--|
|-----|----|-----------------|-----|--|

INLETS

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inlet(s) free from trash and debris. |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------------------|

Comment:

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inlet(s) in need of repair. |
|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------------|

Comment:

CHAMBERS

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sediment accumulation evident. |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------------|

Comment:

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Trash and debris have accumulated in chamber. |
|--------------------------|--------------------------|--------------------------|--------------------------|---|

Comment:

OTHER SYSTEM COMPONENTS

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Structural deterioration is evident. |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------------------|

Comment:

OUTLETS

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outlets need of repair. |
|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------|

Comment:

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sediment, trash or debris blocking outlets. |
|--------------------------|--------------------------|--------------------------|--------------------------|---|

Comment:

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Erosion is occurring around outlets. |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------------------|

Comment:

OTHER

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Evidence of ponding water in drainage system. |
|--------------------------|--------------------------|--------------------------|--------------------------|---|

Comment:

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Evidence of water is not being convey through the system. |
|--------------------------|--------------------------|--------------------------|--------------------------|---|

Comment:

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

Additional Comments:

| | |
|-----------------------------|--------------|
| Inspector Signature: | Date: |
|-----------------------------|--------------|

| | |
|----------------------------------|--------------|
| Representative Signature: | Date: |
|----------------------------------|--------------|