The Town of Indian River Shores

Stormwater Inspection Form

Inspection Details:

- Location: _____
- Date of Inspection: _____
- Time of Inspection: _____
- Inspector's Name: _____
- Weather Conditions: _____

Inspection Checklist:

Catch Basins and Inlets:

1. Proper function and maintenance:
   - ☐ Yes
   - ☐ No
   - o Debris Removed (CY): _____
   - o Number Inspected: _____
   - o Maintenance Activity: _____

Baffle Boxes:

2. Proper function and maintenance:
   - ☐ Yes
   - ☐ No
   - o Debris Removed (CY): _____
   - o Number Inspected: _____
   - o Maintenance Activity: _____

Outfalls and Discharge Points:

3. No signs of blockages or illicit discharge:
   - ☐ Yes
   - ☐ No
   - o Debris Removed (CY): _____
   - o Number Inspected: _____
   - o Maintenance Activity: _____

Stormwater Pipes and Conveyance Systems:

4. Clear and functional:
    - ☐ Yes
    - ☐ No
    - Maintenance Activity: _____

Detention/Retention Basins, Ponds, Swales:

5. Proper function and maintenance:
    - ☐ Yes
    - ☐ No
    - Debris Removed (CY): _____
    - Maintenance Activity: _____

Structural BMPs:

6. Proper installation and maintenance:
    - ☐ Yes
    - ☐ No
    - Debris Removed (CY): _____
    - Maintenance Activity: _____

Overall MS4 Condition:

- ☐ Compliant
- ☐ Non-Compliant

Non-Compliant Items and Corrective Actions:

1. _____
2. _____
3. _____
4. _____

Follow-Up Inspection Required:

- ☐ Yes
- ☐ No

- Date of Follow-Up Inspection: _____
- Follow-up Activity Performed: _____

Enforcement Actions:

- ☐ Notice of Violation (NOV) Issued
- ☐ Stop Work Order (SWO) Issued
- ☐ Fines/Penalties Assessed
- ☐ Additional Training Required
- ☐ N/A

Inspector's Signature: _____ **Date:** _____

Reviewed By: _____ **Date:** _____