

Filtering Systems

Project ID _____ County _____

Site name: _____

General Location of BMP _____

Ownership:

- Private
- Public

Type of Site:

- Residential
- Commercial
- Industrial
- State

Notes about the type of filtering system or site notes:

Review date _____ Review time _____ Reviewer _____

Post Construction Verification Docs available: Y N Date of last review _____

<u>Nature of Problem</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Notes</u>
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- Erosion Control
 Drainage area to filtering system _____
- Control of sediment accumulation
 Outlet / overflow spillway _____
- Control of trash & litter in BMP
 - No
 - Yes (where): _____

Notes:

- **Sedimentation Chamber**
 Water at normal pool level?
 - No Observations: _____
 - Yes
- Evidence of cracks or spawls?
 - No
 - Yes Observations: _____

• **Continued**

Depth of sediment is _____ (Maintenance if > ½ full) Require maintenance?

- No
- Yes

Evidence of mosquito breeding?

- No
- Yes Observations: _____

Grates need replacement?

- No
- Yes Observations: _____

• **Sand Bed and Filter Cartridges**

Depth of sand discoloration _____

Evidence of clogging?

- No
- Yes (where): _____

Oil or grease present?

- No
- Yes (where): _____

Ponded water on sand bed?

- No
- Yes (where): _____

Cracks or spalls present?

- No
- Yes (where): _____

Overall BMP Condition

Good **Fair** **Poor**

Required Corrective Action(s) Compiled from the notes and observations within the report:

Action To Be Completed By (Date): _____

Reviewer's Signature: _____