

Inspection & Maintenance Check Lists

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- Bioretention Area
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- Wet Pond or Wet Extended Detention Basin
- Vegetated Infiltration Swale
- Permeable Pavement
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- Rain Gardens
- Sand Filter System
- Underground Detention
- Oil-Water Separator

Bioretention Area Inspection and Maintenance Checklist

Facility: <u>Church + State</u>			
Location/Address: <u>1436 Church and State Way Cleveland, OH 44113</u>			
Date: <u>7/9/21</u>	Time: <u>12:00pm</u>	Weather Conditions: <u>cloudy 70°</u>	Date of Last Inspection: <u>N/A</u>
Inspector: <u>Eric Polak</u>		Title: <u>Chief Engineer</u>	
Rain in Last 48 Hours <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list amount and timing: <u>.5" 12-3pm 7/8/21</u>			
Pretreatment: <input type="checkbox"/> vegetated filter strip <input type="checkbox"/> swale <input type="checkbox"/> turf grass <input type="checkbox"/> forebay <input type="checkbox"/> other, specify: <u>Phone</u>			
Site Plan or As-Built Plan Available: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Inspection Item	Comment	Action Needed
1. PRETREATMENT		
Sediment has accumulated.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trash and debris have accumulated.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. DEWATERING		
Standing water is present after 24 hours. If yes, describe sheen, color, or smell.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. INLETS		
Inlets are in poor structural condition.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sediment has accumulated and/or is blocking the inlets.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Erosion is occurring around the inlets.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. VEGETATION		
Vegetation is wilting, discolored, or dying due to disease or stress.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vegetation needs to be controlled through mowing or manual removal.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. BIORETENTION MAIN INFILTRATION AREA		
Trash and debris have accumulated.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sediment has accumulated at the surface.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Topmost layer is caked or crusted over with sediment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Erosion is evident.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mulch is compacted.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sinkholes or animal borrows are present.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. SIDE SLOPES AND EMBANKMENT		
Erosion is evident.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sinkholes or instability is evident.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. OUTLETS AND OVERFLOW STRUCTURE (i.e., catch basin)		
Outlets or overflow structures in poor structural condition.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sediment, trash or debris is blocking the outlets or overflow structure.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Erosion is occurring around the outlets or overflow structure.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Height from surface of practice to top of overflow structure is insufficient to allow for ponding during rain events.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No

Dry Pond or Dry Extended Detention Basin Inspection and Maintenance Checklist

Facility: <u>Church + State</u>			
Location/Address: <u>1436 Church and State Way, Cleveland, OH 44113</u>			
Date: <u>7/9/21</u>	Time: <u>12:00p</u>	Weather Conditions: <u>cloudy 70°</u>	Date of Last Inspection: <u>N/A</u>
Inspector: <u>Eric Polak</u>		Title: <u>Chief Engineer</u>	
Rain in Last 48 Hours	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list amount and timing: <u>.5" 12:3pm 7/8/21</u>	
Pretreatment: <input type="checkbox"/> vegetated filter strip <input type="checkbox"/> swale <input type="checkbox"/> forebay <input type="checkbox"/> other, specify: <u>N/A</u>			
Site Plan or As-Built Plan Available: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Inspection Item	Comment	Action Needed
1. PRETREATMENT		
Sediment has accumulated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trash and debris have accumulated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. DEWATERING		
The water quality orifice is visible.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. INLETS		
Inlets are in poor structural condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sediment has accumulated and/or is blocking the inlets.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Erosion is occurring around the inlets.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. EMBANKMENT		
Sinkholes or cracks are visible in the embankment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trees or woody vegetation present on the dam or embankment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. BASIN OR BOWL AREA		
Trash and debris have accumulated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Invasive plants are present.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Erosion is evident on the basin floor or low flow channel.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
The micro-pool has sediment accumulation.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sinkholes or animal borrows are present.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. SIDE SLOPES AND EMBANKMENT		
Erosion is evident.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sinkholes, animal borrows or instability are present.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. OUTLETS AND OVERFLOW STRUCTURE		
Outlets or overflow structures in poor structural condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sediment, trash or debris is blocking the outlets or overflow structure.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Erosion is occurring around the outlets or overflow structure.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Joints are not water tight and/or leaks are visible.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No

Wet Pond or Wet Extended Detention Basin Inspection and Maintenance Checklist

Facility: Church + State			
Location/Address: 1436 Church and State Way Cleveland, OH 44113			
Date: 7/9/21	Time: 12:00p	Weather Conditions: Cloudy 70°	Date of Last Inspection: N/A
Inspector: Eric Polak		Title: Chief Engineer	
Rain in Last 48 Hours: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		If yes, list amount and timing: .5" 12-3pm 7/8/21	
Pretreatment: <input type="checkbox"/> vegetated filter strip <input type="checkbox"/> swale <input type="checkbox"/> forebay <input type="checkbox"/> other, specify: N/A			
Site Plan or As-Built Plan Available: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

Inspection Item	Comment	Action Needed
1. PRETREATMENT		
Sediment has accumulated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trash and debris have accumulated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. DEWATERING		
The water quality orifice is visible.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. INLETS		
Inlets are in poor structural condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sediment has accumulated and/or is blocking the inlets.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Erosion is occurring around the inlets.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. EMBANKMENT		
Sinkholes, cracks or seeps are visible in the embankment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trees or woody vegetation present on the dam or embankment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. BASIN PERMANENT POOL		
Trash and debris have accumulated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sediment has accumulated and reduced pool volume.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Invasive plants are present.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Erosion is present at shoreline.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Excessive algae blooms are present.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. SIDE SLOPES AND EMBANKMENT		
Erosion is evident.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sinkholes, animal borrows or instability is present.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. OUTLETS AND OVERFLOW STRUCTURE		
Outlets or overflow structures in poor structural condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sediment, trash or debris is blocking the outlets, trash racks or overflow structure.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Erosion is occurring around the outlets or outlet structure.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Joints are water tight and no leaks are visible.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No

Vegetated Infiltration Swale Inspection and Maintenance Checklist

Facility: <u>Church + State</u>			
Location/Address: <u>1436 Church and State Way Cleveland, OH 44113</u>			
Date: <u>7/9/21</u>	Time: <u>12:00pm</u>	Weather Conditions: <u>Cloudy, 70°</u>	Date of Last Inspection: <u>N/A</u>
Inspector: <u>Eric Polak</u>		Title: <u>Chief Engineer</u>	
Rain in Last 48 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list amount and timing: <u>.5" 12-3pm 7/8/21</u>	
Pretreatment: <input type="checkbox"/> vegetated filter strip <input type="checkbox"/> swale <input type="checkbox"/> turf grass <input type="checkbox"/> forebay <input type="checkbox"/> other, specify: <u>N/A</u>			
Site Plan or As-Built Plan Available: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Inspection Item	Comment	Action Needed
1. PRETREATMENT		
Sediment has accumulated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trash and debris have accumulated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. DEWATERING		
Standing water is present after 24 hours. If yes, describe sheen, color, or smell.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. INLETS		
Inlets are in poor structural condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sediment has accumulated and/or is blocking the inlets.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Erosion is occurring around the inlets.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. VEGETATION		
Vegetation is wilting, discolored, or dying due to disease or stress.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vegetation needs to be controlled through mowing or manual removal.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. MAIN INFILTRATION AREA		
Trash and debris have accumulated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sediment has accumulated at the surface.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Topmost layer is caked or crusted over with sediment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Erosion is evident.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mulch is compacted.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sinkholes or animal borrows are present.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. SIDE SLOPES AND EMBANKMENT		
Erosion is evident.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sinkholes or instability is evident.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. OUTLETS AND OVERFLOW STRUCTURE (i.e., catch basin)		
Outlets or overflow structures in poor structural condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sediment, trash or debris is blocking the outlets or overflow structure.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Erosion is occurring around the outlets or overflow structure.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Height from surface of practice to top of overflow structure is insufficient to allow for ponding during rain events.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No

Permeable Pavement Inspection and Maintenance Checklist

Facility:	Church + state		
Location/Address:	1436 Church and state way Cleveland, OH 44113		
Date:	7/9/21	Time:	12:00p
Weather Conditions:	cloudy 70°	Date of Last Inspection:	N/A
Inspector:	Eric Polak	Title:	chief engineer
Rain in Last 48 Hours	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list amount and timing:	.5" 12-3pm 7/8/21
Pavement Type:	<input type="checkbox"/> permeable interlocking concrete pavement (PICP) <input type="checkbox"/> asphalt <input type="checkbox"/> concrete <input type="checkbox"/> other, specify: N/A		
Pretreatment:	<input type="checkbox"/> vegetated filter strip <input type="checkbox"/> swale <input type="checkbox"/> turf grass <input type="checkbox"/> forebay <input type="checkbox"/> other, specify: N/A <input type="checkbox"/> none		
Site Plan or As-Built Plan Available:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

*Permeable interlocking concrete pavement (PICP)

Inspection Item	Comment	Action Needed
1. PRETREATMENT		
Sediment has accumulated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trash and debris have accumulated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. PAVEMENT TRANSITION AREA		
Non-permeable transition area at pavement edges is unstable/deteriorating.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. DEWATERING		
Standing water is visible on the surface after a rain event.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. PAVEMENT SURFACE AND JOINTS		
Sediment has accumulated on pavement surface.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trash and debris have accumulated on pavement surface or around curbing.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pavement has deteriorated, cracked, settled, or raveled.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sediment has accumulated in the joints of PICP.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vegetation is growing in the joints of PICP.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gravel is insufficient in the joints of PICP.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Notes		
Wet weather inspection needed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Green Roof Inspection and Maintenance Checklist

Facility:	Church + State		
Location/Address:	1431 Church and State Way Cleveland, OH 44113		
Date:	7/19/21	Time:	12:00p
Weather Conditions:	Cloudy To°		
Date of Last Inspection:	N/A		
Inspector:	Eric Polak	Title:	Chief Engineer
Rain in Last 48 Hours:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list amount and timing:	.5" 12:30p 7/18/21
Type of Irrigation System:	<input type="checkbox"/> overhead <input type="checkbox"/> drip <input type="checkbox"/> other, specify: N/A		
Results from Most Recent Soil Test Available:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Site Plan or As-Built Plan Available:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Inspection Item	Comment	Action Needed
1. VEGETATION		
Plant cover is less than 90%.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vegetation is wilting, discolored, or dying due to disease, pests, or stress.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vegetation is stressed due to drought.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vegetation needs to be controlled through manual removal or mowing if specified by manufacturer.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. GROWING MEDIUM/SOIL LAYER		
Standing water is present. If yes, describe color or smell.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sediment has accumulated at the surface or throughout the media.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gullies or other evidence of erosion are observed.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Soil depth is insufficient.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Based on most recent soil test, fertilization is needed.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. STRUCTURAL COMPONENTS		
Waterproof membrane is cracked or leaking.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other structural components are in poor condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. INLETS/DRAINAGE LAYER		
Inlets are in poor structural condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sediment, vegetation, trash or debris are blocking inlets.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. IRRIGATION SYSTEM		
Drip lines, supply lines, or other irrigation components are not functioning or are in poor structural condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Notes		
<div style="height: 100px; border: 1px solid black;"></div>		
Wet weather inspection needed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Non-Structural Stormwater Control Measure Inspection and Maintenance Checklist

Facility: <u>Church + State</u>			
Location/Address: <u>1436 Church and State Way Cleveland, OH 44113</u>			
Date: <u>7/9/21</u>	Time: <u>12:00p</u>	Weather Conditions: <u>cloudy 70°</u>	Date of Last Inspection: <u>N/A</u>
Inspector: <u>Eric Polak</u>		Title: <u>Chief Engineer</u>	
Rain in Last 48 Hours <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list amount and timing: <u>.5" 12-3pm 7/8/21</u>			
Non-structural SCM Type: <input type="checkbox"/> riparian setback <input type="checkbox"/> wetland setback <input type="checkbox"/> conservation area <input type="checkbox"/> other, specify: <u>N/A</u>			
Pretreatment: <input type="checkbox"/> vegetated filter strip <input type="checkbox"/> level spreader <input type="checkbox"/> gravel verge <input type="checkbox"/> other, specify: <u>N/A</u>			
Site Plan or As-Built Plan Available: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Inspection Item	Comment	Action Needed
1. PRETREATMENT		
Sediment has accumulated.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trash and debris have accumulated.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Erosion or scouring is visible	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. UNAUTHORIZED ACTIVITY		
There is unauthorized dumping of yard waste, litter or debris.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
There are unauthorized structures or construction activity.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
There is unauthorized removal of vegetation or trees.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
There are unauthorized recreational activities or motorized vehicles.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. VEGETATION		
Vegetation is dying or diseased.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Invasive vegetation is present.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. NON-STRUCTURAL AREA		
The boundaries are clearly marked.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signage is visible and intact.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Notes		
Wet weather inspection needed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Rain Barrel/Cistern Inspection and Maintenance Checklist

Facility: <u>Church + State</u>			
Location/Address: <u>1436 Church and State Way Cleveland, OH 44113</u>			
Date: <u>7/9/21</u>	Time: <u>12:00p</u>	Weather Conditions: <u>cloudy 70°</u>	Date of Last Inspection: <u>N/A</u>
Inspector: <u>Eric Polak</u>		Title: <u>Chief Engineer</u>	
Rain in Last 48 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list amount and timing: <u>.5" 12:30 7/8/21</u>	
Pretreatment: <input type="checkbox"/> downspout screen <input type="checkbox"/> gutter guards <input type="checkbox"/> rain barrel filter/screen <input type="checkbox"/> other, specify: <u>N/A</u>			
Site Plan or As-Built Plan Available: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Inspection Item	Comment	Action Needed
1. PRETREATMENT		
Sediment and debris have accumulated in gutter.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
The screen or trap is clogged or not attached.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. FOUNDATION		
Barrel foundation is unstable.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. INLETS/DOWNSPOUTS		
Gutters and downspouts joints are disconnected and/or leaks are present.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Downspouts are disconnected to barrel and/or leaks are present.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diverter is disconnected and/or leaks are present.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. SPIGOT		
Visible leaks are present and connections are not tight.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Valves and knobs do not turn.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. RAIN BARREL/CISTERN		
Sediment accumulated at bottom of barrel.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Odor of mildew present or algae is visible inside the barrel.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cracks or leaks are visible in barrel.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mosquito larva is visible in barrel.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. OVERFLOW STRUCTURE		
Overflow is directed away from the structure or disconnected from the downspout.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Special Notes: An untrained individual should never enter a cistern. Never drink water from a rain barrel or a cistern. Always follow the manufacturer's manual and recommended maintenance schedule.		
Additional Notes <div style="height: 100px; border: 1px solid black;"></div>		
Wet weather inspection needed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Rain Garden Inspection and Maintenance Checklist

Facility: <u>Church + State</u>			
Location/Address: <u>1436 Church and State Way Cleveland, OH 44113</u>			
Date: <u>7/9/21</u>	Time: <u>12:00p</u>	Weather Conditions: <u>Cloudy 70°</u>	Date of Last Inspection: <u>N/A</u>
Inspector: <u>Eric Polak</u>		Title: <u>Chief Engineer</u>	
Rain in Last 48 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list amount and timing: <u>.5" 12:30pm 7/8/21</u>	
Pretreatment: <input type="checkbox"/> vegetated filter strip <input type="checkbox"/> swale <input type="checkbox"/> turf grass <input type="checkbox"/> other, specify: <u>none</u>			
Inlet Type: <input type="checkbox"/> swale <input type="checkbox"/> disconnected downspout <input type="checkbox"/> pipe <input type="checkbox"/> sheet flow <u>N/A</u>			
Site Plan or As-Built Plan Available: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Inspection Item	Comment	Action Needed
1. PRETREATMENT		
Sediment has accumulated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trash and debris have accumulated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. DEWATERING		
Standing water is present after 24 hours. If yes, describe sheen, color, or smell.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. INLET		
Structural inlet in poor condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sediment has accumulated and/or is blocking the inlet.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Erosion is occurring around the inlet.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. VEGETATION		
Vegetation is wilting, discolored, or dying due to disease or stress.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vegetation needs to be controlled through mowing or manual removal.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. RAIN GARDEN MAIN INFILTRATION AREA		
Trash and debris have accumulated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sediment has accumulated at the surface.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Topmost layer is caked or crusted over with sediment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Erosion is evident.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mulch is compacted.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sinkholes or animal borrows are present.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. EDGES AND BERM		
Erosion is evident.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sinkholes or instability is evident.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. OUTLET AND OVERFLOW STRUCTURE (i.e., catch basin)		
Outlet or overflow structure in poor structural condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sediment, trash or debris is blocking the outlets or overflow structure.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Erosion is occurring around the outlets or overflow structure.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Height from surface of practice to top of overflow structure is insufficient to allow for ponding during rain events.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No

Sand Filter System Inspection and Maintenance Checklist

Facility: <u>Church + State</u>			
Location/Address: <u>1436 Church and State Way Cleveland, OH 44113</u>			
Date: <u>7/9/21</u>	Time: <u>12:00p</u>	Weather Conditions: <u>cloudy 70°</u>	Date of Last Inspection: <u>N/A</u>
Inspector: <u>Eric Polak</u>		Title: <u>Chief Engineer</u>	
Rain in Last 48 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list amount and timing: <u>.5" 12-3pm 7/8/21</u>	
Pretreatment: <input type="checkbox"/> vegetated filter strip <input type="checkbox"/> swale <input type="checkbox"/> turf grass <input type="checkbox"/> forebay <input type="checkbox"/> other, specify: <u>None</u>			
Site Plan or As-Built Plan Available: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

*Do not enter sand filter chambers to inspect system unless Occupational Safety & Health Administration (OSHA) regulations for confined space entry are followed.

*Follow inspection and maintenance instructions and schedules provided by system manufacturer and installer.

*Properly dispose of all wastes.

Inspection Item	Comment	Action Needed
1. PRETREATMENT		
Sediment has accumulated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trash and debris have accumulated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. INLETS		
Inlets are in poor structural condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sediment, trash or debris have accumulated and/or is blocking the inlets.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. SAND OR SAND/PEAT FILTER LAYER		
Sediment accumulation threshold has been reached.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Surface is hardened/crusted.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. COLLECTION CHAMBERS		
Trash and debris have accumulated in chambers.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Oil is visible at surface.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. OTHER SYSTEM COMPONENTS		
Structural deterioration is evident.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. OUTLETS		
Outlets in poor structural condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sediment, trash or debris are blocking outlets.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Erosion is occurring around outlets.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. OTHER		
Evidence of ponding water on area draining to system.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Evidence that water is not being conveyed through the system.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Notes		
Wet weather inspection needed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Underground Detention System Inspection and Maintenance Checklist

Facility: <u>Church + State</u>			
Location/Address: <u>1436 Church and State Way Cleveland, OH 44113</u>			
Date: <u>7/19/21</u>	Time: <u>12:00p</u>	Weather Conditions: <u>Cloudy 70°</u>	Date of Last Inspection: <u>N/A</u>
Inspector: <u>Eric Polak</u>		Title: <u>Chief Engineer</u>	
Rain in Last 48 Hours <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list amount and timing: <u>.5" 12-3p 7/18/21</u>			
Pretreatment: <input type="checkbox"/> vegetated filter strip <input type="checkbox"/> swale <input type="checkbox"/> turf grass <input type="checkbox"/> forebay <input type="checkbox"/> other, specify: <u>N/A</u> <input checked="" type="checkbox"/> none			
Site Plan or As-Built Plan Available: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

*Do not enter underground detention chambers to inspect system unless Occupational Safety & Health Administration (OSHA) regulations for confined space entry are followed.

*Follow inspection and maintenance instructions and schedules provided by system manufacturer and installer.

* Properly dispose of all wastes.

Inspection Item	Comment	Action Needed
1. PRETREATMENT		
Sediment has accumulated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trash and debris have accumulated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. INLETS		
Inlets are in poor structural condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sediment, trash, or debris have accumulated and/or is blocking the inlets.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. CHAMBERS		
Sediment accumulation threshold has been reached.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trash and debris have accumulated in chambers.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. OTHER SYSTEM COMPONENTS		
Structural deterioration is evident.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. OUTLETS		
Outlets in poor structural condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sediment, trash or debris are blocking outlets.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Erosion is occurring around outlets.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. OTHER		
Evidence of ponding water on area draining to system.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Evidence that water is not being conveyed through the system.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Notes		
Wet weather inspection needed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Oil-Water Separator Inspection and Maintenance Checklist

Facility: <u>Church + State</u>			
Location/Address: <u>1436 Church and State Way Cleveland, OH 44113</u>			
Date: <u>7/9/21</u>	Time: <u>12:00p</u>	Weather Conditions: <u>Cloudy 70°</u>	Date of Last Inspection: <u>N/A</u>
Inspector: <u>Eric Polgar</u>		Title: <u>Chief Engineer</u>	
Rain in Last 48 Hours <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list amount and timing: <u>.5" 12-3pm 7/8/21</u>			
Pretreatment: <input type="checkbox"/> vegetated filter strip <input type="checkbox"/> swale <input type="checkbox"/> turf grass <input type="checkbox"/> forebay <input type="checkbox"/> other, specify: <u>none</u>			
Site Plan or As-Built Plan Available: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

*Do not enter underground detention chambers to inspect system unless Occupational Safety & Health Administration (OSHA) regulations for confined space entry are followed.

*Follow inspection and maintenance instructions and schedules provided by system manufacturer and installer.

* Properly dispose of all wastes.

Inspection Item	Comment	Action Needed
1. PRETREATMENT		
Sediment has accumulated. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Trash and debris have accumulated. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. INLETS		
Inlets are in poor structural condition. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Sediment, trash, or debris has accumulated and/or is blocking the inlets. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. OIL CONTAINMENT CHAMBER		
Oil volume threshold has been reached. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Oil-absorbing pads are saturated. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
4. SEDIMENT COLLECTION CHAMBER		
Sediment accumulation threshold has been reached. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Sludge accumulation threshold at bottom of chamber has been reached. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
4. OTHER SYSTEM COMPONENTS		
Structural deterioration is evident. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Spills or leaks are evident. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
5. OUTLETS		
Outlets in poor structural condition. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Sediment, trash or debris is blocking outlets. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Erosion is occurring around outlets. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
6. OTHER		
Evidence of ponding water on area draining to system. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Evidence that water is not being conveyed through the system. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Notes		
Wet weather inspection needed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		