

Stormwater Pump Station # _____
Inspection Procedure/Checklist/Form

Facility ID: _____

Date: _____

FUNCTION:

[develop one for each unique pump station]

YES NO

GENERAL:

Any indications of illicit discharge or illegal dumping? YES NO

If YES, describe and report to supervisor for proper response: _____

Debris accumulation upstream or downstream of structure? YES NO

Sediment accumulation upstream or downstream of structure? YES NO

Headwall in need of repair/replacement? YES NO

If YES, schedule for maintenance.