



Stormwater Facility

Inspection and Maintenance Checklist

Property Address:	Agreement #:
Owner/Responsible Party:	Inspector:
Inspector Phone:	Inspector Email:
Inspection Date:	Inspector Signature:

Stormwater Facility Checklists

Catch Basins

Number of Catch Basins: _____	Maintenance Needed?	Comments
Debris and Sediment (Sediment accumulation >12")	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Damaged Pipes (Broken or needing repair)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Joints Between Basin/Pipe Section (Separated/Roots)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Structure (Cracks > 1/2")	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Contaminants & Pollutants (Oil, Gas, Trash, or other contaminants)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Cover – Grate (Missing, cracked, broken)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Ladder (Unsafe, cracks, missing)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Mosquito Vector Breeding (Standing water)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Sediment Manhole

Number of Sediment Manhole: _____	Maintenance Needed?	Comments
Debris and Sediment (Sediment accumulation >12")	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Damaged Pipes (Broken or needing repair)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Joints Between Basin/Pipe Section (Separated/Roots)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Structure (Cracks > 1/2")	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Contaminants & Pollutants (Oil, Gas, Trash, or other contaminants)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Cover (Missing, cracked, broken)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Ladder (Unsafe, cracks, missing)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Mosquito Vector Breeding (Standing water, drain <72hrs)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Stormwater Facility Checklists (Continued)

Drywell/Drill Hole

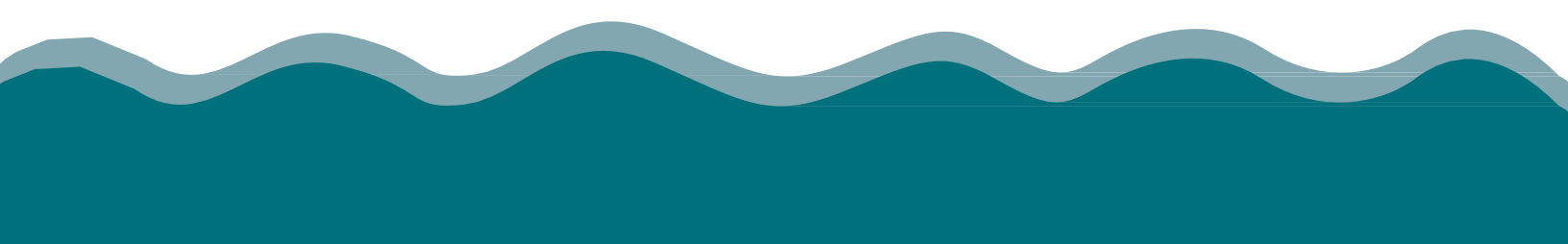
Number of Drywells/Drillholes: _____	Maintenance Needed?	Comments
Debris and Sediment (Sediment accumulation >12")	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Damaged Pipes (Broken or needing repair)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Vegetation (Roots entering system)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Structure (Cracks > 1/2")	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Contaminants & Pollutants (Oil, Gas, Trash, or other contaminants)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Cover (Missing, cracked, broken)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Drainage (Drains <72hrs)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Mosquito Vector Breeding (Standing water)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Bioretention/Infiltration ("Swales")

Number of Bioretention/Infiltration Facilities: _____	Maintenance Needed?	Comments
Debris and Sediment (Visible accumulation in basin, inlet & outlet)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Damaged Pipes (Broken or needing repair)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Vegetation (Overgrowth, noxious weeds)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Erosion (Visible erosion on side slopes and facility bottom)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Contaminants & Pollutants (Oil, Gas, Trash, or other contaminants)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Trash/Debris (Visible accumulation)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Tree/Brush Growth & Hazard Trees (Excess growth or dead/diseased)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Mosquito Vector Breeding (Standing water, drain <72hrs)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Porous Pavement

Number of Paved Areas: _____	Maintenance Needed?	Comments
Debris, Organic Matter & Sediment (Pavement clogging)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Contaminants & Pollutants (Oil, Gas, Trash, or other contaminants)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Erosion (Soil from adjacent landscape)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Overflow Devices (Trash and debris)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Vegetation (Adjacent plantings creating maintenance issue)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Structural Components (Cracks, heaving, pavement deterioration)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Filter Medium (For Pavers: Aggregate loss or settling)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	



Additional Resources

City of Bend
Stormwater Home Page



<https://www.bendoregon.gov/government/departments/water-services/stormwater>

City of Bend
Standards and Specifications



<https://www.bendoregon.gov/government/departments/engineering/standards-and-specifications>



CITY OF BEND
WATER SERVICES

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Accommodation Information for People with Disabilities

To obtain this information in an alternate format such as Braille, large print, electronic formats, etc., please contact the City of Bend Stormwater Program at stormwater@bendoregon.gov or 541-317-3000 ext. 2.