C.3.h Group Exercise

Inspection Form Review



Reason for Inspection: Ins
NAME OF FACILITY:
CONTACT NAME:
Is the property owner different NAME: MAILING ADDRESS: Is the BMP Operator different
NAME:
MAILING ADDRESS:
Needed maintenance noted
Treatment BMP Type (Numbers in parentheses correspond to fact sheets in CASQA's New Development Handbook) Vegetated Swale (TC-30) Extended Detention Basin (TC-22) Bioretention Facility (TC-32)/ Flow-Through Planter Vortex Separator (MP-51) Infiltration Basin (TC-11) Water Quality Inlets –Oil/ grit/water Separator (TC-50) Media/Sand Filters (TC-40)
Drain Inserts (MP-52) HM Tank or Vault
Pervious Paving (SD-20) - Note
Davement type in Comments Other
COMMENTS:
Pervious Pavement Type(s):
BMP brochures distributed? □
Indicate the last date on which the
PRIORITY FOR RE-INSPECTION
ENFORCEMENT: None
Appendix: O&M Annual Re

Needed Maintenance	Conditions When Maintenance Is Needed
Trash or Debris	<u>Treatment or HM BMP</u> /Pervious Paving: Trash, debris, or litter dumped or accumulated in BMP. Vortex separator floatables should be removed according to maintenance plan. Check for mulch washout.
Pollutants	<u>Treatment BMP/Pervious Paving</u> : Any evidence of oil, gasoline, improper pesticide or fertilizer use, spill, or other visible pollutants.
Rodent Holes	Extended Detention or HM Basin: If facility acts as dam/berm, any evidence of rodent holes or water piping through dam/berm via rodent holes.
Hazardous Trees/ Brush	Extended Detention or HM Basin: Growth does not allow access or interferes with maintenance; dead, diseased or dying trees. Growth >4 ft. high on berms/emergency spillway or covering >10% of spillway. Pervious Paving: Root encroachment or pavement lift.
Erosion or Scouring	<u>Treatment or HM BMP</u> ; Eroded or scoured bottom due to flow channelization or higher flows. <u>Extended Detention or HM Basin</u> : Side slopes eroded >2 inches deep where cause of damage is present or there is potential for continued erosion; Erosion on compacted berm embankment.
Excessive Sediment	Vegetated Swale/Bioretention: Sediment accumulated >2 inches deep on vegetation.
	Extended Detention or HM Basin: Accumulated sediment >10% of designated basin depth or affects inletting/outletting condition of facility. Pervious Paving: Clogging.
Liner Condition (if visible)	Extended Detention or HM Basin: Liner is visible and has more than 3, 1/4-inch holes in it.
Spillway/Berm Damaged, Settled	Extended Detention or HM Basin: Spillway and/or berm settlement is 4 inches lower than design elevation. Rock missing & soil exposed at top of spillway or outside slope.
Damaged Trash Rack or	Treatment or HM BMP: Trash/debris plugging openings in barrier.
Screen	Vortex Separator: Screen damaged.
	Extended Detention or HM Basin: Bars missing, loose, bent out of shape or deteriorating due to excessive corrosion.
Inlet/Outlet Condition	<u>Treatment or HM BMP/Pervious Paving</u> : Inlet/outlet areas clogged with sediment, vegetation and/or debris. Check any high-flow bypass for clogging.
	Extended Detention or HM Basin: Debris barrier missing or not attached to pipe.
Security (fence, gates, and/or covers)	<u>Treatment or HM BMP</u> : Any defect or damage to fence/gate that prevents easy entry to the BMP and/or cover for below surface BMPs.
Coating/Paint	Treatment BMP: Parts that are corroding or have scaling paint.
Standing Water	<u>Treatment or HM BMP/Pervious Paving</u> : When water stands in BMP for longer than 5 days between storms and does not drain freely, unless this is part of the BMP's design. Check for irrigation problems.
Mosquitoes/Other Insects	Treatment or HM BMP/Pervious Paving: If mosquitoes or mosquito larvae are present in a BMP, contact the San Mateo County Mosquito Abatement District at (650) 344-8592 or www.smcmvcd.org/contact-us . Insects such as wasps and homets interfere with maintenance activities.
Flow Spreader	Vegetated Swale/Bioretention: Spreader uneven/clogged (flow not uniformly distributed over entire swale width).
Invasive Weeds or Vegetation	<u>Treatment or HM BMP:</u> Examples - Arundo, Castor Bean, Cattails, Pampas Grass, Tamarisk, Willows, Morning Glory, English Ivy, Blackberry, Scotch Broom, or Poison Oak. <u>Vegetated Swale/Bioretention:</u> Planted vegetation becomes excessively tall; nuisance vegetation/weeds start to take over. Pervious Paving: Weeds in joints of permeable joint paving: turf block not mowed per maintenance plan.
Poor Vegetation Coverage < 90%	<u>Treatment or HM BMP</u> : Check for mulch failure. <u>Vegetated Swale/Turf block paving</u> : When planted vegetation is sparse, bare or eroded patches occur in >10% of turf block or swale bottom. <u>Bioretention</u> : Ten percent of plants have died and not been replaced.
Pedestrian Path De- vegetation/Compaction	Vegetated Swale/Bioretention: Pedestrian trails are forming or been established that are devegetating portion of BMP and compacting soil.
Odor	<u>Treatment or HM BMP/Pervious Paving:</u> Any odor associated with the accumulation and decomposition of pollutants or other material in the BMP that is causing a nuisance.
Pervious Pavement Defects	Any of the following: major cracks or trip hazards, concrete spalling and raveling, cracked or broken pavers, visible aggregate loss between pavers, substantial settlement of paved surface.

Date:	
has changed: ☐ Yes	П No

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	Follow-up Inspection Due:
-	ID# OR APN:
	Map Code:
-	Location:
-	

ht agency.

Mulch replenish	Pavement Cracked or Broken	Aggregate Loss in Paver Joints	Settlement of pavement surface	Other
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Scenario #1 – Installation Inspection

Problems with a Stormwater Control Measure



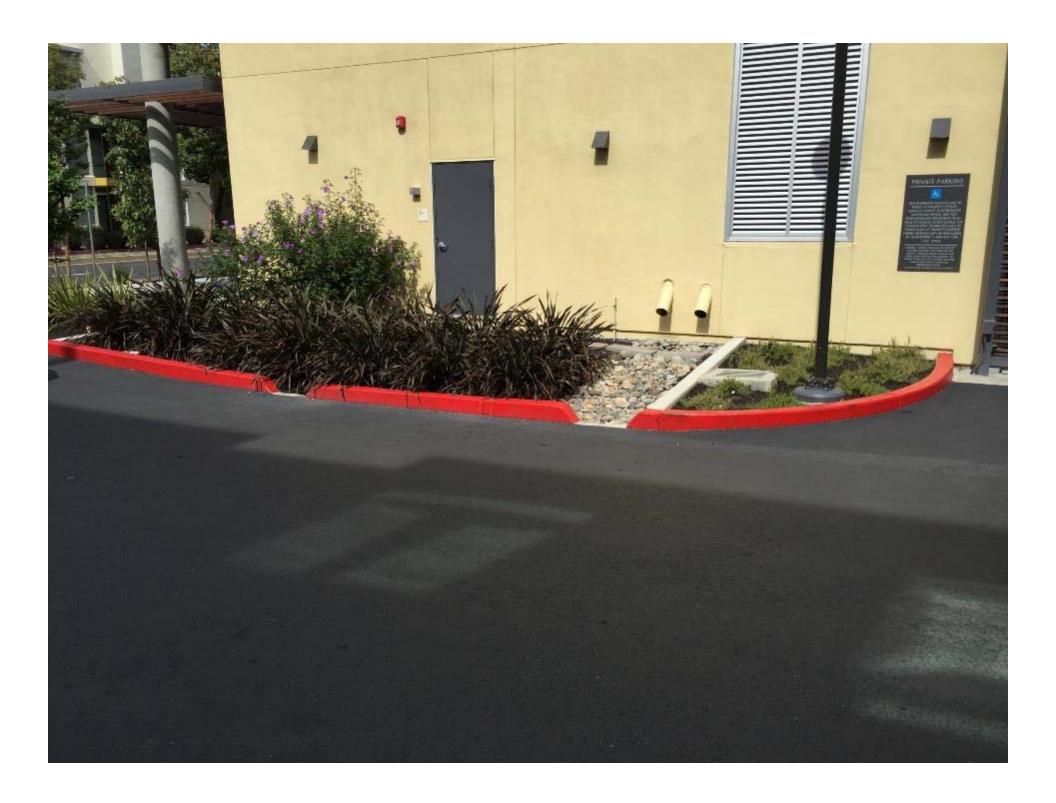
	Municipalit	_{y:} <u>Townsville</u>
nspector Name: Peter	Inspector Signature:	Date: 7/10/2014
	Facility has closed or Facilit	ty Information has changed: ☐ Yes ☐ No

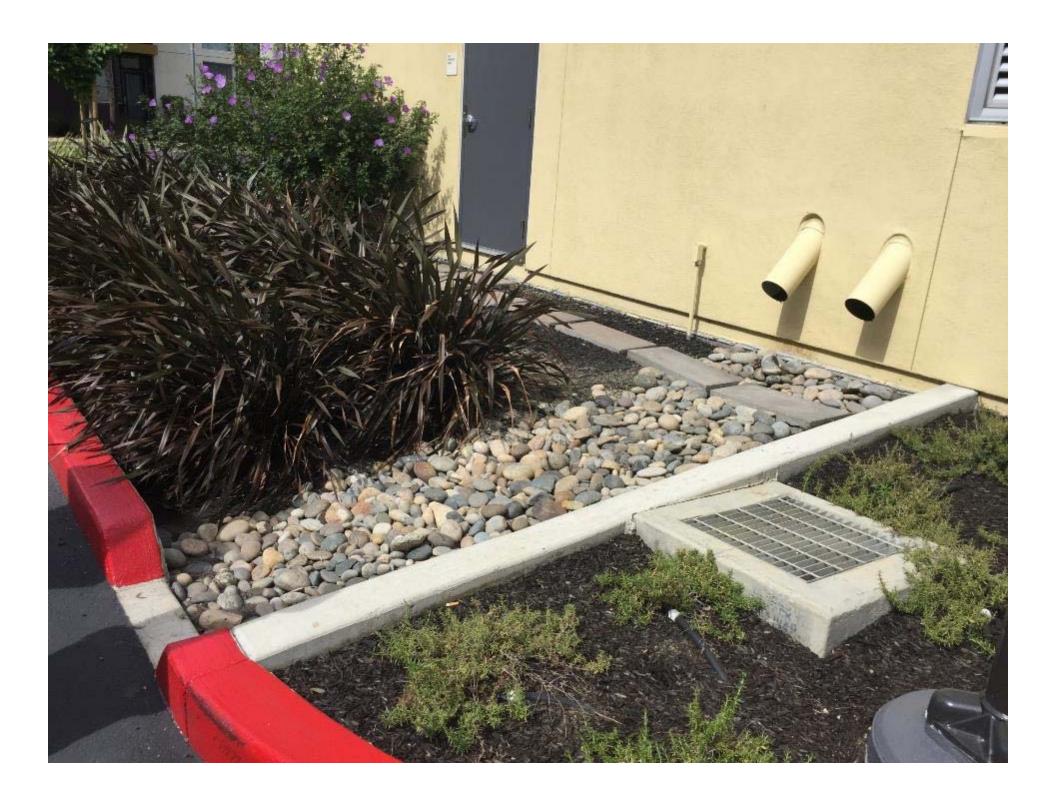
Stormwater Treatment or Hydromodification Management (HM) BMP O&M Verification Inspection Report Form

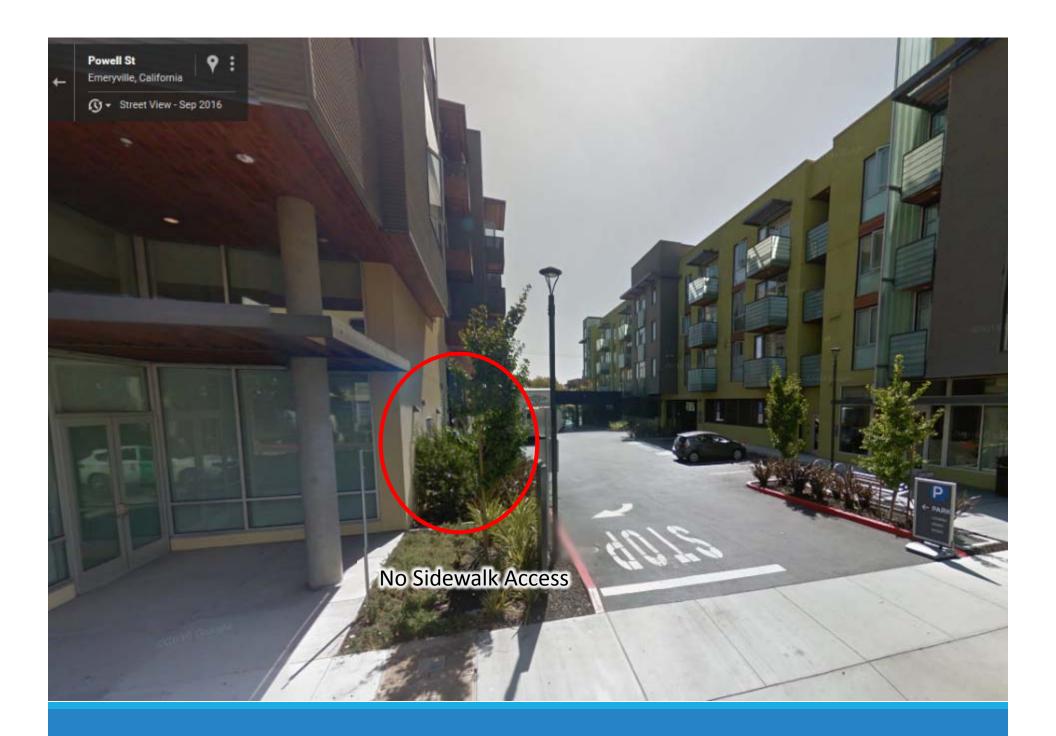
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Reason for Inspection: 🛛 Instal	eason for Inspection: X Installation Inspection Routine Inspection Response to Complaint Follow-up																Fo	llow-up	Inspec	tion Due	9:					
NAME OF FACILITY: TOWNS	SITE ADD	ORESS:		123	M	ain	Stre	et				PHON	NE:	ID	ID# OR APN: 1234			15								
CONTACT NAME: John S	Smi	ith	1	EMAIL	mith	@hoi	mes.	com	PROJECT TYPE/ACTIVITY: Residential SIC:									123-4	4567		Map Code:					
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										ripioto ti	10 10110	ming.						PHON	IE.			1 -	oution.			
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MAILING ADDRESS: EMAIL: Is the BMP Operator different than the facility owner? □ Yes ☒ No If yes, complete the following:																				-						
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NAME:																		PHON	NE:							
MAILING ADDRESS: EMAIL:															\perp											
Needed maintenance noted for the Treatment and/or HM BMPs below shall be completed within 30 days and notification of correction faxed, emailed or mailed to the oversight agency.																										
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Infiltration Basin (TC-11)				_									_							\vdash	ш					
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Media/Sand Filters (TC-40)											\vdash	 		_	-						\vdash	=				
Drain Inserts (MP-52)																					\Box					
HM Tank or Vault																										
Pervious Paving (SD-20) - Note																										1
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Other				<u> </u>																<u></u>	<u>Ш</u>					
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PRIORITY FOR RE-INSPECTION: I									ANCE DATE					DATE	CORR	ECTED):									
ENFORCEMENT: □ None □					ning Notic					Adminis	trative /	Action w	Penal					egal Actio	on .							

Appendix: O&M Annual Report Form









Scenario #1 – Installation Inspection

Solutions?



Inspector Name: Peter	Inspector Signature:	Date: 7/10/2014
	Facility has closed or Facility Ir	nformation has changed: ☐ Yes ☐ No

Municipality: Townsville

Stormwater Treatment or Hydromodification Management (HM) BMP O&M Verification Inspection Report Form

Stormwater	reatmer	it or my	aromoai	ricatio	n wanag	ement (Fil	I) BIVIP O	&W Verificati	on inspec	ction R	eport	Form			
Reason for Inspection: 🛛 Installation Inspection	Rout	ine Inspe	ction R	esponse	to Complai	int	v-up						Follow-up Ins	pection Du	e:
NAME OF FACILITY: Townsville Hon	nes			SIT	E ADDRES	s: 12	23 Mair	Street			PI	HONE:	ID# OR APN	1234	15
CONTACT NAME: John Smith	EMAIL mit	:h@hc	mes.cor	12	3-4567	Map Code:									
Is the property owner different than the facility ow		Yes 🛚				PE/ACTIVITY: e the following							Location:		\neg
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Treatment BMP Type (Numbers in parentheses correspond to fact sheets in CASQA's New Development Handbook)	Security (fence, gates)	Security (fence, gates) Coating/Paint Standing Water Mosquitoes/ Other Insects Flow Spreader/ Equalizer Invasive Weeds or Vegetation Poor Vegetation Compaction Compaction Vegetation/ Compaction Odors										Pavement Cracked or Broken	Aggregate Loss in Paver Joints	Settlement of pavement surface	Other:
Vegetated Swale (TC-30)	dbook)														
Extended Detention Basin (TC-22)															
Bioretention Facility (TC-32)/ Flow-Through Planter					1										
Vortex Separator (MP-51)															
Infiltration Basin (TC-11)															
Water Quality Inlets –Oil/ grit/water Separator (TC-50)															
Media/Sand Filters (TC-40)															
Drain Inserts (MP-52)															
HM Tank or Vault															
Pervious Paving (SD-20) – Note pavement type in Comments															
Other															
Indicate the last date on which the Applicant submitted	annual report	for projec	t O&M:		(at	ttach report)									$\overline{\top}$
PRIORITY FOR RE-INSPECTION: ☐ First ☐ Second			QUIRED COM	IPLIANCE			DA	TE CORRECTED:							\dashv
	☐ Warning N		☐ Administrati			inistrative Action		or Cost Recovery	□ Legal A	ction					\dashv
Appendix: ORM Appual Papart Form															



	Municipalit	_{by:} <u>Townsville</u>
nspector Name: Peter	Inspector Signature:	_{Date:} 7/10/2014
	Facility has closed or Facility	ty Information has changed: ☐ Yes ☐ No

	Stor	mwa	ater T	reat	ment	or Hy	drom	odific	ation Ma	nager	nent	(HM)	BMP	0&	M Ve	rifica	tion In	specti	ion Rep	ort Fo	rm					
Reason for Inspection: 🛛 Insta	ason for Inspection: 🛛 Installation Inspection 🗆 Routine Inspection 🗆 Response to Complaint 🗆 Follow-up															Fol	llow-up	Inspec	tion Due	£						
NAME OF FACILITY: Town:	SITE ADD	SITE ADDRESS: 123 Main Street									PHONE:		ID	ID# OR APN: 1234			5									
CONTACT NAME: John					mith	@ho	mes.	com	PROJECT TYPE/ACTIVITY: Residential SIC:									123-4	- 1567	Ma	ap Code		1237	<u>J</u>		
Is the property owner different th	If yes, complete the following:												Lo	Location:			_									
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MAILING ADDRESS:									EMAIL:									I I A PARTIE								
Is the BMP Operator different that	an the	facilit	y owne	er?	۱۵	′es 🛚	No		If yes, con	nplete th	ne follo	owing:										1				
NAME: TITLE: PHONE:														1												
MAILING ADDRESS:	EMAIL:																									
Needed maintenance noted for the Treatment and/or HM BMPs below shall be completed within 30 days and notification of correction faxed, emailed or mailed to the oversight agency.														_												
Needed maintenance noted for the Treatment and/or HM BMPs below shall be completed within 30 days and notification of correction faxed, emailed or mailed to the oversight agency. Needed Maintenance																										
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BMP brochures distributed? De	scribe	:							Follow-u	p require	d? 🗶	Yes 🗆 N	No C	omme	nts:											
Indicate the last date on which the A	pplica	nt subr	mitted a	nnual	report for						h repor															
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Appendix: O&M Appual Repo	ort Fo	rm																								

Scenario #2 – O&M Inspection

Downspout/Inlet Construction

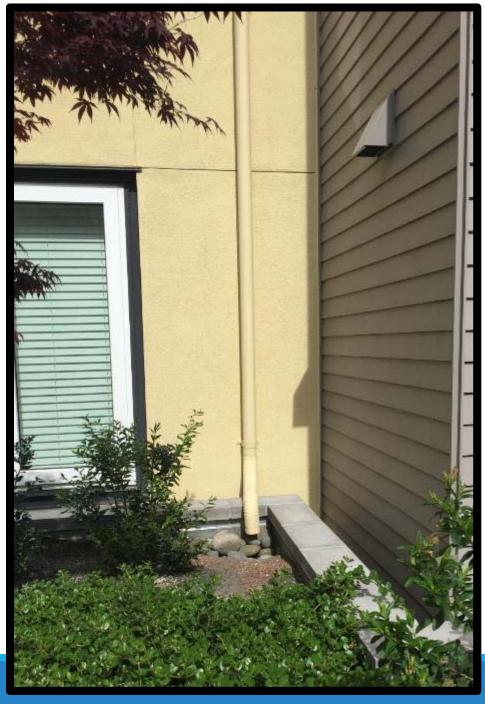


	Municipality	Townsville
nspector Name: Peter	Inspector Signature:	Date: 2/1/2017
	Facility has closed or Facility	Information has changed: No. 1 Yes No. 2

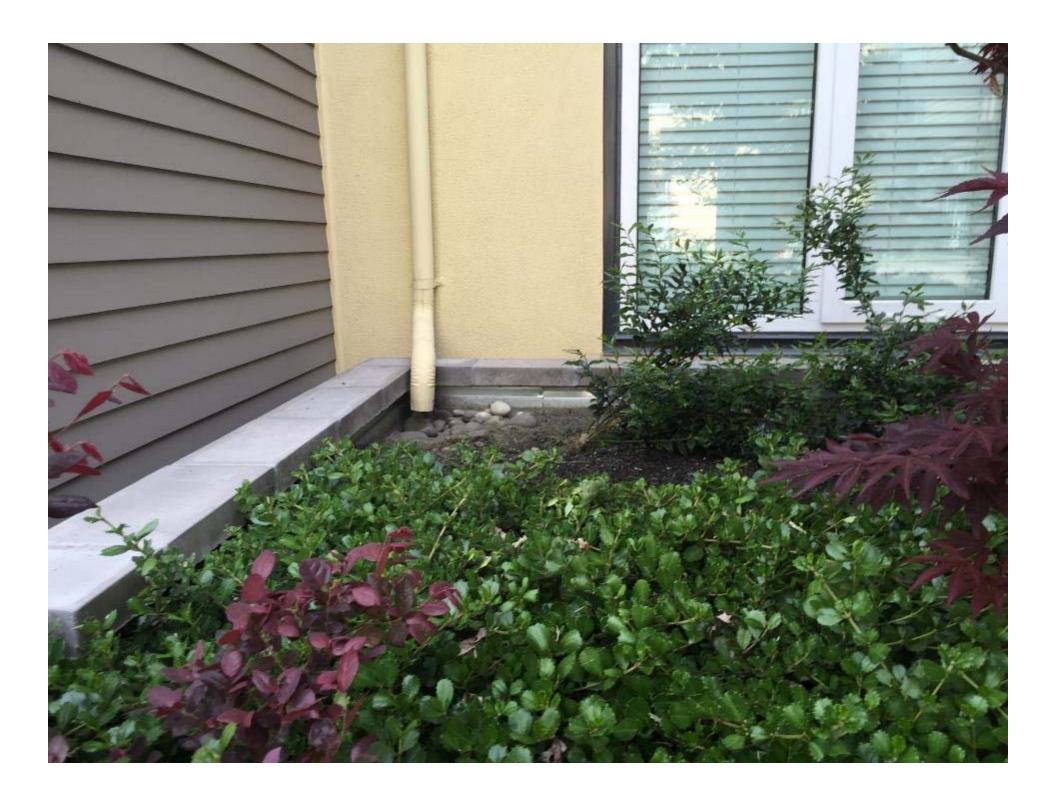
Stormwater Treatment or Hydromodification Management (HM) BMP O&M Verification Inspection Report Form

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Reason for Inspection: Insta	llation	Inspe	ection	X	Routine	Inspect	tion I	Resp	onse to Co	mplaint		-ollow-u	р									Fol	llow-up	Inspec	tion Due	9:	
NAME OF FACILITY: TOWN	svil	le F	lom	es/	HO	4			SITE ADDRESS: 123 Main Street							PHON	NE:	ID	ID# OR APN: 12345								
CONTACT NAME: Mary	Bro	owr	1	MAIL	mary	/b@g	mail	.com	PROJECT	T TYPE/	ACTIV	/ITY: R	esi	den	tial			SIC:		123-4	4567		Map Code:				
Is the property owner different th	an the	e facili				res 🛚			If yes, cor													Lo	_ocation:				
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Is the BMP Operator different that						res □	No		If yes, cor	-												4					
NAME: Jack Lee; ABC									TITLE: P									PHON									
MAILING ADDRESS: 321	Лаі	n St	tree	t					EMAIL:	lee@)gm	nail.c	om	<u> </u>				76	54-32	1							
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BMP brochures distributed? De	scribe	:							Follow-u	p require	d? □ \	Yes 🗆 N	No C	Comme	nts:												
Indicate the last date on which the A	pplica	nt subr	mitted a	nnual	report for	r project	O&M: _			(attac	h repor	t)															
PRIORITY FOR RE-INSPECTION:	☐ Firs	t 🗆 S	Second	□ Th	ird	REQ	UIRED	COMPLI	ANCE DATE	:				DATE	CORR	ECTED	:										
ENFORCEMENT: □ None □	Verba	l Notic	e C] Warn	ning Notic	e 🗆	Admin	istrative A	Action	Adminis	trative /	Action w/	Penal	lty &/or	Cost R	ecovery	/ DL	egal Actio	on								

Appendix: O&M Annual Report Form



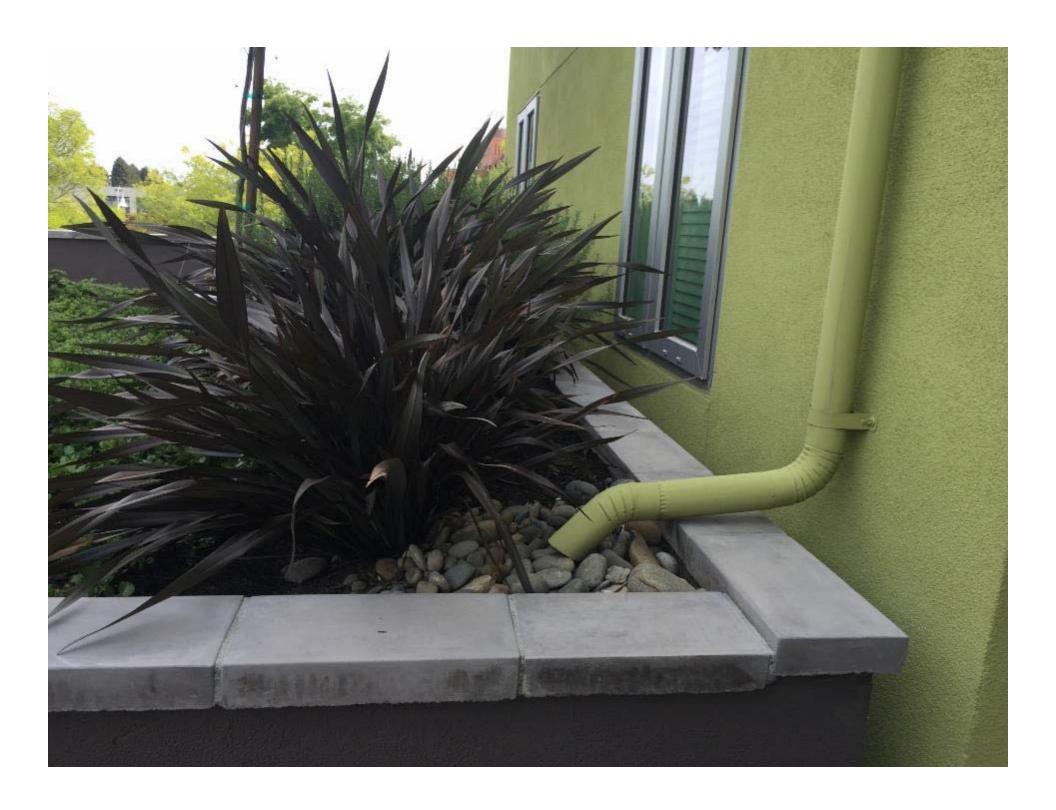




Scenario #2

Solutions?











	Municipality	Townsville
nspector Name: Peter	Inspector Signature:	Date: 2/1/2017
	Facility has closed or Facility	Information has changed: No. 1 Yes No. 2

Stormwater Treatment or Hydromodification Management (HM) BMP O&M Verification Inspection Report Form

Stormwater Treatment of Tryaromounication management (Tim) Dim Odin Vermoution inspection (tep	T	<u>.</u>								
Reason for Inspection: Installation Inspection Response to Complaint Follow-up			Follow-up Inspection Due:							
NAME OF FACILITY: Townsville Homes SITE ADDRESS: 123 Main Street	PHONE:		ID# OR APN: 12345							
CONTACT NAME: Mary Brown EMAILmaryb@gmail.com PROJECT TYPE/ACTIVITY: Residential SIC:	123-456	67	Mag	Map Code:						
Is the property owner different than the facility owner? Yes No If yes, complete the following:			Loc	cation:						
NAME: TITLE: PHONE:				A second distribution of the second distribution						
MAILING ADDRESS: EMAIL:										
Is the BMP Operator different than the facility owner? X Yes No If yes, complete the following:			1							
NAME: Jack Lee; ABC Landscaping TITLE: President PHONE:			1							
	1									
MAILING ADDRESS: 321 Main Street EMAIL: Jlee@gmail.com 7654-32										
Needed maintenance noted for the Treatment and/or HM BMPs below shall be completed within 30 days and notification of correction faxed, emailed or mailed to	to the overs	sigh	nt age	ency.						
Needed Maintenance		į,								
						ŧ				
Pollutants Rodent Holes Rodent	Vegetation Overgrown			0	201	Settlement of pavement surface				
Trash or Debris Rodent Holes Pollutants Rodent Holes Rodent Holes Pollutants Rodent Holes Pollutants Rodent Holes Rodent Holes Pollutants Rodent Holes Rodent Holes Rodent Holes Rodent Holes Rodent Holes Spellway/Berm Damaged Trash Rack Screen Inlet/Outlet Condition (if visible) Spellway/Berm Damaged Trash Rack Screen Rodently (fence, gates Security (fence, gates Security (fence, gates Other Insects Plow Spreadent Equalizer Plow Spreadent Rodestrian Path De- Vegetation Poor Vegeta	20		=	Pavement Cracked o Broken	Aggregate Loss in Paver Joints) av				
Problets s Trees s Tre	ð		enis	C	ts Los	6				
Trash or Debris Pollutants Rodent Holes Pollutants Pollutants Pollutants Pollutants Pollutants Pollutants Pollutants Rodent Holes Pollutants Pollutants Pollutants Pollutants Rodent Holes Spanding Water Obstraction or Scount Por Vegetation or Scount Pedestrian Path C Pedestrian	to t		Mulch replenish	ent -	Jate	Tien e				
in barentheses conceshoud to text and in the Poly of the Paramage of the Poly	Vegeta	20	5	ken	919	fac	Other			
sheets in CASQA's New 2 E 2 X E 2 X E 2 X X E 2 X X E 2 X X E 2 X X X X	\$ 8	8	2	Pa Bro	Page	Ser	8			
Development Handbook) Vegetated Swale (TC-30)	+ +	+	_	-			-			
Extended Detention Basin (TC-22)	+ +	_	_			+	\vdash			
	 	_	_			+	-			
Flow-Through Planter										
Vortex Separator (MP-51)			\rightarrow				-			
Infiltration Basin (TC-11)		_	-			-	-			
Water Quality Inlets -Oil/ grit/water Separator (TC-50)										
Media/Sand Filters (TC-40)		_	$\overline{}$	-		 	-			
Drain Inserts (MP-52)			\neg							
HM Tank or Vault										
Pervious Paving (SD-20) – Note										
pavement type in Comments										
Other		<u></u>				<u> </u>	<u></u>			
COMMENTS: Date Treatment/HM BMP Installed (for first inspection only): Maintenance Documentation Reviewed? ☐ Yes ☐ No Maintenance (1,3) Downspout outlet faces straight down into planter, concentrating flow and causing scour,							No			
the structure of the box. Discharge should spreading into planter (4) Weeding needed	WITICIT	Ca	111 0	inue	21111	iiie				
Pervious Pavement Type(s): pervious concrete porous asphalt interlocking concrete pavers turf block										
BMP brochures distributed? Describe: Follow-up required? Yes No Comments:										
Indicate the last date on which the Applicant submitted annual report for project O&M: 8/31/2016 (attach report)										
PRIORITY FOR RE-INSPECTION: First X Second Third REQUIRED COMPLIANCE DATE: 3/2/17 DATE CORRECTED:										

Appendix: O&M Annual Report Form