

PERMEABLE PAVEMENT O & M Inspection Report

	YES	NO	N/A
Flow Splitter/Bypass			
1. Pavement is bypassed as per the approved plans (if applicable):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perimeter			
2. Perimeter Area around permeable pavement is stabilized with groundcover:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Perimeter is free of overhanging trees:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Perimeter area is free of erosion/bare soil areas:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main Treatment Areas			
5. Proper sized aggregate is provided as per the approved plans(#57 or from .19" to 1")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Pavement dewater between storms:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Pavement is free of damage:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Pavement is free of debris/grass clippings/trash:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Pavement is free of patched areas:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Roof drains/large concentrated flows directed away from the pavement area:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Free of weeds or grass growth:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Free of sediment on the surface:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Pavement is vacuum swept at least annually but preferably semi annually:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Access easement is being maintained:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: If there is more than 1 permeable pavement system on the property then a separate inspection checklist must be completed for each system. The inspector should note on each checklist which system the inspection form refers to and describe its location on the property

Date of Inspection

Name of Inspector (Please type)

Signature of Inspector

Qualification of Inspector (Please describe your credentials/qualifications to carry out this inspection below)