



			BASIN ID:	
			SITE NAME:	
POND SEDIMENT INSPECTION CHECKLIST Get pond depths in multiple areas every 5 years to measure the sediment accumulation.		PERSONS INSPECT LEVEL/SAFETY ROI ICE DRILL/ROD: GPS: INSPECTION DATE:	PE:	
Ownership (Circle (One) Public I	Private		
GIS POINT NUMBER		PRDINATE (N,E)	TOP OF SEDIMENT DEPTH	BOTTOM OF POND DEPTH
ADDITIONAL COMMENTS/ISSUES:				

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POND OPERATION & MAINTENANCE INSPECTION CHECKLIST

BASIN ID:
SITE NAME:
PERSON INSPECTING:
INSPECTION DATE AND TIME:
DAINEALL WITHIN DAST 2-2 DAVS:

Inspection of all listed items shall take place at least noted otherwise) and after rainfall events resulting in A copy of this document shall be completed during e party responsible for performing inspections and matall completed checklists and make them available to and State Officials upon request	INSPECTION DATE AND TIME: RAINFALL WITHIN PAST 2-3 DAYS:		
Reason for Inspection (Circle One): Complaint / Storm Event / Scheduled / Other			
· · · · ·			
LEGEND: PROBLEM NOTICED			
N/A = Not Applicable M =		Monitor (potential for future problem)	
NP = Not a Problem	WN = Wo	rk Needed	
ITEM INSPECTED	PROBLEM	COMMENTS	
ITEM INSPECTED INFLOW ASSESSMENT	NOTICED	COMMENTS	
Obstruction: Vegetation/Debris/Sediment			
Erosion/Undercutting			
Displacement of Fabric/ Rip Rap			
Pipe Condition/Exposure			
Other:			
FOREBAY ASSESSMENT			
Sediment/ Debris Accumulation			
Side Slope Erosion			
Invasive Vegetation			
Other:			
VEGETATED SHELF / MAIN TREATMENT AREA ASSESSMENT			
Visible Pollution / Muddiness			
Sediment / Debris Accumulation			
Plants are Dead, Diseased, or Dying			
Bare Soil/Erosive Gullies			
Algae Cover (estimate %)			
Invasive Vegetation (estimate %)			
Phragmites (estimate %)			





EMBANKMENT ASSESSMENT		
Erosion and/or Loss of Dam Material		
Shrubs/Trees Present		
Animal Burrows		
Soft Spots or Boggy Areas		
Slides		
Other:		
OUTLET DEVICE ASSESSMENT		
Obstruction: Vegetation/Debris/Sediment		
Erosion/Undercutting		
Joint Failure/ Loss of Joint Material		
Leaking Device		
Other:		
MISCELLANEOUS		
Trash/Debris		
Access		
Vandalism		
Fence Condition (if applicable)		
Fish/ Wildlife Observations		
Signage (if applicable)		
Muskrats		
Attach color digital photographs of the site and structural BMPs including a caption describing each photographs	ɔ.	
COMMENTS:		
OVERALL CONDITION OF FACILITY:		
In accordance with approved design plans? Y / N		
Maintenance required as detailed above? Y / N		
Dates by which maintenance should be completed:/		
Signature of Person Inspecting:		
LIDDATE MASTEDSHEET under v/Sterm/Inspections & Cales by Basin/Stermwater Inspection Mastersheet		

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BIOFILTER OPERATION & MAINTENANCE INSPECTION CHECKLIST

Inspection of all listed items shall take place at least quarterly (unless noted otherwise) and after rainfall events resulting in 2" of rainfall or more. A copy of this document shall be completed during each inspection. The party responsible for performing inspections and maintenance shall keep all completed checklists and make them available to Municipal, County, and State Officials upon request.

BASIN ID:
ADDRESS:
PERSON INSPECTING:
INSPECTION DATE AND TIME:
DAINEALL WITHIN DAST 2-3 DAVS:

Reason for Inspection (Circle One): complaint / storm event / scheduled / other Ownership (Circle One): **Public Private PROBLEM** NOTICED ITEM INSPECTED **COMMENTS EMBANKMENT & EMERGENCY SPILLWAY** 1. Vegetation & ground cover condition 2. Appropriate plants per site plan/weeds 3. Adequate freeboard 4. Erosion occurring 5. Cracking or bulging 6. Animal burrows or damage 7. Seepage or leeks on downstream face 8. Vertical & Horizontal alignment of top of berm as per plans 9. Clear of debris and obstructions 10. Accessible for maintenance 11. Is the emergency spillway level, note condition **BOTTOM OF BASIN** 12. Vegetative & ground cover condition 13. Appropriate plants per site plan 14. Removal of debris and trash (See Note 1) 15. Visible pollution or sheen 16. Evidence of edge erosion 17. Ponding present over 50% of basin floor 3 days after a rainfall event (See Note 2)

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II.	NFLOW POIN	TS	
18. Riprap failures			
19. Condition of endwalls / headwalls			
20. Evidence of slope erosion			
21. Condition of inflow pipes and/or swales			
22. Condition of spreader structure (If applicable)			
	OTHER		
23. Encroachments on facility maintenance easements			
24. Complaints from residents			
25. Any public hazards			
26. Evidence of invasive species			
27. Evident of snow storage on facility			
COMMENTS:			
OVERALL CONDITION OF FACILITY:			
In accordance with approved design plans?		Y/N	
Maintenance required as detailed above?		Y/N	
Dates by which maintenance will be completed:		/	
Signature of Person Inspecting:			

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Notes:

- 1) Trash shall be removed as quickly as possible once it is observed.
- 2) Restoration Procedures these include removing the top 2 to 3 inches, chisel plowing and adding topsoil and compost. If deep tilling is used, the basin shall be drained and the soils dried to a depth of 8 inches. If the basin was planted in turf grass and clogging again occurs after these restoration procedures have been used, the owner/operator shall replant with prairie type vegetation using the soil preparation method recommended by the native nursery in the area.
- 3) Do not use heavy machinery for maintenance as it may cause clogging of the surface of the basin.
- 4) Do not spread topsoil over surface of the basin as this will decrease the infiltration
- 5) Keep basin off-line from the storm water system until seed become established. Never allow sediment from disturbed areas of the site to enter the basin.
- 6) Winter Maintenance All drawdown devices in the pond shall be opened during winter months to discourage infiltration of runoff water containing high levels of chlorides. If this practice is an enclosed basin, the use of chloride deicers shall be limited in the area draining to the basin to reduce the chance of exceeding the limits of ch. NR 140.

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SWALE OPERATION & MAINTENANCE INSPECTION CHECKLIST

Inspection of all listed items shall take place annually (unless noted otherwise) and after rainfall events resulting in 2" of rainfall or more. A copy of this document shall be completed during each inspection. The party responsible for performing inspections and maintenance shall keep all completed checklists and make them available to Municipal, County, and State Officials upon request.

BASIN ID:
ADDRESS:
PERSON INSPECTING:
INSPECTION DATE AND TIME:
RAINFALL WITHIN PAST 2-3 DAYS:

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Reason for Inspection (Circle One): complaint / storm event / scheduled / other				
Ownership (Circle One): Public	Private			
ITEM INSPECTED	PROBLEM NOTICED	COMMENTS		
N/A – Not Appl NP – Not a Pro		I – Monitor Work Needed		
SIDEWALL CONDITION				
Vegetation & ground cover condition				
2. Erosion occurring				
3. Cracking or bulging				
4. Animal burrows or damage				
5. Other				
	воттом			
6. Vegetative & ground cover condition				
7. Sediment accumulation on vegetation				
8. Removal of debris and trash needed				
9. Vertical & horizontal alignment per plan				
10. Evidence of edge erosion				
11. Sitting water present (approx. depth)				
12. Other				
INFLOW POINTS				
13. Riprap failures				
14. Evidence of slope erosion				
15. Condition of inflow pipes/endwalls and/or swales				
16. Other				





OUTFLOW/CONNECTION POINTS			
17. Water backlog			
18. Evidence of slope erosion			
19. Condition of outflow pipes/endwalls and/or swales			
20. Other			
	OTHER		
21. Encroachments on facility maintenance easements			
22. Complaints from residents			
23. Any public hazards			
24. Evidence of invasive species			
25. Evidence of snow storage on facility			
26. Evidence of dumping (Grass, leaves, etc.)			
COMMENTS:			
OVERALL CONDITION OF FACILITY:			
In accordance with approved design plans?		Y/N	
Maintenance required as detailed above?		Y/N	
Dates by which maintenance will be completed:/			<u></u>
Signature of Person Inspecting:			_

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STORM SEWER OUTFALL INSPECTION CHECKLIST – CITY FACILITIES Inspection of all listed items shall take place annually. This form is to be used when outlets are not inspected for IDDE.		BASIN ID: SITE NAME: PERSON INSPECTING: INSPECTION DATE AND TIME:	
	RAINFALL WITHIN PAST 2-3 DAYS:		
Reason for Inspection (Circle One): complaint / storm event / scheduled / other			
N/A = Not Applicable M = Monit		itor (potential for future problem)	
NP = Not a Problem WN = Wor		ork Needed	
ITEM	INFORMATION	COMMENTS	
GENERAL INFORMATION			
GIS Designation			
Outfall (Major or Minor)			
Endwall Size			
Endwall Material			
OUTFALLS			
Rip Rap failures			
Condition of endwalls			
Evidence of erosion			
Condition of downstream swales			
Trash/debris			
OTHER			
Complaints from residents			
Any public hazards			
Flowing water		-	
Signage (if applicable)		-	
Other			

Attach color digital photographs of the site and structural BMPs including a caption describing each photo.





COMMENTS:	
OVERALL CONDITION OF FACILITY:	
In accordance with approved design plans?	Y/N
Maintenance required as detailed above?	Y/N
Dates by which maintenance will be completed:	/
Signature of Person Inspecting:	