



Catch Basin Inspection and Cleaning Form

4-25-2019

CB ID#: _____

Inspection Date: _____

Address: _____

Weather Conditions: _____

Dry more than 24 hours Wet

A. Depth to Sediment: _____.____ feet

B. Depth to Bottom of Basin: _____.____ feet

C. Depth to Lowest Invert: _____.____ feet

D. Depth of Sump (B - C): _____.____ feet

E. Depth of Sediment (B - A): _____.____ feet

Is Depth of Sediment (E) > 50% of Depth of Sump (D)? Yes No

Is Cleaning Required? Yes No

Cleaning Method Used:

Clam-Shell Vacuum Truck No Cleaning Other: _____

Catch Basin Condition: Good Fair Poor Crumbling

Unusual Water Color? Yes No

If yes, describe in comments below.

Unusual Odor? Yes No

If yes, describe in comments below.

Observations:

Foam Oil Sheen Bacterial Sheen Orange Staining

Sanitary Waste Floatables Pet Waste Optical Enhancers

Excessive Sediment Other: _____

Sample of Screenings Collected for Analysis? Yes No

Sample of Water Collected for Analysis? Yes No

Comments: _____

Inspector's Name: _____