

## Sand Filter System Inspection and Maintenance Checklist

<b>Facility:</b>			
<b>Location/Address:</b>			
<b>Date:</b>	<b>Time:</b>	<b>Weather Conditions:</b>	<b>Date of Last Inspection:</b>
<b>Inspector:</b>		<b>Title:</b>	
<b>Rain in Last 48 Hours</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, list amount and timing:</b>			
<b>Pretreatment:</b> <input type="checkbox"/> vegetated filter strip <input type="checkbox"/> swale <input type="checkbox"/> turf grass <input type="checkbox"/> forebay <input type="checkbox"/> other, specify: _____ <input type="checkbox"/> none			
<b>Site Plan or As-Built Plan Available:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

\*Do not enter sand filter chambers to inspect system unless Occupational Safety & Health Administration (OSHA) regulations for confined space entry are followed.

\*Follow inspection and maintenance instructions and schedules provided by system manufacturer and installer.

\*Properly dispose of all wastes.

Inspection Item	Comment	Action Needed
<b>1. PRETREATMENT</b>		
Sediment has accumulated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trash and debris have accumulated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2. INLETS</b>		
Inlets are in poor structural condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sediment, trash or debris have accumulated and/or is blocking the inlets.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3. SAND OR SAND/PEAT FILTER LAYER</b>		
Sediment accumulation threshold has been reached.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Surface is hardened/crusted.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5. COLLECTION CHAMBERS</b>		
Trash and debris have accumulated in chambers.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Oil is visible at surface.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6. OTHER SYSTEM COMPONENTS</b>		
Structural deterioration is evident.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>7. OUTLETS</b>		
Outlets in poor structural condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sediment, trash or debris are blocking outlets.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Erosion is occurring around outlets.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>8. OTHER</b>		
Evidence of ponding water on area draining to system.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Evidence that water is not being conveyed through the system.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Additional Notes</b>		
<b>Wet weather inspection needed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Site Sketch:**