



Stormwater Treatment Facility (STF) Inspection Checklist

THIS IS NOT A CERTIFICATION.
RETURN CERTIFICATION WITHIN 30 DAYS OF DUE DATE

If you have any questions regarding the checklist or certification, please call the Unified Government Public Works Department at (913) 573-5425.

Property Owner: _____ Inspection Date: _____

STF/Property Address: _____

Contact Person Responsible for STF Maintenance: _____

Contact Phone Number: _____ Contact Email: _____

Inspector Employer: _____ Inspector Name: _____

Inspector Phone Number: _____ Inspector Email: _____

STF Type (Check box):

- | | | | | |
|---|---|--|---|---|
| <input type="checkbox"/> Baffle Box | <input type="checkbox"/> Bioretention | <input type="checkbox"/> Bioswale | <input type="checkbox"/> Catch Basin Insert | <input type="checkbox"/> Extended Detention Wetland |
| <input type="checkbox"/> Extended Dry Detention Basin | <input type="checkbox"/> Extended Wet Detention Basin | <input type="checkbox"/> Hydrodynamic Separation | | |
| <input type="checkbox"/> Infiltration Basin/Trench | <input type="checkbox"/> Native Vegetative Swale | <input type="checkbox"/> Oil/Grit Separator | | |
| <input type="checkbox"/> Permeable Pavement | <input type="checkbox"/> Proprietary Media Filtration | <input type="checkbox"/> Rain Garden | | |
| <input type="checkbox"/> Sand Filter | <input type="checkbox"/> Turf Swale | | | |
| <input type="checkbox"/> Other: _____ | | | | |

Inspection to be completed by a professional engineer or landscape architect licensed in the State of Kansas, not by Owner

The following checklist is provided as a guideline for inspection. It is the responsibility of the professional engineer or landscape architect to perform a complete and comprehensive inspection of the stormwater treatment facility. The inspection must be completed, and all corrective measures addressed, prior to issuance of the Certification.

Annual Inspection Checklist

CHECK ALL THAT APPLY.

GENERAL:

- NO ISSUES PRESENT TRASH DEBRIS OTHER FOREIGN MATERIAL

CORRECTIVE MEASURES RECOMMENDED _____

RECOMMENDED SCHEDULE _____

VEGETATION DIVERSITY AND HEALTH

- ADEQUATE DIVERSITY AND HEALTHY VEGETATION (AT LEAST 80% COVERAGE)
 PLANT MIX DOES NOT MATCH AS-BUILT PLANS INVASIVE VEGETATION
 NOXIOUS VEGETATION NON-NATIVE VEGETATION DEAD OR MISSING VEGETATION
 UNHEALTHY VEGETATION

CORRECTIVE MEASURES RECOMMENDED _____

RECOMMENDED SCHEDULE _____

Annual (STF) Inspection Checklist Continued

INFILTRATION AND OR CONVEYANCE ISSUES

- NO INFILTRATION OR CONVEYANCE ISSUES PRESENT LARGE AREAS OF DEAD PLANTS
- DEBRIS INDICATING LONG STANDING PERIODS OF STANDING WATER
- STAGNANT WATER SATURATED "SOGGY" SOILS ALGAE (LIVING OR DEAD)
- SIGNIFICANT DEPRESSIONS OR SINKHOLES EXCESSIVE SEDIMENT BUILDUP
- OTHER: _____

CORRECTIVE MEASURES RECOMMENDED _____

RECOMMENDED SCHEDULE _____

EROSION, ENERGY DISSIPATION AND SEDIMENTATION

- NO ISSUES PRESENT EXCESSIVE SEDIMENT BUILDUP HOLES IN BANKS
- BERMS DUE TO ANIMAL OR OTHER EXCAVATION ACTIVITIES BANK EROSION
- SLOPE EROSION EROSION AT STRUCTURE(S) EROSION AT OR UPSTREAM OF INLET
- EROSION AT OR UPSTREAM OR OUTLET DAMAGE TO DOWNSTREAM PROPERTY OR CHANNEL
- DISPLACED OR DAMAGED RIPRAP OR OTHER ENERGY DISSIPATION DEVICES

CORRECTIVE MEASURES RECOMMENDED _____

RECOMMENDED SCHEDULE _____

BIOSOIL

- NO ISSUES PRESENT AREAS WITHOUT MULCH, VEGETATION OR OTHER PROTECTIVE COVER
- EXCESSIVE SEDIMENT STANDING WATER
- ODORS INDICATING ANAEROBIC ACTIVITY (STRONG SEWERAGE TYPE ODOR)

CORRECTIVE MEASURES RECOMMENDED _____

RECOMMENDED SCHEDULE _____

STRUCTURAL CONDITIONS

- NO ISSUES PRESENT DAMAGE TO STRUCTURES THAT AFFECT FUNCTION
- INDICATIONS OF RUNOFF BYPASSING INLET OR OUTLET STRUCTURES
- UNPLEASANT ODORS DEBRIS OR TRASH IMPAIRING FUNCTIONS OR STRUCTURES
- EROSION AT STRUCTURE(S)

CORRECTIVE MEASURES RECOMMENDED _____

RECOMMENDED SCHEDULE _____