

PASSIVE TREATMENT SYSTEM O&M INSPECTION REPORT

Rev 01/2007

Inspection Date: _____	Project Name: De Sale Restoration Area – Phase II
Inspected by: _____	Municipality: Venango Township
Organization: _____	County: Butler State: PA
Time Start: _____ End: _____	Project Coordinates: 41 08' 40" Lat 79 49' 55" Long
Receiving Stream: Unnamed Tributary	Sub-watershed: Seaton Creek Watershed: Slippery Rock

Weather (circle one): Snow Heavy Rain Rain Light Rain Overcast Fair/Sunny **Temp(°F):** ≤32 33-40 41-50 51-60 60+

Is maintenance required? Yes/No If yes, provide explanation: _____

INSPECTION SUMMARY

A. Site Vegetation (Uplands and Associated Slopes)

Overall condition of vegetation on site: 0 1 2 3 4 5 (0=poor, 5=excellent, circle one) (See instructions.)

Is any reseeded required? Yes/No If yes, describe area size and identify location on Site Schematic: _____

B. Site Access and Parking

Is the access road passable for operation and monitoring? Yes/No?

Does the access road need maintenance? Yes/No?

Describe maintenance performed and remaining (Identify location on Site Schematic.): _____

C. Vandalism and "Housekeeping"

Is there litter around or in the passive system? Yes/No? If Yes, was the litter picked up? Yes/No?

Is there litter that may be considered hazardous or dangerous that requires special disposal? ? Yes/No?

Is there evidence of vandalism to the passive system? Yes/No?

Additional comments: _____

D. Ditches, Channels, Spillways

Channel Identification	Erosion Rills (Y/N)	Debris Present (Y/N)	Maintenance Performed (Y/N)	Maintenance Performed and Remaining (Indicate ditch or spillway by number i.e. 2a = Forebay)
1. Rock-Lined Spillways				
a. VFP (W & E)				
b. SP				
c. Wetland				
d. HFLB				
2. Emergency Spillways				
a. Forebay				
b. VFPE				
c. VFPW				
3. Diversion Ditch				

