

PASSIVE TREATMENT SYSTEM O&M INSPECTION REPORT

Rev 12/2023

Inspection Date: _____	Project Name: SR 81		
Inspected by: _____	Municipality: Washington Township		
Organization: _____	County: Butler		State: PA
Time Start: _____ End: _____	Project Coordinates: 41° 05' 54" Lat		79° 51' 34" Long
Receiving Stream: Slippery Rock Creek	Sub-watershed: Slippery Rock	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

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

Is any reseeding 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 spillway by number i.e. 1b = Wetland)
1. Rock-Lined Spillways				
a. ALD				
b. Dewatering Basin outlets				
c. Wetland Effluent				
2. Diversion Ditch				
3. Rock Distribution Berm				

