



City of Rock Island Public Works Department

Storm Water Basin ♦ Annual Inspection Form

SUBMIT WITHIN 30 DAYS OF DUE DATE: _____

If you have any questions regarding this form, please call the City of Rock Island's Public Works Department at (309) 732-2200.

Basin Address and Location: _____

Owner Name: _____ Owner Contact Numbers: _____

Owner Address: _____ Owner Email: _____

Maintainer (typically owner) Name: _____ Maintainer Contact Numbers: _____

Maintainer Address: _____ Maintainer Email: _____

Basin Type (circle): Dry Detention, Wet Detention, Storm Water Wetland, Rain Garden/Bioretenion, other: _____

Inspection Date: _____ Submittal Date: _____

The Owner must complete ONLY the "Annual Inspection Items" and sign below for all years between 5th Year Inspections. The Owner must coordinate a 5th Year Inspection to be completed entirely by a professional engineer licensed in the State of Illinois. See page 2 for more information on the 5th year inspection requirements.

ANNUAL INSPECTION ITEMS

CIRCLE "YES" OR "NO" FOR ALL ITEMS BELOW

- A. HAS DEBRIS OR TRASH ACCUMULATED?.....YES NO
- B. HAS SEDIMENT ACCUMULATED?.....YES NO
- C. ARE NOXIOUS WEEDS PRESENT THAT PREVENT THE DESIRED VEGETATION GROWING PROPERLY?.....YES NO
- D. IS THERE EXPOSED SOIL NOT COVERED WITH VEGETATION, MULCH, OR OTHER NONERODABLE MATERIAL?.....YES NO
- E. IS SOIL EROSION PRESENT ALONG STANDING OR MOVING SURFACE WATER?.....YES NO
- F. IS SOIL EROSION PRESENT AT BASIN SIDES, INLET, OR OUTLET?.....YES NO
- G. ARE HOLES PRESENT FROM ANIMALS OR IS THERE UNDESIRABLE SOIL LOSS?.....YES NO
- H. IS ALGAE OR STAGNANT MOISTURE PRESENT?.....YES NO
- I. ARE UNPLEASANT ODORS EMERGING?.....YES NO
- J. ARE WET OR SOGGY AREAS PRESENT THAT PREVENT DESIRED VEGETATION FROM GROWING?.....YES NO
- K. IS RUNOFF ENTERING OR LEAVING THE BASIN IN A MANNER THAT PREVENTS PROPER FUNCTION OF ITS INFLOW OR OUTFLOW SYSTEMS?.....YES NO
- L. DOES FLOW OUT OF BASIN OCCUR IN A MANNER THAT CREATES EROSION OR DAMAGE TO ADJACENT PROPERTY?.....YES NO
- M. ARE THE BASIN FUNCTIONS IMPAIRED?.....YES NO
- N. OTHER ITEMS AND COMMENTS: _____

O. CORRECTIVE MEASURES FOR ALL YES ANSWERS ABOVE: _____

(ATTACH ADDITIONAL PAGES IF NEEDED TO PROPERLY DOCUMENT INSPECTION)

THE INFORMATION PROVIDED IS AN ACCURATE AND CURRENT DESCRIPTION OF THE BASIN AT THIS ADDRESS:

SIGNATURE OF PERSON COMPLETING THIS FORM

DATE

THE 5TH YEAR INSPECTION MUST BE COMPLETED ENTIRELY BY A PROFESSIONAL ENGINEER LICENSED IN THE STATE OF ILLINOIS

The 5th year inspection shall include at a minimum:

The annual inspection items shown on page 1 and the 5th year inspection items shown below.

5TH YEAR INSPECTION ITEMS

A. ASSESSMENT OF ANY PUMP, PIPE, RIPRAP, AND STRUCTURES PRESENT:

(i.e. IS THERE A NEED FOR REPLACEMENT OR MAINTENANCE OF BASIN COMPONENTS?)

.....
.....
.....

B. GENERAL ASSESSMENT OF THE BASIN:

(i.e. DOES THE BASIN APPEAR TO FUNCTION PROPERLY? MODIFICATIONS RECOMMENDED FOR IMPROVED FUNCTION)

.....
.....
.....
.....

C. ASSESSMENT OF BASIN ELEVATIONS:

(i.e. ARE CRITICAL INFLOW, OUTFLOW, OVERFLOW PATHS AND ELEVATIONS UNCHANGED FROM THE AS-BUILT PLANS?)

(NOTE: THE ELEVATION REASONABLENESS CHECK IS INTENDED TO BE A VISUAL CHECK FOR LARGE SETTLEMENT, CHANNEL EROSION, OR BASIN MODIFICATIONS AND NOT A REQUIREMENT FOR A SURVEY.)

.....
.....
.....

D. ASSESSMENT OF BASIN VOLUMES:

(i.e. IS THERE EVIDENCE OF BASIN CHANGES AFFECTING THE STORAGE VOLUME FROM THAT SHOWN ON THE AS-BUILT PLANS?)

(NOTE: THE VOLUME REASONABLENESS CHECK IS INTENDED TO BE A VISUAL CHECK FOR LARGE ACCUMULATIONS OF SEDIMENT OR BASIN MODIFICATIONS AND NOT A REQUIREMENT FOR A SURVEY.)

.....
.....
.....
.....

E. OTHER ITEMS AND COMMENTS:

.....
.....
.....

F. CORRECTIVE MEASURES NEEDED:

.....
.....
.....
.....

(ATTACH ADDITIONAL PAGES IF NEEDED TO PROPERLY DOCUMENT INSPECTION)

THE INFORMATION PROVIDED IS AN ACCURATE AND CURRENT DESCRIPTION OF THE BASIN AT THIS ADDRESS:

SIGNATURE OF PERSON COMPLETING THIS FORM

DATE

ENGINEER MUST SEAL DOCUMENT HERE
FOR 5TH YEAR INSPECTION

THIS INSPECTION FORM MUST BE RETURNED TO THE FOLLOWING ADDRESS WITHIN 30 DAYS OF DUE DATE:

**CITY OF ROCK ISLAND PUBLIC WORKS DEPARTMENT
ATTN: STORM WATER DIVISION
1309 MILL STREET
ROCK ISLAND, IL 61201**