



City of Moline's Annual Private Detention Basin Inspection Report

Detention Basin Information

Date: _____

Date of Inspection: _____

Basin's ID #: _____

Basin Location/Address: _____

Owner / Homeowner's Association Name: _____

Owners Address: _____

(The President's address shall be used for Homeowner Associations or a P.O Box #)

Check if address is the same as the basin:

Owner's Phone #: _____ Owner's Email Address: _____

Name of the Facility's Maintainer: _____

Phone #: _____ Email Address: _____

Basin Inspection

Basin Type: _____

If it is a "Dry Detention Basin" what is the current condition? _____

Last rain event that occurred: _____

If it is a "Wet Detention Basin" is water presently being discharged? _____

Are the wet basin bank's being undercut? _____

Is there sediment build-up near the wet basin's outlet(s)? _____

Basin Inlet Structure(s) (Storm sewer lines that discharge storm water into the basin.)

Number of inlet structure(s) discharging into the basin: _____

Location, type, and condition of inlets structure(s)

(Provide inlet(s) location(s), a description of the type of material the inlets are made of, its condition, and sedimentation status)

Inlet(s) Structure Info.

Inlet Blockage Status

Location:

Type of material

Condition

(Amount of soil/sand deposits within the inlet)

Location:	Type of material	Condition		(Amount of soil/sand deposits within the inlet)				
(Example) <i>NW corner</i>	<i>Concrete</i>	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> Damaged	<input type="checkbox"/> 0	<input type="checkbox"/> < ¼	<input checked="" type="checkbox"/> < ½	<input type="checkbox"/> < ¾	<input type="checkbox"/> Full
		<input type="checkbox"/> Good	<input type="checkbox"/> Damaged	<input type="checkbox"/> 0	<input type="checkbox"/> < ¼	<input type="checkbox"/> < ½	<input type="checkbox"/> < ¾	<input type="checkbox"/> Full
		<input type="checkbox"/> Good	<input type="checkbox"/> Damaged	<input type="checkbox"/> 0	<input type="checkbox"/> < ¼	<input type="checkbox"/> < ½	<input type="checkbox"/> < ¾	<input type="checkbox"/> Full
		<input type="checkbox"/> Good	<input type="checkbox"/> Damaged	<input type="checkbox"/> 0	<input type="checkbox"/> < ¼	<input type="checkbox"/> < ½	<input type="checkbox"/> < ¾	<input type="checkbox"/> Full
		<input type="checkbox"/> Good	<input type="checkbox"/> Damaged	<input type="checkbox"/> 0	<input type="checkbox"/> < ¼	<input type="checkbox"/> < ½	<input type="checkbox"/> < ¾	<input type="checkbox"/> Full
		<input type="checkbox"/> Good	<input type="checkbox"/> Damaged	<input type="checkbox"/> 0	<input type="checkbox"/> < ¼	<input type="checkbox"/> < ½	<input type="checkbox"/> < ¾	<input type="checkbox"/> Full
		<input type="checkbox"/> Good	<input type="checkbox"/> Damaged	<input type="checkbox"/> 0	<input type="checkbox"/> < ¼	<input type="checkbox"/> < ½	<input type="checkbox"/> < ¾	<input type="checkbox"/> Full
		<input type="checkbox"/> Good	<input type="checkbox"/> Damaged	<input type="checkbox"/> 0	<input type="checkbox"/> < ¼	<input type="checkbox"/> < ½	<input type="checkbox"/> < ¾	<input type="checkbox"/> Full
		<input type="checkbox"/> Good	<input type="checkbox"/> Damaged	<input type="checkbox"/> 0	<input type="checkbox"/> < ¼	<input type="checkbox"/> < ½	<input type="checkbox"/> < ¾	<input type="checkbox"/> Full

		<input type="checkbox"/> Good <input type="checkbox"/> Damaged	<input type="checkbox"/> 0 <input type="checkbox"/> < ¼ <input type="checkbox"/> < ½ <input type="checkbox"/> < ¾ <input type="checkbox"/> Full
		<input type="checkbox"/> Good <input type="checkbox"/> Damaged	<input type="checkbox"/> 0 <input type="checkbox"/> < ¼ <input type="checkbox"/> < ½ <input type="checkbox"/> < ¾ <input type="checkbox"/> Full
		<input type="checkbox"/> Good <input type="checkbox"/> Damaged	<input type="checkbox"/> 0 <input type="checkbox"/> < ¼ <input type="checkbox"/> < ½ <input type="checkbox"/> < ¾ <input type="checkbox"/> Full
		<input type="checkbox"/> Good <input type="checkbox"/> Damaged	<input type="checkbox"/> 0 <input type="checkbox"/> < ¼ <input type="checkbox"/> < ½ <input type="checkbox"/> < ¾ <input type="checkbox"/> Full

Basin's Outlet Structure(s)

Type of outlet structure(s): _____

Location of the structure(s): _____

Structural Condition: _____

Is the structure designed with an emergency overflow inlet? _____

If so, is the overflow grate undamaged and free of debris? _____

Is the outlet structure/pipe free of blockage? _____

If no, provide a description of the obstruction? _____

Basin's Status

Has the facility sustained proper stabilization/vegetation? _____

Is the vegetation properly maintained? _____

Is the basin free of any blowing or loose debris (garbage)? _____

Are there trees/brush located within the facility? _____

Is the rip rap free of weeds and sediment? _____

Is the facility free of erosion issues? _____

Has sediment buildup occurred within the facility? _____

Required Corrective Action: *(All Required work shall be completed by October 31)*

Removal of sediment from within storm sewer pipe is required.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Removal of sediment deposits from in front of storm sewer inlet is required.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Removal of sediment deposits from the outlet structure is required	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Vegetation maintenance (If over 12 inches in height maintenance is required)	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Removal of trees is required	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Removal of sediment deposits from the outlet structure is required	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Removal of brush is required	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Removal of debris from the emergency overflow grate is required	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Removal of loose blowing debris is required	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Address erosion issues (gully, rill erosion)	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Address severe bank erosion (Bank is sloughing off into the basin)	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A

Inspection performed by:

Signature: