



# 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 5<sup>th</sup> Year Inspections. The Owner must coordinate a 5<sup>th</sup> Year Inspection to be completed entirely by a professional engineer licensed in the State of Illinois. See page 2 for more information on the 5<sup>th</sup> 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? (MULCH ONLY USED IN BIORETENTION/RAIN GARDEN).....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 5<sup>TH</sup> YEAR INSPECTION MUST BE COMPLETED ENTIRELY BY A PROFESSIONAL ENGINEER LICENSED IN THE STATE OF ILLINOIS**

The 5<sup>th</sup> year inspection shall include at a minimum:

The annual inspection items shown on page 1 and the 5<sup>th</sup> year inspection items shown below.

**5<sup>TH</sup> 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?)

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**B. GENERAL ASSESSMENT OF THE BASIN:**

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

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**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.)

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**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.)

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**E. OTHER ITEMS AND COMMENTS:**

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**F. CORRECTIVE MEASURES NEEDED:**

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(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 5<sup>TH</sup> 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**