

**CITY OF PADUCAH, KENTUCKY
ENGINEERING DEPARTMENT
STORMWATER MANAGEMENT AND WATER QUALITY
CONTROL FACILITIES INSPECTION FORM**



Date of Inspection: _____

Site Name: _____

Site Address: _____

Inspector's Name: _____ Owner Self-Inspection City of Paducah Inspection

Recent Rainfall: 0-2 Days 3-5 Days 5+ days Inspection: Annual Follow-Up

Stormwater Management and Water Quality Control Facilities or Best Management Practices (BMPs) are required to be annually inspected by the property owner pursuant to the City of Paducah, Kentucky, Code of Ordinances, Chapter 50, Article III, Section 50-155 and as outlined in the Declaration of Maintenance Obligations agreement. An inspection form should be filled out for each stormwater management and water quality control facility/BMP on site. Complete inspection forms shall be submitted to the City of Paducah Engineering Department by March 1 annually.

Stormwater Management and Water Quality Control Facilities/BMP Type: _____

Location on Site: _____

Below are some issues that should be assessed during inspections of stormwater management and water quality control facilities/BMPs (if applicable). This list should be customized as needed for conditions at each site for each feature.

| Potential Defect | Observed Issue | Comments or Description of Corrective Action Needed |
|---|---|---|
| Untidy Appearance, Excessive Trash and Debris Accumulation | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Standing Water or Drainage Restrictions (Clogged Inlet/Outlet) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Vegetation Issues - Dead or Dying Trees or Plants, Invasive or Harmful Weeds, Poor Coverage | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Evidence of Oil, Gasoline, or Other Pollutants | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |

| Potential Defect | Observed Issue | Comments or Description of Corrective Action Needed |
|---|---|---|
| Visible Erosion or Scouring | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Sediment Accumulation | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Damage to Inlet, Outlet, Overflow, or Other Structural Components | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Inadequate Access to Facility or Feature | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Other: _____ _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Other: _____ _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |

Describe any incidents of observed maintenance issues not described above (attach additional pages and pictures if necessary):

Summarize correction action need and provide anticipated schedule for completion (if necessary):

Follow-up Inspection Required: Yes No

Inspector's Signature: _____ Date: _____