

**STORM SEWER STRUCTURES**

Homeowner Association / Property Owner: Plat/CSM Name & Lot/Oulot Number: Maintenance Agreement Recording Info: Certified Inspector: Inspection Date:	_____ _____ _____ _____ _____
<b>Structure Pipe Connections:</b> Nature of Required Maintenance:	<input type="checkbox"/> Good Condition <input type="checkbox"/> Maintenance Required <input type="checkbox"/> N/A
<b>Structure Roof &amp; Frame:</b> Nature of Required Maintenance:	<input type="checkbox"/> Good Condition <input type="checkbox"/> Maintenance Required <input type="checkbox"/> N/A
<b>Structure Walls:</b> Nature of Required Maintenance:	<input type="checkbox"/> Good Condition <input type="checkbox"/> Maintenance Required <input type="checkbox"/> N/A
<b>Structure Floor:</b> Nature of Required Maintenance:	<input type="checkbox"/> Good Condition <input type="checkbox"/> Maintenance Required <input type="checkbox"/> N/A
<b>Filter Medium:</b> Nature of Required Maintenance:	<input type="checkbox"/> Good Condition <input type="checkbox"/> Maintenance Required <input type="checkbox"/> N/A
<b>Sediment Deposition:</b> Nature of Required Maintenance:	<input type="checkbox"/> Good Condition <input type="checkbox"/> Maintenance Required <input type="checkbox"/> N/A
<b>Other:</b> Nature of Required Maintenance:	<input type="checkbox"/> Good Condition <input type="checkbox"/> Maintenance Required <input type="checkbox"/> N/A
<b>Other:</b> Nature of Required Maintenance:	<input type="checkbox"/> Good Condition <input type="checkbox"/> Maintenance Required <input type="checkbox"/> N/A
<b>Additional Comments:</b>	
<b>Photo(s) Attached:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A