

THE SNOOT® STORMWATER QUALITY IMPROVEMENT SYSTEM

SITE INSTALLATION INSPECTION REPORT

INSPECTOR NAME: _____

COMPANY/AGENCY: _____

INSPECTION DATE: _____

PROJECT NAME and REF#: _____

SITE CONTACT: _____

PHONE: _____

EMAIL: _____

THE FOLLOWING ARE INSPECTION CRITERIA FOR EACH STRUCTURE. EACH STRUCTURE TO MEET INSTALLATION PARAMETERS OF ATTACHED SHEET (COPY PAGE 2 AS NEEDED FOR ADDITIONAL STRUCTURES):

STRUCTURE# _____ BMP SNOOT MODEL _____ INLET /OUTLET PIPE SIZE: ___ / ___

- ❖ IS ANTI-SIPHON VENT ASSEMBLY PRESENT AND FUNCTIONAL?
YES OR NO (CIRCLE ONE) IF NO, WHY? _____
- ❖ IS ACCESS HATCH PRESENT AND PROPERLY SEATED?
YES OR NO (CIRCLE ONE) IF NO, WHY? _____
- ❖ IS SNOOT BOLTED TO WALL UNIFORMLY AROUND PERIMETER?
YES OR NO (CIRCLE ONE) IF NO, WHY? _____
- ❖ IS GASKET COMPRESSED AND VISIBLE BETWEEN SNOOT AND STRUCTURE WALL?
YES OR NO (CIRCLE ONE) IF NO, WHY? _____
- ❖ IS SUMP DEPTH PER MANUFACTURER'S RECOMMENDATION?
YES OR NO (CIRCLE ONE) IF NO, WHY? _____
- ❖ IF BIO-SKIRTS, SAFL BAFFLES, OR DEFLECTOR PLATES ARE SPECIFIED, ARE THEY PRESENT?
YES OR NO (CIRCLE ONE) IF NO, WHY? _____

INSTALLATION APPROVED? YES OR NO (CIRCLE ONE)

IF NO, WHAT IS CORRECTION NEEDED AND DATE FOR COMPLETION (BELOW)?

_____ TO BE COMPLETED BY _____

STRUCTURE# _____ **BMP SNOUT MODEL** _____ **INLET /OUTLET PIPE SIZE:** ___ / ___

- ❖ IS ANTI-SIPHON VENT ASSEMBLY PRESENT FUNCTIONAL?
YES OR NO (CIRCLE ONE) IF NO, WHY? _____
- ❖ IS ACCESS HATCH PRESENT AND PROPERLY SEATED?
YES OR NO (CIRCLE ONE) IF NO, WHY? _____
- ❖ IS GASKET VISIBLE BETWEEN SNOUT AND STRUCTURE WALL?
YES OR NO (CIRCLE ONE) IF NO, WHY? _____
- ❖ IS SNOUT BOLTED TO WALL UNIFORMLY AROUND PERIMETER?
YES OR NO (CIRCLE ONE) IF NO, WHY? _____
- ❖ IS SUMP DEPTH PER MANUFACTURER'S RECOMMENDATION?
YES OR NO (CIRCLE ONE) IF NO, WHY? _____
- ❖ IF BIO-SKIRTS, SAFL BAFFLES, OR DEFLECTOR PLATES ARE SPECIFIED, ARE THEY PRESENT?
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YES OR NO (CIRCLE ONE) IF NO, WHY? _____
- ❖ IS SNOUT BOLTED TO WALL UNIFORMLY AROUND PERIMETER?
YES OR NO (CIRCLE ONE) IF NO, WHY? _____
- ❖ IS SUMP DEPTH PER MANUFACTURER'S RECOMMENDATION?
YES OR NO (CIRCLE ONE) IF NO, WHY? _____
- ❖ IF BIO-SKIRTS, SAFL BAFFLES, OR DEFLECTOR PLATES ARE SPECIFIED, ARE THEY PRESENT?
YES OR NO (CIRCLE ONE) IF NO, WHY? _____

INSTALLATION APPROVED? YES OR NO (CIRCLE ONE)

IF NO, WHAT IS CORRECTION NEEDED AND DATE FOR COMPLETION (BELOW)?

_____ TO BE COMPLETED BY _____