

ANNUAL INSPECTION FORM

General

Dam Name: _____

Date of Inspection: _____

Owner's Name: _____

Address: _____

Telephone No.: _____

Inspected by: _____

Weather: _____

Reservoir Data

Reservoir Level at Time of Inspection: _____ (feet below dam crest)

Reservoir Inflow at Time of Inspection: _____ (cfs or gpm)

Reservoir Outflow at Time of Inspection: _____ (cfs or gpm)

Condition of Dam

Crest: _____

(Check for: surface cracking, animal burrows, low areas, horizontal alignment, ruts, trees, brush)

Upstream Face: _____

Downstream Face: _____

(Check for: wet areas [no flow], seepage [note location], slides, slumps, scarps, change in slope, animal burrows, erosion, unusual movement, trees, brush, water loving vegetation)

Spillway(s):

- Earthen Channel; _____

(Check for: slide, slump, scarp, erosion protection, vegetation, debris)

- Concrete Lined Channel; _____

(Examine: sidewalls, channel floor, approach area, weir, discharge area. Check for: alignment, movement, cracking, spalling, undermining, etc.)

- Drop Inlet; _____

(Examine: intake structure, trashrack, conduit, stilling basin)

Outlet Works:(visible elements) _____

(Examine: intake structure, trashrack, stilling basin, control mechanism, outlet pipe. Check for: seepage, undermining, erosion, corrosion)

Maintenance Deficiencies: _____

Additional Comments: _____

Sketch of Dam and Reservoir Site