

# EVAPOTRANSPIRATION INFILTRATION BED

**BERM CONSTRUCTION/SOIL COVER/VEGETATION:**

- |  |                             |                                 |
|--|-----------------------------|---------------------------------|
| 1. Berms inspected for leakage   | <input type="checkbox"/> OK | <input type="checkbox"/> NOT OK |
| 2. Berm inspected for erosion/uncompacted areas                        | <input type="checkbox"/> OK | <input type="checkbox"/> NOT OK |
| 3. Inspected bed area for proper drainage                              | <input type="checkbox"/> OK | <input type="checkbox"/> NOT OK |
| 4. Vegetation growth:            NONE            GOOD                  | OVERGROWN                   |                                 |
| 5. Soil cover:                        DRY                        MOIST | WET(spongy/saturated)       |                                 |

Describe location and extent of problem, if any: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DISTRIBUTION BOX:**

- |  |     |    |
|--|-----|----|
| 1. Distribution box present?                     | YES | NO |
| 2. Distribution box level?                       | YES | NO |
| 3. Distribution box free of solids accumulation? | YES | NO |
| 4. Equal distribution from box?                  | YES | NO |
| 5. Condition of distribution box is good?        | YES | NO |

If no to any question above, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Monitoring well data:**

Well #	Distance from surface of ground to water	Well #	Distance from surface of ground to water	Well #	Distance from surface of ground to water
1		5		9	
2		6		10	
3		7		11	
4		8		12	

Condition of the monitoring wells:                        GOOD                        DAMAGED

Note the location and extent of the damaged monitoring well, if any: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

INSPECTOR: \_\_\_\_\_ DATE: \_\_\_\_\_