



**BOSTON WATER AND SEWER COMMISSION
MANHOLE INSPECTION LOG**

**Manhole
ID No.**

Inspection Date: _____ Tributary Area: _____

Street: _____ Manhole Type:

Inspection: Not Found ___ Surface ___ Internal ___ Sanitary Sewer ___ Storm Drain ___
Follow Up Inspection _____ High Outlet _____ Lovejoy _____

Time Since Last Rain:
< 48 hours ___ 48 – 72 hours ___ > 72 hours ___

Inspector: _____

Observations:

Standing Water in Manhole: Yes ___ No ___ Color of Water: Clear ___ Cloudy ___ Other _____
Flow in Manhole: Yes ___ No ___ Velocity: Slow ___ Medium ___ Fast ___ Depth of Flow: ___ in.
Color of Flow: No Flow: ___ Clear ___ Cloudy ___ Suspended Solids ___ Other _____
Blockages: Yes ___ No ___ Sediment in Manhole: Yes ___ No ___ If Yes: Percent of Pipe Filled: ___ %
Floatables: None ___ Sewage ___ Oily Sheen ___ Foam ___ Other _____
Odor: None ___ Sewage ___ Oil ___ Soap ___ Other _____

Field Testing:

pH ___ Temp ___ Spec. Cond. ___ Surfactants: Yes ___ No ___ Ammonia: Yes ___ No ___

Contamination:

Found During Inspection Yes ___ Check one: ___ Observation ___ Positive Test Kit Result
No ___ Sandbagged Placed No ___ Yes ___ Give Date _____
Sandbag Checked (Date): _____ and Flow was ___ Captured ___ Not Captured:
If Flow Captured, Check one: Visual Evidence Test Kit Positive Test Kit Negative (Not Contaminated)

Condition of Manhole:

Grade: At ___ Above ___ Below ___

Common Manholes:

High Outlet: Blocked Yes ___ No ___ NA ___

Lovejoy: Cover Plate in Place Yes ___ No ___ NA ___

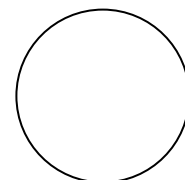
	Good	Fair	Poor	Comments
Pavement	_____	_____	_____	_____
Cover	_____	_____	_____	_____
Frame	_____	_____	_____	_____
Corbel	_____	_____	_____	_____
Walls	_____	_____	_____	_____
Floor	_____	_____	_____	_____

Construction Material:

Brick Precast Other _____

Comments: Manhole Correct as Mapped Yes ___ No ___

N↑



Plan of Manhole