|  |  |
| --- | --- |
| Location: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Time: |  |

Type of Screen: Coarse Fine

Screen Cleaned: Yes No

If Yes,

|  |  |  |  |
| --- | --- | --- | --- |
|  | Composition and consistency of debris (eg. Leaves, brown mud): | |  |
|  |  | |  |
|  | Percentage of screen coverage: |  | |
|  | Thickness of debris: |  | |

Condition of Screen

Damaged: Yes No

If Yes,

Screen Repaired: Yes No

|  |  |  |
| --- | --- | --- |
|  | If Yes, how was it repaired: |  |
|  |  |  |
|  |  |  |

Screen Replaced: Yes No

**Acknowledgement**

Date:

Operator

Date:

Town Manager/Administrator

Date:

Council