



## Bioretention Inspections and Maintenance Checklist

Site Name: \_\_\_\_\_ Owner Change since last inspection? \_\_\_\_\_

Location: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Site Status: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Site conditions: \_\_\_\_\_

*Inspection Frequency Key: A=annual (required); M=monthly (recommended); S=after major storms (recommended)*

Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
<b>Pre-Treatment Area</b>				
Area free of debris?	A/M			
Standing water longer than 24 hours after a storm event?	A/S			
Bare soil or erosion?	M/S			
Excessive landscape waste/yard clippings?	A/M			
<b>Inlet/Outlet Structures</b>				
Inlets provide stable conveyance into the facility?	A			
Evidence of erosion at or around inlet?	A			
If connected to extended detention, is outlet to pond functioning properly?	A			
Other	A			
<b>Basin</b>				
Adjacent area fully stabilized (no evidence of eroding material into Bioretention area)?	A			
Plant height not less than design ponding depth?	A			
Adequate media layer present?	A			
Plant composition according to approved plan?	A			
Is there any sign of mowing or disturbance?	A/M			
Vegetation overgrown?	A			
Invasive species/weeds present?	A			



Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
Dead vegetation or exposed soil present?	A			
Maintenance access to facility?	A			
Excessive trash/debris/sediment?	A			
Evidence of erosion?	A			
Evidence of standing water (Ponding, Noticeable Odors, Water Stains, Algae)?	A/M			
If underdrain system, is it broken or clogged?	A/M			
Overflow structure free of blockage and operating properly?	A			
Other	A			
<b>Hazards</b>				
Have there been complaints from residents?	A/M			
Public hazards noted?	A/M			
Mosquito proliferation?	A/M			
Is there encroachment on pervious area or easement by buildings or other structures?	A/S			

Inspector Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Overall Condition of Facility:**  Acceptable  Unacceptable

If any of the above Inspection Items are checked "Yes" for "Maintenance Needed," list Maintenance actions and their completion dates below:

Maintenance Action Needed	Due Date

The next routine inspection is scheduled for approximately: \_\_\_\_\_  
 (date)

**Inspected by: (signature)** \_\_\_\_\_  
**Inspected by: (printed)** \_\_\_\_\_



## Downspout Disconnection Inspections and Maintenance Checklist

Site Name: \_\_\_\_\_ Owner Change since last inspection? \_\_\_\_\_

Location: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Site Status: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Site conditions: \_\_\_\_\_

Disconnection Type:      Soil Amendment       Infiltration Trench       Bioretention   
    Rainwater Harvesting       Stormwater Planter       Simple Disconnection

*Note: Disconnection Type should also be evaluated per the appropriate Checklist located in this Appendix.  
 Inspection Frequency Key: A=annual; M=monthly; S=after major storms*

Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
<b>Pipes, Gutters, and Drains</b>				
Downspouts provide stable conveyance into facility?	A/S			
Runoff enters pervious area as sheet flow?	A/S			
Excessive trash/debris/sediment/oil/chemicals accumulation at inflow points?	A/S			
Evidence of erosion at/around inflow points?	A/S			
<b>Disconnection Treatment</b>				(describe type: concrete pipe, slotted weir, channel, etc.)
Downspouts or surface impervious area drains to the receiving pervious area?	A/S			
Receiving treatment area retains dimensions as shown on plans and is in good condition?	A/S			
Sediment accumulation?	A			
Is erosion at simple disconnection, bioretention, filter paths, or planter present?	A			
Evidence of standing water (Ponding, Noticeable Odors, Water Stains, Algae)?	A			
Is vegetation in place?	A			
Is plant composition consistent with	A			



Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
approved plans?				
Are invasive species/weeds present?	A			
Is dead vegetation or exposed soil present?	A			
Other (describe)	A			
<b>Contributing Drainage Area-Rooftop</b>				
Treatment area retains dimensions as shown on plans and is in good condition?				
Is there encroachment on pervious area or easement by buildings or other structures?	A/S			
<b>Hazards</b>				
Have there been complaints from residents?	M			
Public hazards noted?	M			

Inspector Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Overall Condition of Facility:**  Acceptable  Unacceptable

If any of the above Inspection Items are checked “Yes” for “Maintenance Needed,” list Maintenance actions and their completion dates below:

Maintenance Action Needed	Due Date

The next routine inspection is scheduled for approximately: \_\_\_\_\_  
 (date)

**Inspected by: (signature)** \_\_\_\_\_  
**Inspected by: (printed)** \_\_\_\_\_



## Grass Channel Inspections and Maintenance Checklist

Site Name: \_\_\_\_\_ Owner Change since last inspection? \_\_\_\_\_

Location: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Site Status: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Site conditions: \_\_\_\_\_

*Inspection Frequency Key: A=annual; M=monthly; S=after major storms*

Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
<b>Debris Removal</b>				
Facility and adjacent area free of debris?	M			
Inlets and outlets free of debris?	M			
Any dumping of yard wastes into facility?	M			
Litter (branches) removed?	M			
<b>Vegetation</b>				
Surrounding area fully stabilized? (no evidence of eroding material into swale, channel or filter strip)	M			
Grass mowed?	M			
Grass height not less than 3 to 4 inches?	M			
Fertilized per specifications?	M			
Grasses planted according to approved plan?	M			
Unauthorized or inappropriate plantings?	A			
Grasses healthy? (no diseased or dying vegetation)	M			
Evidence of grasses stressed from inadequate watering?	M			
<b>Filtration Capacity</b>				
Clogging from oil or grease?	M			
Facility dewater between storms?	M			
<b>Check dams and energy dissipaters/sumps</b>				
Any evidence of sedimentation buildup?	A,S			
Are sumps greater than 50% full of sediment?	A,S			



Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
Any evidence of erosion and downstream toe of drop structures?	A,S			
Any trash or blockages at weep holes?	A,S			
<b>Sediment Deposition</b>				
Swale clean of sediments?	A			
Sediment not > 25% of swale design depth?	A			
<b>Outlet/Overflow Spillway</b>				
In good condition?	A			
Any evidence of erosion?	A			
Any evidence of blockages?	A			
Has facility been filled or blocked inappropriately?	A			
<b>Hazards</b>				
Have there been complaints from residents?	M			
Public hazards noted?	M			
Maintenance accesses free of hazards and fully operational?	M			

Inspector Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Overall Condition of Facility:  Acceptable  Unacceptable

If any of the above Inspection Items are checked “Yes” for “Maintenance Needed,” list Maintenance actions and their completion dates below:

Maintenance Action Needed	Due Date

The next routine inspection is scheduled for approximately: \_\_\_\_\_  
 (date)

Inspected by: (signature) \_\_\_\_\_  
 Inspected by: (printed) \_\_\_\_\_



## Infiltration Trench Inspections and Maintenance Checklist

Site Name: \_\_\_\_\_ Owner Change since last inspection? \_\_\_\_\_

Location: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Site Status: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Site conditions: \_\_\_\_\_

*Inspection Frequency Key: A=annual; M=monthly; S=after major storms*

Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
<b>Debris Removal</b>				
Trench surface clear of debris?	M			
Contributing area free of debris?	M			
Inlets/Inflow pipes free of debris?	M			
Overflow spillway clear of debris?	M			
<b>Vegetation</b>				
Mowing done when necessary?	M			
Unauthorized or inappropriate plantings?	A			
Fertilized per specification?	M			
Evidence of erosion?	M			
Contributing drainage area stabilized?	M			
Trees growing in the trench?	A			
<b>Dewatering</b>				
Trench dewatered between storms?	M			
<b>Sediment traps, forebays, or pretreatment swales</b>				
Adequately trapping sediment?	A			
Structural damage?	A			
Greater than 50% of original storage volume remaining?	A			
<b>Sediment removal of trench</b>				
Any evidence of sedimentation in trench?	A			
Are pea gravel/topsoil and top surface filter fabric functioning properly?	M			
Does sediment accumulation currently require removal?	A			



Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
<b>Inlets</b>				
Good condition (no need for repair)?	A			
Evidence of erosion?	A			
<b>Outlets/overflow spillway</b>				
Good condition (no need for repair)?	A			
Evidence of erosion?	A			
<b>Aggregate repairs</b>				
Surface of aggregate clean?	A			
Top layer of stone in need of replacement?	A			
Trench in need of rehabilitation?	A			
<b>Observation wells</b>				
Evidence of clogging/failure to percolate? (Should percolate within 3 days.)	M			
Has drawdown rate been measured at observation well and is well capped?	A			
<b>Hazards</b>				
Have there been complaints from residents?	M			
Public hazards noted?	M			

Inspector Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Overall Condition of Facility:  Acceptable  Unacceptable

If any of the above Inspection Items are checked “Yes” for “Maintenance Needed,” list Maintenance actions and their completion dates below:

Maintenance Action Needed	Due Date

The next routine inspection is scheduled for approximately: \_\_\_\_\_  
 (date)

Inspected by: (signature) \_\_\_\_\_  
 Inspected by: (printed) \_\_\_\_\_



## Permeable Pavement Inspection and Maintenance Checklist

Site Name: \_\_\_\_\_ Owner Change since last inspection? \_\_\_\_\_

Location: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Site Status: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Site conditions: \_\_\_\_\_

\*\*\*\*\*Conduct maintenance inspection in the spring of each year.

Pavement Type:    Pervious Concrete/Asphalt                      Modular Pavers                      Grass/Gravel Pavers

*Inspection Frequency Key: A=annual (required); M=monthly (recommended); S=after major storms (recommended)*

Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
<b>Pavement Area</b>				
Pavement area free of debris?	A/M			
Staining or sediment?	A/M			
Inlets and outlets unobstructed and sediment free?	A/M			
All contributing drainage area free of erosion and sources of sediment?	A/M			
Water standing after a storm event?	S			
Any evidence of clogged pores that require vacuum-sweeping?	A/M			
Has area been vacuum swept in the past 12 months?	A/M			
Access to pervious pavement (egress and ingress routes) safe and efficient?	A/M			
Has drawdown rate been measured at observation well and is well capped?*	A			
Structural integrity of the pavement intact? Look for deterioration such as: slumping, cracking, spalling, or broken pavers.	A/M			
<b>Grass Pavers</b>				
Paver area stabilized/fully vegetated?	A/M			



Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
Adjacent area fully stabilized (no evidence of eroding material onto/from pervious pavement area)?	A/M			
Any noticeable irrigation needs?	A/M			
Fallen leaves/plant debris collecting in paving area?	A/M			
Grass height over 4 inches?	A/M			
Vegetation health affected by oil/grease from vehicles?	A			
Other	A			
<b>Hazards</b>				
Obstructions or debris affecting overflows/emergency spillways?	A/M			
Load-bearing capability of pavement intact?	A/M			

\*Refer to the most current Tennessee Permanent Stormwater Management and Design Guidance Manual for further guidance.

Inspector Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Overall Condition of Facility:**                      Acceptable                      Unacceptable

If any of the above Inspection Items are checked “Yes” for “Maintenance Needed,” list Maintenance actions and their completion dates below:

Maintenance Action Needed	Due Date

The next routine inspection is scheduled for approximately: \_\_\_\_\_  
(date)

**Inspected by: (signature)** \_\_\_\_\_  
**Inspected by: (printed)** \_\_\_\_\_



## Stormwater Pond Inspections and Maintenance Checklist

Site Name: \_\_\_\_\_ Owner Change since last inspection? \_\_\_\_\_

Location: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Site Status: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Site conditions: \_\_\_\_\_

Stormwater Pond Type: Wet Pond  Wet Extended Detention Pond  Micropool Pond   
Multiple Pond System  Dry Pond

Inspection Frequency Key: A=annual (required); M=monthly (recommended); S=after major storms (recommended)

Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
<b>Embankment and Emergency Spillway</b>				
Vegetation healthy?	A/S			
Erosion on embankment?	A/S			
Animal burrows in embankment?	A/S			
Cracking, sliding, bulging of dam?	A/S			
Drains blocked or not functioning?	A/S			
Leaks or seeps on embankment?	A/S			
Slope protection failure functional?	A/S			
Emergency spillway obstructed?	A/S			
Erosion in/around emergency spillway?	A/S			
Other (describe)	A/S			
<b>Outlet Structure, Riser, and Spillway</b>				(describe type: concrete pipe, slotted weir, channel, etc.)
Low-flow orifice functional?	A/S			
Trash rack (Debris removal needed? Corrosion noted?)	A/S			
Sediment buildup in riser?	A			
Concrete/masonry condition (Cracks or displacement? Spalling?)	A			
Metal pipe in good condition?	A			
Control valve operation?	A			
Pond drain valve operation?	A			
Outfall channels function, and are free of erosion, undercutting, rip-rap displacement, wood growth, etc?	A			
Other (describe)	A			
<b>Sediment Forebays</b>				
Sedimentation description				
Sediment cleanout needed (over 50 % full)	A/S			



Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
<b>Contributing Drainage Area</b>				
Banks upstream and downstream free of sloughing, animal burrows, boggy areas, woody growth and gully erosion?	A/M			
Excessive trash, debris, erosion or landscaping waste?	A/M			
<b>Permanent Pool Areas (if applicable)</b>				
Undesirable vegetation growth?	A/M			
Visible pollution?	A/M			
Shoreline erosion?	A/M			
Erosion at outfalls into pond?	A/M			
Headwalls and endwalls in good condition?	A/M			
Encroachment into pond or easement area by other activities?	A/M			
Evidence of sediment accumulation?	A			
<b>Dry Pond Areas (if applicable)</b>				
Vegetation adequate?	A/M			
Undesirable vegetation or woody plant growth?	A/M			
Excessive sedimentation?	A			
<b>Hazards</b>				
Have there been complaints from residents?	A/M			
Public hazards noted?	A/M			
Maintenance accesses free of hazards and fully operational?	A/M			

Inspector Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Overall Condition of Facility:  Acceptable  Unacceptable

If any of the above Inspection Items are checked "Yes" for "Maintenance Needed," list Maintenance actions and their completion dates below:

Maintenance Action Needed	Due Date

The next routine inspection is scheduled for approximately: \_\_\_\_\_  
 (date)

Inspected by: (signature) \_\_\_\_\_  
 Inspected by: (printed) \_\_\_\_\_



## Storm Sewer Inspections and Maintenance Checklist

Site Name: \_\_\_\_\_ Owner Change since last inspection? \_\_\_\_\_

Location: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Site Status: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Site conditions: \_\_\_\_\_

Indicate Features Present:    Catch Basins     Storm Pipe     Headwalls     Outfalls     Catch Basin Inlets

*Inspection Frequency Key: A=annual; M=monthly; S=after major storms*

Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
<b>Catch Basins</b>				
Ensure all are structurally sound and in good condition. Note any deficiencies and repair to proper working condition ensure all are set properly in place over inlets	A/S			
Check for sediment, leaf, or debris clogging grates and remove	A/S			
<b>Catch Basin Inlets</b>				
Ensure all are structurally sound and in good condition. Note any deficiencies and repair to proper working condition	A/S			
Inspect for blockage or sediment accumulation and remove when capacity is diminished by 20% or greater	A/S			
<b>Pipes</b>				
Ensure all are structurally sound and in good condition. Note any deficiencies and repair to proper working condition	A/S			
Inspect for blockage or sediment accumulation and remove when capacity is diminished by 20% or greater.	A/S			
Concrete/masonry condition of pipes and joints? (Cracks or displacement? Spalling?)	A/S			



Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
<b>Headwalls and Endwalls</b>				
Ensure all are structurally sound and in good condition. Note any deficiencies and repair to proper working condition	A/S			
Inspect for blockage or sediment	A/S			
Check for erosion or scouring around headwall inlets and repair	A/S			
Evidence of staining?	A/S			
If flowing water is present does it appear to contain anything other than stormwater? I.e. Discoloration, odors, sheens, etc? Note location and describe.	A/S			
<b>Hazards</b>				
Have there been complaints from residents?	A/S			

Inspector Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Overall Condition of Facility:  Acceptable  Unacceptable

If any of the above Inspection Items are checked “Yes” for “Maintenance Needed,” list Maintenance actions and their completion dates below:

Maintenance Action Needed	Due Date

The next routine inspection is scheduled for approximately: \_\_\_\_\_  
 (date)

Inspected by: (signature) \_\_\_\_\_  
 Inspected by: (printed) \_\_\_\_\_



## Water Quality Riparian Buffers Inspection and Maintenance Checklist

Site Name: \_\_\_\_\_ Owner Change since last inspection? \_\_\_\_\_

Location: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Site Status: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Site conditions: \_\_\_\_\_

*Inspection Frequency Key: A=annual (required); M=monthly (recommended); S=after major storms (recommended)*

Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	
<b>Disturbance</b>				
Are there any signs of clearing, grading, construction, storage, mowing or other disturbance of vegetation or soil taken place in the buffer??	A/M			
Are there any signs of erosion within the buffer or banks of the stream?	A/M			
Are there any surrounding disturbances that might be threats to the buffer or water quality?	A/M			
<b>Buffer State</b>				
Would the general state of the buffer be described as an undisturbed native successional forest or similar?	A/M			
Are there any diseased, dying, or endangering trees in the buffer?	A/M			
Is the buffer contain more than 30% exotic invasive material?	A/M			
<b>Signs</b>				
Are buffer signs still clearly visible and in good legible condition? If not clear back vegetation or replace.	A/M			



*Note: There shall be no clearing, grading, construction, storage or disturbance of vegetation or soil allowed in the Water Quality Riparian Buffer except as permitted by the City Engineer. There is to be no mowing of grass or cutting of trees in the buffers except for vegetation that is diseased, dying or in danger of adjacent structures. Report any of this in the comments section below.*

Inspector Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Overall Condition of Facility:**  Acceptable  Unacceptable

If any of the above Inspection Items are checked "Yes" for "Maintenance Needed," list Maintenance actions and their completion dates below:

Maintenance Action Needed	Due Date

The next routine inspection is scheduled for approximately: \_\_\_\_\_  
(date)

**Inspected by: (signature)** \_\_\_\_\_  
**Inspected by: (printed)** \_\_\_\_\_



## Water Quality Swale Inspections and Maintenance Checklist

Site Name: \_\_\_\_\_ Owner Change since last inspection? \_\_\_\_\_

Location: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Site Status: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Site conditions: \_\_\_\_\_

*Inspection Frequency Key: A=annual (required); M=monthly (recommended); S=after major storms (recommended)*

Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	
<b>Pre-Treatment Area</b>				
Area free of debris?	A/M			
Standing water longer than 24 hours after a storm event?	A/S			
Bare soil or erosion?	M/S			
Excessive landscape waste/yard clippings?	A/M			
<b>Inlet/Outlet Structures</b>				
Inlets provide stable conveyance into the facility?	A			
Evidence of erosion at or around inlet?	A			
If connected to extended detention, is outlet to pond functioning properly?	A			
Other	A			
<b>Basin</b>				
Adjacent area fully stabilized (no evidence of eroding material into Bioretention area)?	A			
Adequate media layer present?	A			
Plant composition according to approved plan?	A			
Invasive species/weeds present?	A			



Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	
Dead vegetation or exposed soil present?	A			
Maintenance access to facility?	A			
Excessive trash/debris/sediment?	A			
Evidence of erosion?	A			
Evidence of standing water (Ponding, Noticeable Odors, Water Stains, Algae)?	A/M			
If underdrain system, is it broken or clogged?	A/M			
Overflow structure free of blockage and operating properly?	A			
Other	A			
<b>Hazards</b>				
Have there been complaints from residents?	A/M			
Public hazards noted?	A/M			
Mosquito proliferation?	A/M			
Is there encroachment on pervious area or easement by buildings or other structures?	A/S			

Inspector Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Overall Condition of Facility:**  Acceptable  Unacceptable

If any of the above Inspection Items are checked “Yes” for “Maintenance Needed,” list Maintenance actions and their completion dates below:

Maintenance Action Needed	Due Date

The next routine inspection is scheduled for approximately: \_\_\_\_\_  
 (date)

**Inspected by: (signature)** \_\_\_\_\_

**Inspected by: (printed)** \_\_\_\_\_



## Proprietary BMP Inspections and Maintenance Checklist

Site Name: \_\_\_\_\_ Owner Change since last inspection? \_\_\_\_\_

Location: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Site Status: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Site conditions: \_\_\_\_\_

*Inspection Frequency Key: A=annual; M=monthly; S=after major storms*

Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
<b>Debris Removal</b>				
Adjacent area free of debris?	M			
Inlets and Outlets free of debris?	M			
Facility (internally) free of debris?	M			
<b>Vegetation</b>				
Surrounding area fully stabilized? (no evidence of eroding material into proprietary BMP)				
Grass mowed?	M			
<b>Water retention where required</b>				
Water holding chambers at normal pool?	M			
Evidence of erosion?				
<b>Sediment Deposition</b>				
Filtration Chamber free of sediments?	A			
Sedimentation chamber not more than 50% full?	A			
<b>Structural Components</b>				
Any evidence of structural deterioration?	A			
Grates in good condition?	A			
Spalling or cracking of structural parts?	A			
<b>Outlet/Overflow Spillway</b>				
<b>Other</b>				
Noticeable odors?	A			
Any evidence of filter(s) clogging?	M			
Evidence of flow bypassing facility?	A			



Inspector Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Overall Condition of Facility:  Acceptable

Unacceptable

If any of the above Inspection Items are checked "Yes" for "Maintenance Needed," list Maintenance actions and their completion dates below:

Maintenance Action Needed	Due Date

The next routine inspection is scheduled for approximately: \_\_\_\_\_  
(date)

Inspected by: (signature) \_\_\_\_\_

Inspected by: (printed) \_\_\_\_\_



## Constructed Wetlands Inspections and Maintenance Checklist

Site Name: \_\_\_\_\_ Owner Change since last inspection? \_\_\_\_\_

Location: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Site Status: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Site conditions: \_\_\_\_\_

Constructed Wetland Type:            ED Wetland             Pocket Wetland             Wetland

*Inspection Frequency Key: A=annual; M=monthly; S=after major storms*

Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
<b>Embankment and Emergency Spillway</b>				
Vegetation healthy?	A/S			
Erosion on embankment?	A/S			
Animal burrows in embankment?	A/S			
Cracking, sliding, bulging of dam?	A/S			
Drains blocked or not functioning?	A/S			
Leaks or seeps on embankment?	A/S			
Slope protection failure functional?	A/S			
Emergency spillway obstructed?	A/S			
Erosion in/around emergency spillway?	A/S			
Other (describe)	A/S			
<b>Riser and Principal Spillway</b>				(describe type: concrete pipe, slotted weir, channel, etc.)
Low-flow orifice functional?	A/S			
Trash rack (Debris removal needed? Corrosion noted?)	A/S			
Sediment buildup in riser?	A			
Concrete/masonry condition (Cracks or displacement? Spalling?)	A			
Metal pipe in good condition?	A			
Control valve operation?	A			
Pond drain valve operation?	A			
Outfall channels function, not eroding?	A			
Other (describe)	A			



Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
<b>Sediment Forebays</b>				
Sedimentation description				
Sediment cleanout needed (over 50 percent full)?	A/S			
<b>Constructed Wetland Ponding Areas</b>				
Wetland vegetation present and healthy?	M			
Vegetation removal needed?	A/M			
Floatable debris removal needed?	M			
Visible pollution?	M			
Shoreline problem?	M			
Erosion at outfalls into pond?	M			
Headwalls and endwalls in good condition?	M			
Encroachment into pond or easement area?	M			
<b>Hazards</b>				
Have there been complaints from residents?	M			
Public hazards noted?	M			

Inspector Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Overall Condition of Facility:  Acceptable  Unacceptable

If any of the above Inspection Items are checked “Yes” for “Maintenance Needed,” list Maintenance actions and their completion dates below:

Maintenance Action Needed	Due Date

The next routine inspection is scheduled for approximately: \_\_\_\_\_  
 (date)

Inspected by: (signature) \_\_\_\_\_  
 Inspected by: (printed) \_\_\_\_\_