

## Bioretention Area Inspection and Maintenance Checklist

|   |              |                            |                                 |
|---|--------------|----------------------------|---------------------------------|
| <b>Facility:</b>  |              |                            |                                 |
| <b>Location/Address:</b>  |              |                            |                                 |
| <b>Date:</b>  | <b>Time:</b> | <b>Weather Conditions:</b> | <b>Date of Last Inspection:</b> |
| <b>Inspector:</b>   |              | <b>Title:</b>              |                                 |
| <b>Rain in Last 48 Hours</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, list amount and timing:</b>  |              |                            |                                 |
| <b>Pretreatment:</b> <input type="checkbox"/> vegetated filter strip <input type="checkbox"/> swale <input type="checkbox"/> turf grass <input type="checkbox"/> forebay <input type="checkbox"/> other, specify: _____ <input type="checkbox"/> none |              |                            |                                 |
| <b>Site Plan or As-Built Plan Available:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No   |              |                            |                                 |

| Inspection Item   | Comment   | Action Needed  |
|---|---|--|
| <b>1. PRETREATMENT</b>  |   |  |
| Sediment has accumulated.   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Trash and debris have accumulated.  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>2. DEWATERING</b>  |   |  |
| Standing water is present after 48 hours. If yes, describe sheen, color, or smell.                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>3. INLETS</b>  |   |  |
| Inlets are in poor structural condition.  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sediment has accumulated and/or is blocking the inlets.   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Erosion is occurring around the inlets.   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>3. VEGETATION</b>  |   |  |
| Vegetation is wilting, discolored, or dying due to disease or stress.   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Vegetation needs to be controlled through mowing or manual removal.   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>4. BIORETENTION MAIN INFILTRATION AREA</b>   |   |  |
| Trash and debris have accumulated.  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sediment has accumulated at the surface.  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Topmost layer is caked or crusted over with sediment.   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Erosion is evident.   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mulch is compacted.   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sinkholes or animal borrows are present.  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>5. SIDE SLOPES AND EMBANKMENT</b>  |   |  |
| Erosion is evident.   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sinkholes or instability is evident.  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>6. OUTLETS AND OVERFLOW STRUCTURE (i.e., catch basin)</b>  |   |  |
| Outlets or overflow structures in poor structural condition.  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sediment, trash or debris is blocking the outlets or overflow structure.  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Erosion is occurring around the outlets or overflow structure.  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Height from surface of practice to top of overflow structure is insufficient to allow for ponding during rain events. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Additional Notes**

**Wet weather inspection needed**    **Yes**    **No**

**Site Sketch:**