**Urban Bioretention Inspections and Maintenance Checklist**

 Site Name: Owner Change since last inspection? Y N

Location:

Owner Name:

Address: Phone Number:

Site Status:

Date: Time: Site conditions:

Urban Bioretention Type: Stormwater Planters  Green Street Swales/Planters  Proprietary Planting Cells 

*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 |
| **Pre-Treatment Area (if present)** |
| Area free of debris/Landscape waste? | *A/M* |  |  |  |
| Inlets and outlets unobstructed? | *A/M* |  |  |  |
| Standing water longer than 24 hours after astorm event? | *A/S* |  |  |  |
| Bare soil or erosion? | *M/S* |  |  |  |
| **Inlet/ Outlet Structures** |
| Inflow points (downspouts, curb cuts)provide stable conveyance into the facility? | *A* |  |  |  |
| Inlets provide stable conveyance intofacility? | *A* |  |  |  |
| Evidence of erosion at/around inlet? | *A* |  |  |  |
| Excessive trash/debris? | *A/M* |  |  |  |
| Vegetation overgrown, hindering inflow? | *A* |  |  |  |
| Other | *A* |  |  |  |
| **Bioretention Area** |
| Vegetation overgrown? | *A* |  |  |  |
| Invasive species/weeds present? | *A* |  |  |  |
| Dead vegetation or exposed soil present? | *A* |  |  |  |
| Maintenance access to facility? | *A* |  |  |  |
| Plant composition according to approvedplan? | *A* |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Inspection Items | Inspection Frequency | Inspected? (Yes/No) | Maintenance Needed? (Yes/No) | Comments/Description |
| Excessive trash/debris? | *A/M* |  |  |  |
| Evidence of erosion? | *A* |  |  |  |
| Evidence of standing water (Ponding, Noticeable Odors, Water Stains, Algae)? | *A* |  |  |  |
| Overflow structure free of blockage andoperating properly? | *A* |  |  |  |
| If underdrain system, is it broken or clogged? | *A* |  |  |  |
| Other | *A* |  |  |  |
| **Hazards** |
| Have there been complaints fromresidents? | *A/M* |  |  |  |
| Public hazards noted? | *A/M* |  |  |  |
| Mosquito proliferation? |  |  |  |  |
| Is there encroachment on pervious area oreasement 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)**