**Downspout Disconnection**

**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:

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |
| **Pipes, Gutters, and Drains** |
| Downspouts provide stableconveyance into facility? | *A/S* |  |  |  |
| Runoff enters pervious area as sheetflow? | *A/S* |  |  |  |
| Excessivetrash/debris/sediment/oil/chemicals accumulation at inflow points? | *A/S* |  |  |  |
| Evidence of erosion at/aroundinflow points? | *A/S* |  |  |  |
| **Disconnection Treatment** |  |  |  | (describe type: concrete pipe, slottedweir, channel, etc.) |
| Downspouts or surface impervious area drains to the receiving perviousarea? | *A/S* |  |  |  |
| Receiving treatment area retainsdimensions 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 soilpresent? | *A* |  |  |  |
| Other (describe) | *A* |  |  |  |
| **Contributing Drainage Area-Rooftop** |
| Treatment area retains dimensions as shown on plans and is in goodcondition? |  |  |  |  |
| Is there encroachment on perviousarea or easement by buildings or other structures? | *A/S* |  |  |  |
| **Hazards** |
| Have there been complaints fromresidents? | *A/M* |  |  |  |
| Public hazards noted? | *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)**