**Grass Channel 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:

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Inspection Items | Inspection Frequency | Inspected? (Yes/No) | Maintenance Needed? (Yes/No) | Comments/Description |
| **Debris Removal** | | | | |
| 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* |  |  |  |
| **Vegetation** | | | | |
| 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* |  |  |  |
| **Filtration Capacity** | | | | |
| Clogging from oil or grease? | *M* |  |  |  |
| Facility dewaters between storms? | *M* |  |  |  |
| **Check dams and energy dissipaters/sumps** | | | | |
| 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* |  |  |  |
| **Sediment Deposition** | | | | |
| Swale clean of sediments? | *A* |  |  |  |
| Sediment not > 25% of swale design depth? | *A* |  |  |  |
| **Outlet/Overflow Spillway** | | | | |
| In good condition? | *A* |  |  |  |
| Any evidence of erosion? | *A* |  |  |  |
| Any evidence of blockages? | *A* |  |  |  |
| Has facility been filled or blocked inappropriately? | *A* |  |  |  |
| **Hazards** | | | | |
| 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)**