

**STORM WATER MANAGEMENT FACILITY ANNUAL MAINTENANCE AND INSPECTION FORM****BIORETENTION/RAIN GARDEN**

Location: \_\_\_\_\_ P Job Number: \_\_\_\_\_

Owner Change since last inspection? Yes No Inspector: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_

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

Site Conditions: \_\_\_\_\_

**INSPECTION RATING SYSTEM**

- 0 = Good condition. Well maintained, no action required. Satisfactory Performance.**  
**1 = Moderate condition. Should monitor. Satisfactory Performance.**  
**2 = Degraded condition. Routine maintenance and repair needed. Unsatisfactory Performance.**  
**3 = Serious condition. Immediate need for repair or replacement. Unsatisfactory Performance.**

**NOTE TO INSPECTOR: All personnel entering any confined spaces must take appropriate safety measures and follow applicable OSHA regulations.**

INSPECTION ITEMS	RATING	COMMENTS
<b>Overall Drainage Area Conditions:</b>		
<b>A. INLET (If not piped, identify as overland flow)</b>		
Provide stable conveyance into facility?	0 1 2 3 N/A	
Excessive trash/debris/sediment accumulation?	0 1 2 3 N/A	
Signs of erosion?	0 1 2 3 N/A	
<b>B. PRETREATMENT</b>		
Excessive trash/debris/sediment?	0 1 2 3 N/A	
Evidence of standing water? (Ponding, Noticeable Odors, Water Stains, Algae)	0 1 2 3 N/A	
Evidence of clogging?	0 1 2 3 N/A	
Dead vegetation/exposed soil?	0 1 2 3 N/A	
Evidence of erosion?	0 1 2 3 N/A	
<b>C. TREATMENT AREA AND VEGETATION</b>		
Excessive trash/debris/sediment?	0 1 2 3 N/A	
Signs of erosion or movement of mulch (or pea gravel)?	0 1 2 3 N/A	
Evidence of oil/chemical/accumulation?	0 1 2 3 N/A	
Evidence of standing water? (Ponding, Noticeable Odors, Water Stains, Algae)	0 1 2 3 N/A	
Underdrain system (if equipped) broken/clogged?	0 1 2 3 N/A	
Adequate plant covering present?	0 1 2 3 N/A	
Is vegetation overgrown?	0 1 2 3 N/A	
Dead vegetation/exposed soil?	0 1 2 3 N/A	
Signs of mulch layer thinning (or pea gravel)?	0 1 2 3 N/A	
<b>D. OVERFLOW/OUTLET STRUCTURE</b>		
Stable conveyance out of facility provided?	0 1 2 3 N/A	
Excessive trash/debris/sediment accumulation?	0 1 2 3 N/A	
Evidence of erosion at/around ?	0 1 2 3 N/A	
<b>E. HAZARDS</b>		
Complaints from local residents?	0 1 2 3 N/A	
Any public hazards observed (describe if any)	0 1 2 3 N/A	
<b>F. CORRECTIVE ACTIONS*</b>		
*If any 2-3 ratings are given in Sections A-E of this checklist, list corrective actions recommended or completed at the time of this inspection.		
<b>CORRECTIVE ACTIONS</b>	<b>RECOMMENDED TO OWNER</b>	<b>COMPLETED AT TIME OF INSPECTION</b>
<b>G. PHOTOGRAPHS</b>		
Please attach photographs, with descriptions, showing current condition of system and any deficiencies noted in this inspections		

**NOTE:** This checklist does not exempt BMP owners from design and maintenance requirements specified in the SWMFR.