STORMWATER BMP MAINTENANCE INSPECTION CHECKLIST **INFILTRATION PRACTICES** Type (select one): Dry Well Infiltration Basin Infiltration Berm Subsurface Infiltration Bed Location: __ Owner Name: _ __ Date of Inspection: ___ _____ Time of Inspection: _ Inspector:_ Date of Last Inspection: ____ _____ Current Weather Conditions: ____ _____ Date of Last Rain: _ ____ General Site Conditions: ___ INSPECTION RATING SYSTEM 0 = Good condition. Well maintained, no action required. Satisfactory Performance. I = Moderate condition. Should monitor. Satisfactory Performance = 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 **NSPECTION ITEMS** WHAT DID YOU SEE? **RATING** WHAT DID YOU DO? A. INLET, OUTLET & OVERFLOW Excessive trash/debris/sediment 0 1 2 3 N/A accumulation 2 3 N/A Evidence of erosion/instability N/A Evidence of clogging or blockage B. VEGETATATION – (If present in design) N/A Vegetation is overgrown 1 2 3 Nuisance weeds or other vegetation is taking 1 2 3 N/A over (i.e. invasive non-native species) 1 2 3 N/A Inadequate plant covering or exposed soil Plant material is dead, dying or appears 0 1 2 3 N/A unhealthy TREATMENT AREA 0 1 2 3 N/A Standing water present 72 hrs after last rainfall N/A 1 2 3 Trash, debris or sediment accumulation N/A 0 1 2 3 Wildlife tunneling or burrowing 0 1 2 3 N/A Erosion or evidence of channelized flow D. OTHER 0 1 2 3 N/A Complaints from local residents 3 N/A Public hazards observed (describe) 1 2 3 N/A Other: . CORRECTIVE ACTIONS Describe source of problem and list any corrective actions that need to be taken and when PHOTOGRAPHS Attach photographs with descriptions showing current condition of system and any deficiencies noted in this inspection.