

## Bioretention Area Inspection and Maintenance Checklist

|                                                                                                                                                                                                                                                       |              |                            |                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------|---------------------------------|
| <b>Facility:</b>                                                                                                                                                                                                                                      |              |                            |                                 |
| <b>Location/Address:</b>                                                                                                                                                                                                                              |              |                            |                                 |
| <b>Date:</b>                                                                                                                                                                                                                                          | <b>Time:</b> | <b>Weather Conditions:</b> | <b>Date of Last Inspection:</b> |
| <b>Inspector:</b>                                                                                                                                                                                                                                     |              | <b>Title:</b>              |                                 |
| <b>Rain in Last 48 Hours</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, list amount and timing:</b>                                                                                                                          |              |                            |                                 |
| <b>Pretreatment:</b> <input type="checkbox"/> vegetated filter strip <input type="checkbox"/> swale <input type="checkbox"/> turf grass <input type="checkbox"/> forebay <input type="checkbox"/> other, specify: _____ <input type="checkbox"/> none |              |                            |                                 |
| <b>Site Plan or As-Built Plan Available:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                 |              |                            |                                 |

| Inspection Item                                                                                                       |                                                                                       | Comment | Action Needed                                            |
|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------|----------------------------------------------------------|
| <b>1. PRETREATMENT</b>                                                                                                |                                                                                       |         |                                                          |
| Sediment has accumulated.                                                                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Trash and debris have accumulated.                                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>2. DEWATERING</b>                                                                                                  |                                                                                       |         |                                                          |
| Standing water is present after 24 hours.<br>If yes, describe sheen, color, or smell.                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>3. INLETS</b>                                                                                                      |                                                                                       |         |                                                          |
| Inlets are in poor structural condition.                                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sediment has accumulated and/or is blocking the inlets.                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Erosion is occurring around the inlets.                                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>3. VEGETATION</b>                                                                                                  |                                                                                       |         |                                                          |
| Vegetation is wilting, discolored, or dying due to disease or stress.                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Vegetation needs to be controlled through mowing or manual removal.                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>4. BIORETENTION MAIN INFILTRATION AREA</b>                                                                         |                                                                                       |         |                                                          |
| Trash and debris have accumulated.                                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sediment has accumulated at the surface.                                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Topmost layer is caked or crusted over with sediment.                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Erosion is evident.                                                                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mulch is compacted.                                                                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sinkholes or animal borrows are present.                                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>5. SIDE SLOPES AND EMBANKMENT</b>                                                                                  |                                                                                       |         |                                                          |
| Erosion is evident.                                                                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sinkholes or instability is evident.                                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>6. OUTLETS AND OVERFLOW STRUCTURE (i.e., catch basin)</b>                                                          |                                                                                       |         |                                                          |
| Outlets or overflow structures in poor structural condition.                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sediment, trash or debris is blocking the outlets or overflow structure.                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Erosion is occurring around the outlets or overflow structure.                                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Height from surface of practice to top of overflow structure is insufficient to allow for ponding during rain events. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

|                                                                                        |  |
|----------------------------------------------------------------------------------------|--|
| Additional Notes                                                                       |  |
|                                                                                        |  |
| Wet weather inspection needed <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

Wet weather inspection needed ☐ Yes ☐ No

**Site Sketch:**