

**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
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**Overall Drainage Area Conditions:**

**A. INLET (If not piped, identify as overland flow)**

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. PRETREATMENT**

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	

**C. TREATMENT AREA AND VEGETATION**

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	

**D. OVERFLOW/OUTLET STRUCTURE**

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	

**E. HAZARDS**

Complaints from local residents?	0 1 2 3 N/A	
Any public hazards observed (describe if any)	0 1 2 3 N/A	

**F. CORRECTIVE ACTIONS\***

\*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.

CORRECTIVE ACTIONS	RECOMMENDED TO OWNER	COMPLETED AT TIME OF INSPECTION

**G. PHOTOGRAPHS**

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.