BIORETENTION INSPECTION FORM

Name(s) of Inspectors:
Date of Inspection:
Location of the bioretention facility:
Address or Intersection:
Age of bioretention facility:
Bioretention facility area (ft. x ft.):
Time since last rainfall (hr):
Quantity of last rainfall (in):

Site Sketch (include inlets, outlets, north arrow, flow direction, etc.)



Based on visual assessment of the site, answer the following questions and take photographs of the site:

Facility Footprint

- 1. Are there indications of any of the following in the bioretention facility? (If yes, mark on site sketch)
 - \Box Erosion
 - □ Settlement
 - \Box Seeps and wet spots
 - $\hfill\square$ Rodent holes or water piping
 - $\hfill\square$ Trash and debris
 - \Box Leaves
 - □ Other: _____
 - \Box None
- 2. Is there ponded water in the bioretention facility? \Box Yes \Box No

If yes, describe the potential reasons for ponded water below (leaf or debris build up, non-functional underdrain, groundwater input, illicit connection, inadequate capacity in facility, etc.)

Notes

Inlets/Outlets/Pipes

3. How many inlet structures are present? \Box 0 \Box 1 \Box 2 \Box 3 \Box 4 \Box 5 \Box > 5

Are any of the inlet structures clogged? (If yes, mark the location on your site sketch and fill in the boxes below with the cause of the clogging (e.g., debris, sediment, vegetation, etc.) \Box No \Box Partially \Box Completely \Box NA

4. Are any of the inlet structures altered from the original design or otherwise in need of maintenance? (If yes, write in reason: frost heave, vandalism, unknown, etc.)

	Inlet #:				
Partially clogged					
Completely clogged					
Reason for maintenance					



- 5. Are any trashracks, overflow or underdrains clogged?
 - \Box No \Box Partially \Box Completely \Box NA
 - a. If yes, mark the location on your site sketch and fill in the boxes below with the cause of the clogging (e.g., debris, sediment, vegetation, etc.)
 - b. Are any of the overflow or bypass structures altered from the original design or otherwise in need of maintenance? (if yes, write in reason: frost heave, vandalism, unknown)

	Outlet #:	Outlet #:	Outlet #:
Partially clogged			
Completely clogged			
Reason for maintenance			

Vegetation

- 6. What is the approximate vegetation survival rate? _____%
 - a. Does the current vegetation match the original design?
 □ Yes □ No □ Unknown
 - b. Is there the presence of:□ Diseased plants
 - \Box Weeds
 - \Box Noxious weeds
 - \Box None of the above
 - □ Other: __
 - c. Does the vegetation appear to be healthy?
 □ Yes □ No (If no, describe below)
 - d. Is the vegetation the appropriate size and density?
 □ Yes □ No (If no, describe below)

Notes

<u>Mulch</u>

 Are there any bare spots (without mulch cover) or locations with mulch depth less than 2 inches? □ Yes □ No If yes, mark on site sketch.



Watering

8. Is the irrigation system functioning as designed?
□ Yes □ No □ Not applicable; no irrigation system present

Pest Control

9. Is there any evidence of animal burrowing, animals causing damage to plants, or large deposition of feces?
 □ Yes □ No

Summary

- 10. Inspector's Recommendations. When is maintenance needed?
 - □ Immediately
 - \Box Within a month or two
 - $\hfill\square$ Within a year
 - \Box No sign that any maintenance is required
- 11. Summarize the results of this inspection and write any other observations in the box below.

Summary and other observations

