

## BMP INSPECTION CHECKLIST

Property Owner: \_\_\_\_\_  
 Site Name: \_\_\_\_\_  
 Parcel ID# (PIN): \_\_\_\_\_  
 Engineer Evaluator's Name: \_\_\_\_\_  
 PE Registration #: \_\_\_\_\_  
 Inspection Date: \_\_\_\_\_  
 Description of BMP: \_\_\_\_\_

### DETENTION, RETENTION AND IMPOUNDMENT BMPs

#### I. Embankment

	OK	Repair	N/A
A. Crest			
1. No visible settlement	_____	_____	_____
2. No visible misalignment	_____	_____	_____
3. No visible cracking	_____	_____	_____
B. Upstream			
1. No erosion	_____	_____	_____
2. Adequate groundcover	_____	_____	_____
3. No trees, shrubs, etc.	_____	_____	_____
4. No cracks, settlements, or bulges	_____	_____	_____
5. No rodent holes	_____	_____	_____
C. Downstream Slope			
1. No erosion	_____	_____	_____
2. Adequate groundcover	_____	_____	_____
3. No trees, shrubs, etc.	_____	_____	_____
4. No cracks, settlements, or bulges	_____	_____	_____
5. No rodent holes	_____	_____	_____
D. Abutments			
1. No erosion	_____	_____	_____
2. No seepage	_____	_____	_____
3. No cracks	_____	_____	_____
E. Drainage, Seepage Control			
1. Internal drains flowing	_____	_____	_____
2. No seepage at toe of slope	_____	_____	_____

#### II. Emergency Spillway

	OK	Repair	N/A
1. No eroding or backcutting	_____	_____	_____
2. Not obstructed	_____	_____	_____

- |                |       |       |       |
|----------------|-------|-------|-------|
| 3. No leaking  | _____ | _____ | _____ |
| 4. Operational | _____ | _____ | _____ |

**III. Principal Spillway Barrel**

- |                                  |       |        |       |
|----------------------------------|-------|--------|-------|
|                                  | OK    | Repair | N/A   |
| 1. No seepage into conduit       | _____ | _____  | _____ |
| 2. No debris present             | _____ | _____  | _____ |
| 3. No displaced or offset joints | _____ | _____  | _____ |

**IV. Outlet Protection/Stilling Basin**

- |                              |       |        |       |
|------------------------------|-------|--------|-------|
|                              | OK    | Repair | N/A   |
| 1. Not obstructed            | _____ | _____  | _____ |
| 2. Adequate riprap           | _____ | _____  | _____ |
| 3. No undercutting at outlet | _____ | _____  | _____ |
| 4. No outlet channel scour   | _____ | _____  | _____ |

**V. Basin & Upland Buffer Area**

- |                                              |       |        |       |
|----------------------------------------------|-------|--------|-------|
|                                              | OK    | Repair | N/A   |
| A. Low Flow Channel                          |       |        |       |
| 1. No erosion                                | _____ | _____  | _____ |
| 2. Adequate vegetation                       | _____ | _____  | _____ |
| 3. Not obstructed                            | _____ | _____  | _____ |
| B. Basin Bottom & Side Slopes                |       |        |       |
| 1. No erosion                                | _____ | _____  | _____ |
| 2. Adequate stabilization                    | _____ | _____  | _____ |
| 3. No sediment accumulation                  | _____ | _____  | _____ |
| 4. No floating debris                        | _____ | _____  | _____ |
| 5. High water marks                          | _____ | _____  | _____ |
| 6. Shoreline protection                      | _____ | _____  | _____ |
| C. Inflow & Outflow Channels/Pipes           |       |        |       |
| 1. No erosion                                | _____ | _____  | _____ |
| 2. Adequate stabilization                    | _____ | _____  | _____ |
| 3. No undercutting                           | _____ | _____  | _____ |
| D. Sediment Forebay                          |       |        |       |
| 1. Sediment accumulation                     | _____ | _____  | _____ |
| 2. Stable overflow into basin                | _____ | _____  | _____ |
| E. Other                                     |       |        |       |
| 1. Upland landscaping adequate and thriving  | _____ | _____  | _____ |
| 2. Aquatic landscaping adequate and thriving | _____ | _____  | _____ |

**INFILTRATION BMPs**

**I. Debris Cleanout**

	OK	Repair	N/A
1. Contributing areas clean of debris	_____	_____	_____
2. Filtration facility clean of debris	_____	_____	_____
3. Inlets and outlets clean of debris	_____	_____	_____

**II. Vegetation**

	OK	Repair	N/A
1. Contributing drainage area stabilized	_____	_____	_____
2. No evidence of erosion	_____	_____	_____
3. Area moved and clippings removed	_____	_____	_____

**III. Clogging**

	OK	Repair	N/A
1. No evidence of surface clogging	_____	_____	_____
2. Observations well clear of water within 48 hours of storm event	_____	_____	_____

**IV. Structural Components**

	OK	Repair	N/A
1. No evidence of structural deterioration	_____	_____	_____
2. Any grates are in good condition	_____	_____	_____
3. No evidence of spalling or cracking of structural parts	_____	_____	_____

**V. Outlets/Overflow Spillway & Channels**

	OK	Repair	N/A
1. Good condition, no need for repair	_____	_____	_____
2. No evidence of erosion (if draining into a natural channel)	_____	_____	_____

**VI. Overall Function of Facility**

	OK	Repair	N/A
1. No evidence of flow bypassing facility	_____	_____	_____
2. No standing water	_____	_____	_____

**INTERMITTENT SAND FILTER**

**I. Debris Cleanout**

	OK	Repair	N/A
1. Contributing areas clean of debris	_____	_____	_____
2. Filtration facility clean of debris	_____	_____	_____
3. Inlets and outlets clear of debris	_____	_____	_____

**II. Vegetation**

	OK	Repair	N/A
1. Contributing drainage are stabilized	_____	_____	_____
2. No evidence of erosion	_____	_____	_____
3. Area mowed and clippings removed	_____	_____	_____

**III. Oil & Grease**

	OK	Repair	N/A
1. No evidence of filter surface clogging	_____	_____	_____
2. Activities in drainage area minimize oil and grease entry	_____	_____	_____

**IV. Water Retention Where Required**

	OK	Repair	N/A
1. Water holding chambers at normal pool	_____	_____	_____
2. No evidence of leakage	_____	_____	_____

**V. Sediment Deposition**

	OK	Repair	N/A
1. Filtration chamber clean of sediments	_____	_____	_____
2. Water chambers not more than half full of sediments	_____	_____	_____

**VI. Structural Components**

	OK	Repair	N/A
1. No evidence of structural deterioration	_____	_____	_____
2. Any grates are in good condition	_____	_____	_____
3. No evidence of spalling or cracking of structural parts	_____	_____	_____

**VII. Outlets/Overflow Spillway and Channels**

	OK	Repair	N/A
1. Good condition, no need for repair	_____	_____	_____
2. No evidence of erosion (if draining into a natural channel)	_____	_____	_____

**VIII. Overall Function of Facility**

	OK	Repair	N/A
1. No evidence of bypassing facility	_____	_____	_____
2. No noticeable odors outside of facility	_____	_____	_____

**VIII. Pump (Where Applicable)**

	OK	Repair	N/A
1. Catalog cuts and wiring diagram for pump available	_____	_____	_____
2. waterproof conduits for wiring appear to be intact	_____	_____	_____
3. Panel box is well marked	_____	_____	_____
4. No evidence of pump failure (excess water in pump well, etc.)	_____	_____	_____

**BIORETENTION**

**I. Debris Cleanout**

	OK	Repair	N/A
1. Contributing areas clean of debris	_____	_____	_____
2. Bioretention facility clean of debris	_____	_____	_____
3. Inlets and outlets clear of debris	_____	_____	_____

**II. Drainage Area Stabilization**

	OK	Repair	N/A
1. Contributing drainage area stabilized	_____	_____	_____
2. No evidence of erosion	_____	_____	_____
3. Area mowed and clippings removed	_____	_____	_____

**III. Oil & Grease**

	OK	Repair	N/A
1. No evidence of filter surface clogging	_____	_____	_____
2. Activities in drainage area minimize oil & grease entry	_____	_____	_____

**IV. Overflow Structure**

	OK	Repair	N/A
1. Overflow grate/throat clear of debris	_____	_____	_____
2. Any grates are in good condition	_____	_____	_____
3. No evidence of erosion (if draining into a natural channel)	_____	_____	_____

**V. Bioretention Planting Soil**

	OK	Repair	N/A
1. No evidence of planting soil erosion	_____	_____	_____
2. Bioretention basin clear of sediments	_____	_____	_____

**VI. Organic Layer**

	OK	Repair	N/A
1. Mulch covers entire area (NO voids) and to specified thickness	_____	_____	_____
2. Mulch is in good condition	_____	_____	_____

**VII. Plants\***

	OK	Repair	N/A
1. Specified number and types of plants are still in place.	_____	_____	_____
2. No dead or diseased plants	_____	_____	_____
3. No evidence of plant stress from inadequate watering	_____	_____	_____
4. No evidence of deficient stakes or wires	_____	_____	_____

\*Note: Diseased plants must be treated by a qualified professional. Deficient stakes or wires must be replaced. Dead plants diseased beyond treatment must be replaced by plants meeting original design specifications. New plants must be watered every day for the first 14 days after planting. Reinspections must be scheduled to occur following this period.

**OFF THE SHELF BMPs**  
(e.g. Filterra, StormFilter, Etc.)

Provide the Town with a copy of the maintenance agreement, and provide documentation from the maintenance contractor of the inspection and any maintenance that was performed.

**ACTION TO BE TAKEN**

If "Repair" is checked for any of the above items, submit a Repair Plan to the Town that describes the all maintenance the Engineer deems necessary in order to ensure the Facility functions in accordance with its design and the Approved Plans. The Repair Plan shall also include a schedule for performing the work.

If the Owner fails to correct defects in a timely manner, the Town shall issue a written notice to the Owner requesting correction of these defects. The Owner will then be required to correct the defects within fourteen (14) days. If the corrections are not made in 14 days, the Town may enter upon the Property and take whatever reasonable steps it deems necessary to so maintain the Facility. In the event the Town performs work or expends any funds for the maintenance of the Facility, including labor, equipment, supplies and materials, the Owner shall reimburse the Town, within ten (10) days after the Town gives the Owner written notice of such expenditures.

Inspection conducted by (print name): \_\_\_\_\_

Engineer's seal, signature, and date.