

BIORETENTION CELL: O & M Inspection Checklist

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
INLET and PERIMETER			
1. Inlet and Perimeter are free of erosive gullies and bare soil areas:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Inlet device (swale, pipe, stone verge) is free of erosion, damage or clogs:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Weir heights appear to match approved plans:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRETREATMENT/FOREBAY			
4. Flow is entering pretreatment area (not being bypassed):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Pretreatment area is free of erosion:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Level Spreader (if applicable) is structurally sound and remains level:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Pretreatment area is free of excessive sediment or clogs:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Energy Dissipaters (rip rap aprons/plunge pools) are correct size and functioning:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Pretreatment area is free of trash and other debris:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MAIN TREATMENT AREA			
10. Vegetated side slopes are no steeper than 3:1:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The under drain system is free flowing and free of clogs (if applicable):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Main treatment area is free of sediment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Cleanout(s) and cap is provided for the under drain as per the approved plans:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Cleanouts(s) and caps free of damage potentially caused by mowing/maintenance:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Heavy equipment has not been driven into the cell:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. The "Do Not Fertilize" signs are still in place and visible for sodded cells:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Surface is free of piles of heavy materials (piles of mulch, etc):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Ponding depth is 9-12 inches after rain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. All dimensions are ≥ 10 ft.:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Main treatment area is free of trash and other debris:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Access easement is being maintained:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOIL/MULCH/SOD and VEGETATION			
22. Plants are healthy and being maintained:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. The proper amount and type of vegetation/plantings is present in the cell:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Mulch (if applicable) is in good condition (has not broken down or floated/migrated towards the outlet):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Surface if free of excessive sediment and clogs:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Sod (if applicable) is in good condition and free of weeds and bare spots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Trees are free of stakes/wires > 6 months after planting:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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| 28. Ponded volume drains completely into the soil layer within 12 hours: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Ponded volume drains completely from the device within 48 hours: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. The annual soil test shows the proper pH and absence of heavy metal accumulation: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

OUTLET

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| 31. Outlet is free of evidence of improper drainage (no standing water, cattails, etc.): | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Outlet device (drop inlet, weir, etc.) is free of damage or clogs: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Orifice size matches approved plans: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Outlet is free of damage, clogs, or erosion: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Outlet Energy dissipater is correct size and functioning (if applicable): | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Relative elevations match approved plans: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Note: *If there is more than 1 bio-retention cell on the property then a separate inspection checklist must be completed for each bio-cell. The inspector should note on each checklist which cell the inspection form refers to and describe its location on the property*

Date of Inspection

Name of Inspector (Please type)

Signature of Inspector

Qualification of Inspector (Please describe your credentials/qualifications to carry out this inspection below)