



APPENDIX C STORMWATER BMP MAINTENANCE DOCUMENT

- **Explanation of Maintenance Document**
- **Inspection and Maintenance Agreement**
- **Declaration of Restrictions and Covenants**
- **Long Term Maintenance Plan Instructions**
- **BMP Inspections Checklists (Templates)**



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Explanation of Maintenance Document

The Maintenance Document for a site is comprised of the following elements:

1. Either an Inspection and Maintenance (I&M) Agreement, which includes an easement requirement, or a Declaration of Restrictions and Covenants, whichever is appropriate as determined by Stormwater staff.
2. A long-term maintenance plan prepared by the design engineer. The maintenance plan must include a description of the stormwater system and its components, inspection priorities and inspection schedule for each component, and BMP schematics for each BMP.
3. A system location map to enable MWS to locate BMPs as needed.

The Maintenance Document must be submitted for MWS review with the Grading Permit application. The property owner or owners are responsible for inspections and maintenance of BMPs and privately-owned stormwater system components outside of the right-of-way. The Maintenance Document is to be recorded at the Register of Deeds before a site is approved for a Pre-Construction Meeting. If the final configuration of the stormwater system components or BMPs differs from that described in the recorded Maintenance Document, a revised Maintenance Document must be recorded.

An Inspection and Maintenance Agreement and a Declaration of Covenants are contained in this Appendix, as are templates for inspection checklists for each type of structural BMP, including water quality buffers. As noted above, inspection priorities and schedules for each BMP type must be submitted as a component of the long-term maintenance plan for the site. The inspection checklists can serve this purpose, as well as serving as inspection reports for each facility. The template checklists are a general guideline of inspection elements; however, engineers may modify checklists to include inspections and maintenance elements as needed.



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INSPECTION AND MAINTENANCE AGREEMENT FOR PRIVATE STORMWATER FACILITIES



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**INSPECTION AND MAINTENANCE AGREEMENT
FOR PRIVATE STORMWATER MANAGEMENT FACILITIES**

Grading Permit No.: _____

Map & Parcel No.: _____

Project Name & Address: _____

THIS AGREEMENT, made this ____ day of _____, 20____, by and between _____, hereinafter referred to as the "OWNER(S)" of the following property and Metropolitan Government of Nashville and Davidson County, Tennessee, hereinafter referred to as the "METROPOLITAN GOVERNMENT",

WITNESSETH

WE, the OWNER(S), with full authority to execute deeds, mortgages, other covenants, do hereby covenant with the METROPOLITAN GOVERNMENT and agree as follows:

1. The OWNER(S) covenant and agree with the METROPOLITAN GOVERNMENT that the OWNER(S) shall provide for adequate long term maintenance and continuation of the stormwater control measures described in the Long Term Maintenance Plan and shown on the location map, deed of easement drawing or plat attached hereto to ensure that the facilities, are and remain in proper working condition in accordance with approved design standards, rules and regulations, and applicable laws. The OWNER(S) shall perform preventative maintenance activities at intervals described in the inspection schedule included in the Long Term Maintenance Plan along with necessary landscaping (grass cutting, etc.) and trash removal as part of regular maintenance.
2. The OWNER(S) shall submit to the METROPOLITAN GOVERNMENT an annual report by July 1st of each year. The report shall document the inspection schedule, times of inspection, remedial actions taken to repair, modify or reconstruct Systems and Facilities, the state of control measures, and notification of any planned change in responsibility for such Systems and Facilities.
3. The OWNER(S) shall submit to the METROPOLITAN GOVERNMENT a report every five years of an inspection performed by a qualified professional as specified by the METROPOLITAN GOVERNMENT. This report shall be submitted on July 1st and will substitute for the annual report detailed in item #3.
4. The OWNER(S) shall grant to the METROPOLITAN GOVERNMENT or its agent or contractor the right of entry at reasonable times and in a reasonable manner for the purpose of inspecting, operating, installing, constructing, reconstructing, maintaining or repairing the facility.
5. The OWNER(S) shall grant to the METROPOLITAN GOVERNMENT the necessary easements and rights-of-way and maintain perpetual access from public rights-of-way to the facility for the METROPOLITAN GOVERNMENT or its agent and contractor.
6. If, upon inspection, the METROPOLITAN GOVERNMENT finds that OWNER(S) has failed to properly maintain the facilities, the METROPOLITAN GOVERNMENT may order the work performed within ten (10) days. In the event the work is not performed within the specified time, the OWNER(S) agrees to allow the METROPOLITAN GOVERNMENT to enter the property and take whatever steps it deems necessary to maintain the stormwater control facilities. This provision shall not be construed to allow the METROPOLITAN GOVERNMENT to erect any structure of a permanent nature on the land of the OWNER(S) without first obtaining written approval of the OWNER(S).
7. The METROPOLITAN GOVERNMENT is under no obligation to maintain or repair said facilities, and in no event shall this Agreement be construed to impose any such obligation on the METROPOLITAN GOVERNMENT. The OWNER(S) shall reimburse the METROPOLITAN GOVERNMENT upon demand the costs incurred in the maintenance of the facilities.
8. If the OWNER fails to pay the METROPOLITAN GOVERNMENT for the above expenses after forty-five (45) days written notice, the OWNER authorizes the METROPOLITAN GOVERNMENT to collect said expenses from the



OWNER through appropriate legal action and the OWNER shall be liable for the reasonable expenses of collection, court costs, and attorney fees.

9. The OWNER(S) and the OWNER(S) heirs, administrators, executors, assigns, and any other successor in interest shall indemnify and hold harmless the METROPOLITAN GOVERNMENT and its officers, agents and employees for any and all damages, accidents, casualties, occurrences, claims or attorney’s fees which might arise or be asserted, in whole or in part, against the METROPOLITAN GOVERNMENT from the construction, presence, existence, or maintenance of the stormwater control facilities subject to this AGREEMENT. In the event a claim is asserted against the METROPOLITAN GOVERNMENT, its officers, agents or employees, the METROPOLITAN GOVERNMENT shall notify OWNER(S) and the OWNER(S) shall defend at OWNER(S) expense any suit based on such claim. If any judgment or claims against the METROPOLITAN GOVERNMENT, its officers, agents or employees, shall be allowed, the OWNER(S) shall pay all costs and expenses in connection therewith. The METROPOLITAN GOVERNMENT will not indemnify, defend or hold harmless in any fashion the OWNER(S) from any claims arising from any failure, regardless of any language in any attachment or other document that the OWNER(S) may provide.
10. The OWNER(S) shall not be able to transfer, assign or modify its responsibilities with respect to this agreement without the METROPOLITAN GOVERNMENT’s written prior consent. Nothing herein shall be construed to prohibit a transfer by OWNER(S).
11. No waiver of any provision of this AGREEMENT shall affect the right of any party thereafter to enforce such provision or to exercise any right or remedy available to it in the event of any other default.
12. The OWNER(S) shall record a plat showing and accurately defining the easements for stormwater control facilities. The plat must reference the Instrument Number where this AGREEMENT and its or attachments are recorded and contain a note that the OWNER(S) is responsible for maintaining the stormwater management facilities.
13. The OWNER(S) shall record this AGREEMENT in the office of the Register of Deeds for the county of Davidson, Tennessee, and the AGREEMENT shall constitute a covenant running with the land, and shall be binding upon the OWNER(S) and the OWNER(S) heirs, administrators, executors, assigns, and any other successors in interest.

<p>REVIEWED BY:</p> <p>_____</p> <p>FOR THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY, DEPARTMENT OF WATER AND SEWERAGE SERVICES</p> <p>PREPARED BY:</p> <p>_____</p> <p>FOR THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY, DEPARTMENT OF WATER AND SEWERAGE SERVICES</p>	<p>ATTEST BY OWNERS(S):</p> <p>_____</p> <p>OWNER(S) NAME (PRINTED)</p> <p>BY: _____</p> <p>TITLE: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>OWNER(S) ADDRESS AND PHONE NUMBER</p>
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STATE OF _____
COUNTY OF _____

Before me, _____ of the state and county mentioned, personally appeared _____, with whom I am personally acquainted (or provided to me on the basis of satisfactory evidence), and who, upon oath, acknowledged such person to be president (or other officer authorized to execute the instrument) of _____, the within named bargainor, a corporation, and that such president or officer as such _____, executed the foregoing instrument for the purpose therein contained, by personally signing the name of the corporation as _____.

Witness my hand and official seal at office in _____, this _____ day of _____, of the year _____.

Notary Public

My Commission Expires: _____

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Before me, _____ of the state and county mentioned, personally appeared _____, with whom I am personally acquainted (or provided to me on the basis of satisfactory evidence), and who acknowledge themselves to be the Director of Water Services of the Metropolitan Government of Nashville and Davidson County or his designee and as such, being authorized so to do, executed the foregoing instrument of the purposes therein contained.

Witness my hand and official seal at office in _____, this _____ day of _____

Notary Public

My Commission Expires: _____



FOR GOVERNMENT USE ONLY

I, _____, do hereby make oath that I am a licensed attorney and/or the custodian of the electronic version of the attached document tendered for registration herewith and that this is a true and correct copy of the original documents executed and authenticated according to law.

This instrument has been reviewed and approved by the Metro Water, Property Services.

Signature

**STATE OF TENNESSEE
COUNTY OF DAVIDSON**

Personally appeared before me, the undersigned, a notary for this County and State, _____, who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Notary Signature

MY COMMISSION EXPIRES: _____
Notary's Seal



DECLARATION OF RESTRICTIONS AND COVENANTS FOR STORMWATER FACILITIES AND SYSTEMS



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This instrument prepared by:
Metropolitan Department of Law
108 Metropolitan Courthouse
Nashville, Tennessee 37201

DECLARATION OF RESTRICTIONS AND COVENANTS

FOR

STORMWATER FACILITIES AND SYSTEMS

Grading Permit No.: _____

Being on the Property conveyed to _____, the deed for which is of record in Instrument No. _____, R.O.D.C., Tennessee.

_____ (individually or collectively, the “Declarant”), the owner of the real property described in Exhibit A attached hereto and incorporated herein by reference (the “Property”), does hereby covenant, agree and declare as follows:

1. Declarant is lawfully seized of the Property and possessed of said land in fee simple and has good right to make the following declarations and covenants.
2. Declarant has prepared and submitted to Metro a Long Term Maintenance Plan (the “Plan”) acceptable to Metro, a copy of which is attached hereto, and shall thereafter provide for adequate long term maintenance and continuation of the stormwater control measures described in the Plan to ensure that all stormwater facilities (“Facilities”) and systems (“Systems”) required by the Plan are and remain in proper working condition in accordance with the Plan and with all applicable rules, regulations and laws. Declarant shall perform preventative maintenance activities at intervals described in the inspection schedule included in the Plan along with necessary landscaping (grass cutting, etc.) and trash removal as part of regular maintenance.
3. Declarant shall submit to Metro an annual report by July 1st of each year. The report shall document the inspection schedule, times of inspection, remedial actions taken to repair, modify or reconstruct Systems and Facilities, the state of control measures, and notification of any planned change in responsibility for such Systems and Facilities.
4. Declarant shall submit to Metro a report every five years of an inspection performed by a qualified professional as specified by Metro. This report shall be submitted on July 1st and will substitute for the annual report detailed in item #3.
5. Declarant hereby accords to Metro and its employees, agents and contractors a perpetual right of entry at reasonable times and in a reasonable manner for the purpose of inspecting, operating, installing, constructing, reconstructing, maintaining or repairing the Systems and Facilities.
6. Declarant hereby accords to Metro and its employees, agents and contractors a perpetual right of entry for access from public rights-of-way to the Systems and Facilities.



7. If, upon inspection, Metro determines that Declarant has failed to properly maintain the Systems and Facilities in accordance with the Plan, the Declarant acknowledges that Metro will in that event have the authority to order Declarant to perform such maintenance within ten (10) days. In the event the maintenance is not performed within the specified time, Declarant shall allow Metro to enter the property and take all reasonable steps to maintain the Systems and Facilities. Declarant acknowledges that Declarant understands that Metro is under no duty or obligation to maintain or repair the Systems and Facilities. Declarant shall reimburse Metro in full and upon demand for all costs incurred by Metro in the maintenance or repair of the Systems and Facilities and shall be liable to Metro for the reasonable costs of collection, including without limitation court costs and attorney fees.
8. Declarant shall reimburse Metro in full upon demand in the amount of any judgment rendered against Metro due to Declarant's failure to perform the obligations created by this instrument.
9. The Property may be used for any lawful purpose desired after the construction of all of the Systems and Facilities, provided that structural change, in the opinion of Metro (the discretion to give such opinion on behalf of Metro may be exercised by the Director of Water and Sewerage Services, or the Director's designee), will not destroy, weaken or damage them or interfere with their operation or maintenance. Additionally, prior to any changes or additions to or relocation of the improvements, the Declarant, successors and/or assigns must demonstrate to the satisfaction of the Director of Water and Sewerage Services that any such proposed change, addition, or relocation will not eliminate the improvement or interfere with or significantly change its needed operation, or otherwise pose a danger to the public health or safety. A map depicting any approved change, addition, or relocation of the improvements shall be recorded with reference to this instrument number.
10. These restrictions and covenants under this instrument shall become void if the structures on the property are demolished, the property is prepared for redevelopment, and the Director of Water and Sewerage Services certifies that all portions of the public storm water system on or immediately adjacent to the property have been restored to the existing condition as of the day of the execution of this instrument.

The Declarant shall provide this executed document along with associated recording fees (payable to the Davidson County Register of Deeds) to Metro Water Services for the purpose of recording this Declaration. Upon the recording of this Declaration by Metro in the office of the Register of Deeds for the county of Davidson, Tennessee, the foregoing restrictions and covenants shall run with the land and shall be binding on Declarant and all subsequent owners of the Property (or any portion thereof) and shall inure to the benefit of and be enforceable by Metro, its successors and assigns (although Metro's failure to exercise its enforcement rights in any particular situation shall not be deemed a waiver of them). Declarant, for itself and its successors in interest, further covenants to warrant and forever defend Metro's enforcement rights regarding the foregoing restrictions and covenants against the adverse claims of all persons. Any plat recorded at or after the date of the filing of this Declaration shall reference the instrument number where this Declaration and its attachments are recorded and contain a note that the Declarant is responsible for maintaining the Systems and Facilities. The foregoing covenants and restrictions may not be modified or amended except by a recorded instrument signed by Declarant and Metro (the discretion to do so on behalf of Metro may be exercised by the Director), or their respective successors or assigns, and shall not be extinguished by merger of title or otherwise.



WITNESS my/our hand(s), this __ day of _____, 20__.

Declarant

Declarant

**STATE OF TENNESSEE
COUNTY OF DAVIDSON**

Before me, _____, a Notary Public of the State and County
aforesaid, personally appeared _____
with whom I am personally acquainted, and who, upon oath, acknowledged _____
to be _____
the within named bargainer(s), _____ and that _____, as
such _____
being authorized to do so, executed the foregoing instrument for the purposes therein contained.

Witness my hand and seal this ____ day of _____, 20__.

_____, Notary Public

My Commission Expires _____.



FOR GOVERNMENT USE ONLY

I, _____, do hereby make oath that I am a licensed attorney and/or the custodian of the electronic version of the attached document tendered for registration herewith and that this is a true and correct copy of the original documents executed and authenticated according to law.

This instrument has been reviewed and approved by the Metro Water, Property Services.

Signature

**STATE OF TENNESSEE
COUNTY OF DAVIDSON**

Personally appeared before me, the undersigned, a notary for this County and State, _____, who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Notary Signature

MY COMMISSION EXPIRES: _____
Notary's Seal



LONG TERM BMP MAINTENANCE PLAN

- **LONG TERM MAINTENANCE PLAN
INSTRUCTIONS**



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Long Term Maintenance Plan Instructions

The Long Term Maintenance Plan is a component of the Maintenance Document for the development or site. One of the purposes of the Long Term Maintenance Plan is to inform property owners about the system components on their properties, so that they will know the locations and maintenance needs of the components and structural BMPs.

The Long-Term Maintenance Plan must include or address the following elements:

- Description and locations of stormwater system components to be inspected, prepared by the engineer.
- Schedule of inspections and the techniques used to inspect and maintain the systems to ensure that they are functioning properly as designed. Documentation checklists for each type of BMP including the inspection schedule and potential maintenance items that must be addressed. Templates for checklists are found in this Appendix.
- Where and how the trash, sediment and other pollutants removed from the stormwater system will be disposed.
- Schematics of BMPs located on the site.
- Person(s) and phone number(s) of who will be responsible for inspection and maintenance. If the organization that will be responsible is yet to be organized, list the name, address and phone number of the person or entity with interim responsibility.
- Provisions for permanent access and maintenance easements.



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STORMWATER STRUCTURAL BMP INSPECTION CHECKLIST TEMPLATES (COMPONENT OF LONG-TERM MAINTENANCE PLAN)

- **STORMWATER WET OR DRY POND**
- **CONSTRUCTED WETLANDS**
- **SAND FILTER**
- **FILTER STRIP**
- **BUFFERS**
- **PROPRIETARY BMP**
- **BIORETENTION**
- **URBAN BIORETENTION**
- **PERMEABLE PAVEMENT**
- **INFILTRATION TRENCH**
- **WATER QUALITY SWALE**
- **EXTENDED DETENTION**
- **DOWNSPOUT DISCONNECTION**
- **GRASS CHANNEL**
- **SHEET FLOW**
- **REFORESTATION**
- **CISTERN**
- **GREEN ROOF**



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Stormwater Pond Inspections and Maintenance Checklist

Site Name: _____ Owner Change since last inspection? Y N

Location: _____

Owner Name: _____

Address _____ Phone Number _____

Site Status: _____

Date: _____ Time: _____ Site conditions: _____

Stormwater Pond Type: Wet Pond Wet ED Pond Micropool Pond Multiple Pond System
 Dry Pond

Inspection Frequency Key: A=annual(required); M=monthly(recommended); S=after major storms(recommended)

Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
Embankment and Emergency Spillway				
Vegetation healthy?	A/S			
Erosion on embankment?	A/S			
Animal burrows in embankment?	A/S			
Cracking, sliding, bulging of dam?	A/S			
Drains blocked or not functioning?	A/S			
Leaks or seeps on embankment?	A/S			
Slope protection failure functional?	A/S			
Emergency spillway obstructed?	A/S			
Erosion in/around emergency spillway?	A/S			
Other (describe)	A/S			
Riser and Principal Spillway				(describe type: concrete pipe, slotted weir, channel, etc.)
Low-flow orifice functional?	A/S			
Trash rack (Debris removal needed? Corrosion noted?)	A/S			
Sediment buildup in riser?	A			
Concrete/masonry condition (Cracks or displacement? Spalling?)	A			
Metal pipe in good condition?	A			
Control valve operation?	A			
Pond drain valve operation?	A			
Outfall channels function, not eroding?	A			
Other (describe)	A			
Sediment Forebays				
Sedimentation description				
Sediment cleanout needed (over 50	A/S			



Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
percent full)?				
Permanent Pool Areas (if applicable)				
Undesirable vegetation growth?	A/M			
Visible pollution?	A/M			
Shoreline erosion?	A/M			
Erosion at outfalls into pond?	A/M			
Headwalls and endwalls in good condition?	A/M			
Encroachment into pond or easement area by other activities?	A/M			
Evidence of sediment accumulation?	A			
Dry Pond Areas (if applicable)				
Vegetation adequate?	A/M			
Undesirable vegetation or woody plant growth?	A/M			
Excessive sedimentation?	A			
Hazards				
Have there been complaints from residents?	A/M			
Public hazards noted?	A/M			

Inspector Comments: _____

Overall Condition of Facility: Acceptable Unacceptable

If any of the above Inspection Items are checked "Yes" for "Maintenance Needed," list Maintenance actions and their completion dates below:

Maintenance Action Needed	Due Date

The next routine inspection is scheduled for approximately: _____
 (date)

Inspected by: (signature) _____
 Inspected by: (printed) _____



Constructed Wetlands Inspections and Maintenance Checklist

Site Name: _____ Owner Change since last inspection? Y N

Location: _____

Owner Name: _____

Address _____ Phone Number _____

Site Status: _____

Date: _____ Time: _____ Site conditions: _____

Constructed Wetland Type: ED Wetland Pocket Wetland Wetland

Inspection Frequency Key: A=annual(required); M=monthly(recommended); S=after major storms(recommended)

Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
Embankment and Emergency Spillway				
Vegetation healthy?	A/S			
Erosion on embankment?	A/S			
Animal burrows in embankment?	A/S			
Cracking, sliding, bulging of dam?	A/S			
Drains blocked or not functioning?	A/S			
Leaks or seeps on embankment?	A/S			
Slope protection failure functional?	A/S			
Emergency spillway obstructed?	A/S			
Erosion in/around emergency spillway?	A/S			
Other (describe)	A/S			
Riser and Principal Spillway				(describe type: concrete pipe, slotted weir, channel, etc.)
Low-flow orifice functional?	A/S			
Trash rack (Debris removal needed? Corrosion noted?)	A/S			
Sediment buildup in riser?	A			
Concrete/masonry condition (Cracks or displacement? Spalling?)	A			
Metal pipe in good condition?	A			
Control valve operation?	A			
Pond drain valve operation?	A			
Outfall channels function, not eroding?	A			
Other (describe)	A			



Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
Sediment Forebays				
Sedimentation description				
Sediment cleanout needed (over 50 percent full)?	A/S			
Constructed Wetland Ponding Areas				
Wetland vegetation present and healthy?	M			
Vegetation removal needed?	A/M			
Floatable debris removal needed?	A/M			
Visible pollution?	A/M			
Shoreline problem?	A/M			
Erosion at outfalls into pond?	A/M			
Headwalls and endwalls in good condition?	A/M			
Encroachment into pond or easement area?	A/M			
Hazards				
Have there been complaints from residents?	A/M			
Public hazards noted?	A/M			

Inspector Comments: _____

Overall Condition of Facility: Acceptable Unacceptable

If any of the above Inspection Items are checked "Yes" for "Maintenance Needed," list Maintenance actions and their completion dates below:

Maintenance Action Needed	Due Date

The next routine inspection is scheduled for approximately: _____
 (date)

Inspected by: (signature) _____

Inspected by: (printed) _____



Sand Filter Inspections and Maintenance Checklist

Site Name: _____ Owner Change since last inspection? Y N

Location: _____

Owner Name: _____

Address _____ Phone Number _____

Site Status: _____

Date: _____ Time: _____ Site conditions: _____

Sand Filter Type: Perimeter Filter Underground Filter Above Ground Filter

Inspection Frequency Key: A=annual (required); M=monthly (recommended); S=after major storms (recommended)

Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
Debris Removal				
Sand filter free of debris?	A/M			
Inlets and Outlets free of debris?	A/M			
Vegetation				
Surrounding area fully stabilized? (no evidence of eroding material into sand filter)	A			
Water Retention (where required)				
Water holding chambers at normal pool?	M			
Evidence of erosion?				
Sediment Deposition				
Filtration chamber free of sediments?	A			
Sedimentation chamber not more than 50% full?	A			
Structural Components				
Any evidence of structural deterioration?	A			
Grates in good condition?	A			
Spalling or cracking of structural parts?	A			
Outlet/Overflow Spillway	A			
Other				
Noticeable odors?	A			
Evidence of flow bypassing facility?	A			



Inspector Comments: _____

Overall Condition of Facility: Acceptable Unacceptable

If any of the above Inspection Items are checked “Yes” for “Maintenance Needed,” list Maintenance actions and their completion dates below:

Maintenance Action Needed	Due Date

The next routine inspection is scheduled for approximately: _____
(date)

Inspected by: (signature) _____

Inspected by: (printed) _____



Filter Strips Inspections and Maintenance Checklist

Site Name: _____ Owner Change since last inspection? Y N

Location: _____

Owner Name: _____

Address _____ Phone Number _____

Site Status: _____

Date: _____ Time: _____ Site conditions: _____

Inspection Frequency Key: A=annual (required); M=monthly (recommended); S=after major storms (recommended)

Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
Debris Removal				
Facility and adjacent area free of debris?	A/M			
Inlets and outlets free of debris?	A/M			
Any dumping of yard wastes into facility?				
Litter (branches) removed?	A/M			
Vegetation				
Surrounding area fully stabilized? (no evidence of eroding material into swale, channel or filter strip)	A/M			
Grass mowed?	A/M			
Plant height not less than design water depth?	A/M			
Fertilized per specifications?	A/M			
Plan composition according to approved plan?	A/M			
Unauthorized or inappropriate plantings?	A			
Plants healthy? (no diseased or dying vegetation)	A/M			
Evidence of plants stressed from inadequate watering?	A/M			
Filtration Capacity				
Clogging from oil or grease?	A/M			
Facility dewater between storms?	A/M			
Check dams and energy dissipators/sumps				
Any evidence of sedimentation build up	A/S			
Are sumps greater than 50% full of sediment?	A/S			



Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
Any evidence of erosion and down stream toe of drop structures?	A/S			
Sediment Deposition				
Swale clean of sediments	A			
Sediment not > 20% of swale design depth	A			
Outlet/Overflow Spillway				
In good condition?	A			
Any evidence of erosion?	A			
Any evidence of blockages?	A			
Has facility been filled or blocked inappropriately?	A			

Inspector Comments: _____

Overall Condition of Facility: Acceptable Unacceptable

If any of the above Inspection Items are checked "Yes" for "Maintenance Needed," list Maintenance actions and their completion dates below:

Maintenance Action Needed	Due Date

The next routine inspection is scheduled for approximately: _____
 (date)

Inspected by: (signature) _____
 Inspected by: (printed) _____



Buffers Inspections and Maintenance Checklist

Site Name: _____ Owner Change since last inspection? Y N

Location: _____

Owner Name: _____

Address _____ Phone Number _____

Site Status: _____

Date: _____ Time: _____ Site conditions: _____

Inspection Frequency Key: A=annual (required); M=monthly (recommended); S=after major storms (recommended)

Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
Vegetation				
Surrounding area fully stabilized? (no evidence of eroding material into buffer)	A/M			
Grass mowed (if applicable—Zone 2 only)?	A/M			
Vegetation healthy?	A/M			
Zone 1 is undisturbed	A/M			
Level Spreader				
Vegetation is healthy	A/M			
Lip of spreader shows no signs of erosion	A/M			
Sediment noted in spreader?	A/M			

Inspector Comments: _____

Overall Condition of Buffer: Acceptable Unacceptable

If any of the above Inspection Items are checked “Yes” for “Maintenance Needed,” list Maintenance actions and their completion dates below:

Maintenance Action Needed	Due Date



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The next routine inspection is scheduled for approximately: _____
(date)

Inspected by: (signature) _____

Inspected by: (printed) _____



Proprietary BMP Inspections and Maintenance Checklist

Site Name: _____ Owner Change since last inspection? Y N

Location: _____

Owner Name: _____

Address _____ Phone Number _____

Site Status: _____

Date: _____ Time: _____ Site conditions: _____

Inspection Frequency Key: A=annual (required); M=monthly (recommended); S=after major storms (recommended)

Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
Debris Removal				
Adjacent area free of debris?	A/M			
Inlets and Outlets free of debris?	A/M			
Facility (internally) free of debris?	A/M			
Vegetation				
Surrounding area fully stabilized? (no evidence of eroding material into proprietary BMP)	A/M			
Grass mowed?	A/M			
Water retention where required				
Water holding chambers at normal pool?	A/M			
Evidence of erosion?				
Sediment Deposition				
Filtration Chamber free of sediments?	A			
Sedimentation and/or trash below manufacturer's recommended cleanout?	A			
Structural Components				
Any evidence of structural deterioration?	A			
Grates in good condition?	A			
Spalling or cracking of structural parts?	A			
Outlet/Overflow Spillway				
Other				
Noticeable odors?	A			
Any evidence of filter(s) clogging?	A/M			
Evidence of flow bypassing facility?	A			



Bioretention Inspections and Maintenance Checklist

Site Name: _____ Owner Change since last inspection? Y N

Location: _____

Owner Name: _____

Address: _____ Phone Number: _____

Site Status: _____

Date: _____ Time: _____ Site conditions: _____

Inspection Frequency Key: A=annual (required); M=monthly (recommended); S=after major storms (recommended)

Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
Pre-Treatment Area				
Area free of debris?	A/M			
Standing water longer than 24 hours after a storm event?	A/S			
Bare soil or erosion?	M/S			
Excessive landscape waste/yard clippings?	A/M			
Inlet/Outlet Structures				
Inlets provide stable conveyance into the facility?	A			
Evidence of erosion at or around inlet?	A			
If connected to extended detention, is outlet to pond functioning properly?	A			
Other	A			
Basin				
Adjacent area fully stabilized (no evidence of eroding material into Bioretention area)?	A			
Plant height not less than design ponding depth?	A			
Adequate media layer present?	A			
Plant composition according to approved plan?	A			
Grass height not more than 6 inches?	A/M			
Vegetation overgrown?	A			
Invasive species/weeds present?	A			



Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
Dead vegetation or exposed soil present?	A			
Maintenance access to facility?	A			
Excessive trash/debris/sediment?	A			
Evidence of erosion?	A			
Evidence of standing water (Ponding, Noticeable Odors, Water Stains, Algae)?	A/M			
If underdrain system, is it broken or clogged?	A/M			
Overflow structure free of blockage and operating properly?	A			
Other	A			
Hazards				
Have there been complaints from residents?	A/M			
Public hazards noted?	A/M			
Mosquito proliferation?	A/M			
Is there encroachment on pervious area or easement by buildings or other structures?	A/S			

Inspector Comments: _____

Overall Condition of Facility: Acceptable Unacceptable

If any of the above Inspection Items are checked "Yes" for "Maintenance Needed," list Maintenance actions and their completion dates below:

Maintenance Action Needed	Due Date

The next routine inspection is scheduled for approximately: _____
 (date)

Inspected by: (signature) _____

Inspected by: (printed) _____



Urban Bioretention Inspections and Maintenance Checklist

Site Name: _____ Owner Change since last inspection? Y N

Location: _____

Owner Name: _____

Address: _____ Phone Number: _____

Site Status: _____

Date: _____ Time: _____ Site conditions: _____

Urban Bioretention Type: Stormwater Planters Green Street Swales/Planters Proprietary Planting Cells

Inspection Frequency Key: A=annual (required); M=monthly (recommended); S=after major storms (recommended)

Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
Pre-Treatment Area (if present)				
Area free of debris?	A/M			
Inlets and outlets unobstructed?	A/M			
Standing water?	S			
Inlet/ Outlet Structures				
Inflow points (downspouts, curb cuts) provide stable conveyance into the facility?	A			
Inlets provide stable conveyance into facility?	A			
Evidence of erosion at/around inlet?	A			
Other	A			
Bioretention Area				
Vegetation overgrown?	A			
Invasive species/weeds present?	A			
Dead vegetation or exposed soil present?	A			
Maintenance access to facility?	A			
Excessive trash/debris?	A/M			
Evidence of erosion?	A			
Evidence of standing water (Ponding, Noticeable Odors, Water Stains, Algae)?	A			
If underdrain system, is it broken or clogged?	A			
Other	A			



Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
Hazards				
Have there been complaints from residents?	A/M			
Public hazards noted?	A/M			
Mosquito proliferation?				
Is there encroachment on pervious area or easement by buildings or other structures?	A/S			
If fire hydrant present, is it visible?	A/M			

Inspector Comments: _____

Overall Condition of Facility: Acceptable Unacceptable

If any of the above Inspection Items are checked "Yes" for "Maintenance Needed," list Maintenance actions and their completion dates below:

Maintenance Action Needed	Due Date

The next routine inspection is scheduled for approximately: _____
 (date)

Inspected by: (signature) _____
 Inspected by: (printed) _____



Permeable Pavement Inspection and Maintenance Checklist

Site Name: _____ Owner Change since last inspection? Y N

Location: _____

Owner Name: _____

Address: _____ Phone Number: _____

Site Status: _____

Date: _____ Time: _____ Site conditions: _____

*****Conduct maintenance inspection in the spring of each year.

Pavement Type: Pervious Concrete/Asphalt Modular Pavers Grass/Gravel Pavers

Inspection Frequency Key: A=annual (required); M=monthly (recommended); S=after major storms (recommended)

Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
Pavement Area				
Pavement area free of debris?	A/M			
Staining or sediment?	A/M			
Inlets and outlets unobstructed and sediment free?	A/M			
All contributing drainage area free of erosion and sources of sediment?	A/M			
Water standing after a storm event?	S			
Any evidence of clogged pores that require vacuum-sweeping?	A/M			
Has area been vacuum swept in the past 12 months?	A/M			
Access to pervious pavement (egress and ingress routes) safe and efficient?	A/M			
Has drawdown rate been measured at observation well and is well capped?*	A			
Structural integrity of the pavement intact? Look for deterioration such as: slumping, cracking, spalling, or broken pavers.	A/M			
Grass Pavers				
Adjacent area fully stabilized (no evidence of eroding material into or from pervious pavement area)?	A			



Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
Any noticeable irrigation needs?	A/M			
Fallen leaves/plant debris collecting in paving area?	A/M			
Grass height over 4 inches?	A/M			
Vegetation health affected by oil/grease from vehicles?	A			
Other	A			
Hazards				
Obstructions or debris affecting overflows/emergency spillways?	A/M			
Load-bearing capability of pavement intact?	A/M			

*Refer to GIP-03 Section 11.3 for further guidance.

Inspector Comments: _____

Overall Condition of Facility: Acceptable Unacceptable

If any of the above Inspection Items are checked “Yes” for “Maintenance Needed,” list Maintenance actions and their completion dates below:

Maintenance Action Needed	Due Date

The next routine inspection is scheduled for approximately: _____
 (date)

Inspected by: (signature) _____

Inspected by: (printed) _____



Infiltration Trench Inspections and Maintenance Checklist

Site Name: _____ Owner Change since last inspection? Y N

Location: _____

Owner Name: _____

Address _____ Phone Number _____

Site Status: _____

Date: _____ Time: _____ Site conditions: _____

Inspection Frequency Key: A=annual (required); M=monthly (recommended); S=after major storms (recommended)

Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
Debris Removal				
Trench surface clear of debris?	A/M			
Contributing area free of debris?	A/M			
Inlets/Inflow pipes free of debris?	A/M			
Overflow spillway clear of debris?	A/M			
Vegetation				
Mowing done when necessary?	A/M			
Unauthorized or inappropriate plantings?	A			
Fertilized per specification?	A/M			
Evidence of erosion?	A/M			
Contributing drainage area stabilized?	A/M			
Trees growing in the trench?	A			
Dewatering				
Trench dewatered between storms?	A/M			
Sediment traps, forebays, or pretreatment swales				
Adequately trapping sediment?	A			
Structural damage?	A			
Greater than 50% of original storage volume remaining?	A			
Sediment removal of trench				
Any evidence of sedimentation in trench?	A			
Are pea gravel/topsoil and top surface filter fabric functioning properly?	A/M			
Does sediment accumulation currently require removal?	A			



Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
Inlets				
Good condition (no need for repair)?	A			
Evidence of erosion?	A			
Outlets/overflow spillway				
Good condition (no need for repair)?	A			
Evidence of erosion?	A			
Aggregate repairs				
Surface of aggregate clean?	A			
Top layer of stone in need of replacement?	A			
Trench in need of rehabilitation?	A			
Observation wells				
Evidence of clogging/failure to percolate? (Should percolate within 3 days.)	A/M			
Has drawdown rate been measured at observation well and is well capped?	A			
Hazards				
Have there been complaints from residents?	A/M			
Public hazards noted?	A/M			

Inspector Comments: _____

Overall Condition of Facility: Acceptable Unacceptable

If any of the above Inspection Items are checked "Yes" for "Maintenance Needed," list Maintenance actions and their completion dates below:

Maintenance Action Needed	Due Date

The next routine inspection is scheduled for approximately: _____
 (date)

Inspected by: (signature) _____

Inspected by: (printed) _____



Water Quality Swale Inspections and Maintenance Checklist

Site Name: _____ Owner Change since last inspection? Y N

Location: _____

Owner Name: _____

Address: _____ Phone Number: _____

Site Status: _____

Date: _____ Time: _____ Site conditions: _____

Inspection Frequency Key: A=annual (required); M=monthly (recommended); S=after major storms (recommended)

Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
Debris Removal				
Facility and adjacent area free of debris?	A/M			
Inlets and outlets free of debris?	A/M			
Any dumping of yard wastes into facility?	A/M			
Litter (branches) removed?	A/M			
Vegetation				
Surrounding area fully stabilized? (no evidence of eroding material into swale)	M			
Soil media is adequately covering (18 inches) choker stone layer below?	A/M			
Grass mowed?	A/M			
Plant height not less than design water depth?	A/M			
Fertilized per specifications?	A/M			
Plant composition according to approved plan?	A/M			
Unauthorized or inappropriate plantings?	A			
Plants healthy? (no diseased or dying vegetation)	A/M			
Evidence of plants stressed from inadequate watering?	A/M			
Filtration Capacity				
Clogging from oil or grease?	A/M			
Facility dewateres between storms?	A/M			
Underdrain functioning properly?	A/M			
Check Dams and Energy Dissipaters/Sumps				
Any evidence of sedimentation buildup?	A/S			



Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
Are sumps greater than 50% full of sediment?	A/S			
Any evidence of erosion and downstream toe of drop structures?	A/S			
Sediment Deposition				
Swale clean of sediments?	A			
Sediment not > 20% of swale design depth?	A			
Outlet/Overflow Spillway				
In good condition?	A			
Any evidence of erosion?	A			
Any evidence of blockages?	A			
Has facility been filled or blocked inappropriately?	A			
Hazards				
Have there been complaints from residents?	A/M			
Public hazards noted?	A/M			
Maintenance accesses free of hazards and fully operational?	A/M			

Inspector Comments: _____

Overall Condition of Facility: Acceptable Unacceptable

If any of the above Inspection Items are checked "Yes" for "Maintenance Needed," list Maintenance actions and their completion dates below:

Maintenance Action Needed	Due Date

The next routine inspection is scheduled for approximately: _____
 (date)

Inspected by: (signature) _____
Inspected by: (printed) _____



Extended Detention Pond Inspections and Maintenance Checklist

Site Name: _____ Owner Change since last inspection? Y N

Location: _____

Owner Name: _____

Address: _____ Phone Number: _____

Site Status: _____

Date: _____ Time: _____ Site conditions: _____

Stormwater Pond Type: Wet ED Pond Micropool ED Pond Multiple Pond System

Inspection Frequency Key: A=annual (required); M=monthly (recommended); S=after major storms (recommended)

Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
Contributing Drainage Area				
Banks upstream and downstream free of sloughing , animal burrows, boggy areas, woody growth and gully erosion?	A/S			
Excessive trash, debris, erosion or landscaping waste?	A/S			
Embankment and Emergency Spillway				
Vegetation healthy?	A/S			
Erosion on embankment?	A/S			
Animal burrows in embankment?	A/S			
Cracking, sliding, bulging of dam?	A/S			
Drains blocked or not functioning?	A/S			
Leaks or seeps on embankment?	A/S			
Slope protection failure functional?	A/S			
Emergency spillway obstructed?	A/S			
Erosion in/around emergency spillway?	A/S			
Other (describe)	A/S			
Riser and Principal Spillway				(describe type: concrete pipe, slotted weir, channel, etc.)
Low-flow orifice functional?	A/S			
Debris Trash rack, reverse sloped pipe or flashboard riser? (Debris removal needed? Corrosion noted?)	A/S			
Sediment buildup in riser?	A			
Concrete/masonry condition? (Cracks or displacement? Spalling?)	A			
Metal pipe in good condition?	A			
Control valve operational?	A			



Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
Pond drain valve operational?	A			
Outfall channels function, not eroding?	A			
Other (describe)	A			
Sediment Forebays				
Sediment cleanout needed (over 50 percent full)?	A/S			
Stormwater inlet free of material damage, erosion and undercutting?	A			
Permanent Pool Areas (if applicable)				
Undesirable vegetation growth?	A/M			
Visible pollution?	A/M			
Shoreline erosion?	A/M			
Erosion at outfalls into pond?	A/M			
Headwalls and endwalls in good condition?	A/M			
Encroachment into pond or easement area by other activities?	A/M			
Evidence of sediment accumulation?	A			
Clogging at low-flow orifice?	Twice per year			
Dry Pond Areas (if applicable)				
Vegetation adequate?	A/M			
Undesirable vegetation or woody plant growth?	M			
Excessive sedimentation?	A			
Outlet Structure				
Outfall channel is free of erosion, undercutting, rip-rap displacement woody growth, etc?	A			
Hazards				
Have there been complaints from residents?	A/M			
Public hazards noted?	A/M			
Maintenance accesses free of hazards and fully operational?	A/M			

Inspector Comments: _____

Overall Condition of Facility: Acceptable Unacceptable



If any of the above Inspection Items are checked "Yes" for "Maintenance Needed," list Maintenance actions and their completion dates below:

Maintenance Action Needed	Due Date

The next routine inspection is scheduled for approximately: _____
(date)

Inspected by: (signature) _____

Inspected by: (printed) _____



**Metropolitan Nashville - Davidson County
Stormwater Management Manual
Volume 1 - Regulations**

September 2013

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Downspout Disconnection Inspections and Maintenance Checklist

Site Name: _____ Owner Change since last inspection? Y N

Location: _____

Owner Name: _____

Address: _____ Phone Number: _____

Site Status: _____

Date: _____ Time: _____ Site conditions: _____

Disconnection Type: Soil Amendment Infiltration Trench Bioretention
 Rainwater Harvesting Stormwater Planter Simple Disconnection

*Note: Disconnection Type should also be evaluated per the appropriate Checklist located in this Appendix.
 Inspection Frequency Key: A=annual (required); M=monthly (recommended); S=after major storms (recommended)*

Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
Pipes, Gutters, and Drains				
Downspouts provide stable conveyance into facility?	A/S			
Runoff enters pervious area as sheet flow?	A/S			
Excessive trash/debris/sediment/oil/chemicals accumulation at inflow points?	A/S			
Evidence of erosion at/around inflow points?	A/S			
Disconnection Treatment				(describe type: concrete pipe, slotted weir, channel, etc.)
Downspouts or surface impervious area drains to the receiving pervious area?	A/S			
Receiving treatment area retains dimensions as shown on plans and is in good condition?	A/S			
Sediment accumulation?	A			
Is erosion at simple disconnection, bioretention, filter paths, or planter present?	A			
Evidence of standing water (Ponding, Noticeable Odors, Water Stains, Algae)?	A			
Is vegetation in place?	A			
Is plant composition consistent with	A			



Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
approved plans?				
Are invasive species/weeds present?	A			
Is dead vegetation or exposed soil present?	A			
Other (describe)	A			
Contributing Drainage Area-Rooftop				
Treatment area retains dimensions as shown on plans and is in good condition?				
Is there encroachment on pervious area or easement by buildings or other structures?	A/S			
Hazards				
Have there been complaints from residents?	A/M			
Public hazards noted?	A/M			

Inspector Comments: _____

Overall Condition of Facility: Acceptable Unacceptable

If any of the above Inspection Items are checked “Yes” for “Maintenance Needed,” list Maintenance actions and their completion dates below:

Maintenance Action Needed	Due Date

The next routine inspection is scheduled for approximately: _____
 (date)

Inspected by: (signature) _____
Inspected by: (printed) _____



Grass Channel Inspections and Maintenance Checklist

Site Name: _____ Owner Change since last inspection? Y N

Location: _____

Owner Name: _____

Address: _____ Phone Number: _____

Site Status: _____

Date: _____ Time: _____ Site conditions: _____

Inspection Frequency Key: A=annual (required); M=monthly (recommended); S=after major storms (recommended)

Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
Debris Removal				
Facility and adjacent area free of debris?	A/M			
Inlets and outlets free of debris?	A/M			
Any dumping of yard wastes into facility?	A/M			
Litter (branches) removed?	A/M			
Vegetation				
Surrounding area fully stabilized? (no evidence of eroding material into swale, channel or filter strip)	A/M			
Grass mowed?	A/M			
Grass height not less than 3 to 4 inches?	A/M			
Fertilized per specifications?	A/M			
Grasses planted according to approved plan?	A/M			
Unauthorized or inappropriate plantings?	A			
Grasses healthy? (no diseased or dying vegetation)	A/M			
Evidence of grasses stressed from inadequate watering?	A/M			
Filtration Capacity				
Clogging from oil or grease?	A/M			
Facility dewater between storms?	A/M			
Check dams and energy dissipaters/sumps				
Any evidence of sedimentation buildup?	A/S			
Are sumps greater than 50% full of sediment?	A/S			
Any evidence of erosion and downstream	A/S			



Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
toe of drop structures?				
Any trash or blockages at weep holes?	A/S			
Sediment Deposition				
Swale clean of sediments?	A			
Sediment not > 25% of swale design depth?	A			
Outlet/Overflow Spillway				
In good condition?	A			
Any evidence of erosion?	A			
Any evidence of blockages?	A			
Has facility been filled or blocked inappropriately?	A			
Hazards				
Have there been complaints from residents?	A/M			
Public hazards noted?	A/M			
Maintenance accesses free of hazards and fully operational?	A/M			

Inspector Comments: _____

Overall Condition of Facility: Acceptable Unacceptable

If any of the above Inspection Items are checked "Yes" for "Maintenance Needed," list Maintenance actions and their completion dates below:

Maintenance Action Needed	Due Date

The next routine inspection is scheduled for approximately: _____
 (date)

Inspected by: (signature) _____
 Inspected by: (printed) _____



Sheet Flow Inspections and Maintenance Checklist

Site Name: _____ Owner Change since last inspection? Y N

Location: _____

Owner Name: _____

Address: _____ Phone Number: _____

Site Status: _____

Date: _____ Time: _____ Site conditions: _____

Vegetated Filter Strip Conserved Open Space

Inspection Frequency Key: A=annual (required); M=monthly (recommended); S=after major storms (recommended)

Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
Inflow				
Runoff enters buffer as sheet flow?	A/S			
Level spreader functional? (If applicable)	A/M			
Excess trash/debris/sediment/accumulation at inflow points?	A/M			
Debris Removal				
Top of filter strip free of sediment and debris?	A/M			
Any dumping of yard wastes into facility?	A/M			
Litter (branches) removed?	A/M			
Filter Strip				
Evidence of erosion and scour on filter strip?	A/M			
Grass mowed?	A/M			
Plants healthy? (no diseased or dying vegetation)	A/M			
Vegetation density exceeds 90% cover in boundary zone or grass filter?	A			
Evidence of plants stressed from inadequate watering?	A/M			
Clogging from oil or grease?	A/M			
Facility dewatered between storms?	A/M			
Conservation Area				
Proper conservation signage?	A			
Disturbance to natural vegetation?	A/M			



Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
Sediment Deposition				
Level spreader forebays and flow splitters free of sediment?	A			
Gravel Diaphragm				
In good condition?	A			
Foot or vehicle traffic are not compromising diaphragm?	A/M			
Has facility been filled or blocked inappropriately?	A			
Hazards				
Have there been complaints from residents?	A/M			
Public hazards noted?	A/M			
Maintenance accesses free of hazards and fully operational?	A/M			

Inspector Comments: _____

Overall Condition of Facility: Acceptable Unacceptable

If any of the above Inspection Items are checked “Yes” for “Maintenance Needed,” list Maintenance actions and their completion dates below:

Maintenance Action Needed	Due Date

The next routine inspection is scheduled for approximately: _____
 (date)

Inspected by: (signature) _____

Inspected by: (printed) _____



Reforestation Inspections and Maintenance Checklist

Site Name: _____ Owner Change since last inspection? Y N

Location: _____

Owner Name: _____

Address: _____ Phone Number: _____

Site Status: _____

Date: _____ Time: _____ Site conditions: _____

Inspection Frequency Key: A=annual (required); M=monthly (recommended); S=after major storms (recommended)

Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
Ground Cover				
Adequate ground cover throughout forested area?	A/M			
Evidence of bare soil and erosion?	A/M			
Trash or debris?	A/M			
Areas of standing water?	A/M			
Litter (branches) removed?	A/M			
If using sheet flow to reforestation area review appropriate portions of sheet flow checklist.	A			
Trees/Shrubs				
All planted trees are still alive?	A/M			
Trees are healthy (no disease)?	A/M			
Trees properly pruned?	A			
Hazards				
Tree interfering with utility lines, buildings, etc?	A/M			
Dangerous limbs or leaning trees?	A/M			
Public hazards noted?	A/M			
Maintenance accesses free of hazards and fully operational?	A/M			
Have there been complaints from residents?	A/M			

Inspector Comments: _____



Overall Condition of Facility: Acceptable Unacceptable

If any of the above Inspection Items are checked “Yes” for “Maintenance Needed,” list Maintenance actions and their completion dates below:

Maintenance Action Needed	Due Date

The next routine inspection is scheduled for approximately: _____
(date)

Inspected by: (signature) _____

Inspected by: (printed) _____



Cistern Inspections and Maintenance Checklist

Site Name: _____ Owner Change since last inspection? Y N

Location: _____

Owner Name: _____

Address: _____ Phone Number: _____

Site Status: _____

Date: _____ Time: _____ Site conditions: _____

Underground Storage Aboveground Storage

Inspection Frequency Key: A=annual (required); M=monthly (recommended); S=after major storms (recommended)

Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
Roof System				
Are gutters and downspouts free of leaves and other debris?	2x per Yr			
Are pre-screening devices and first flush diverters clean and fully operational?	4x per Yr			
Piping				
Storage tank lids clean (especially vents and screens on inflow and outflow spigots)?	A			
Mosquito screen functioning properly and without holes or gaps?	A			
Are overflow pipes, overflow filter paths and/or secondary runoff reduction practices functioning properly?	A			
A qualified third party inspector should examine the following every three years:				
Sediment buildup in tank?	Every 3 Yrs			
Are trees and overhanging vegetation over roof surface?	Every 3 Yrs			
Backflow preventer functioning properly?	Every 3 Yrs			
Is the structural integrity of the tank, pump, pipe and electrical system sound?	Every 3 Yrs			
Do any damaged or defective system components need to be replaced?	Every 3 Yrs			



Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
Hazards				
Physical appearance of water? Any odors?	<i>A/M</i>			
Mosquito larvae present?	<i>A/M</i>			
Complaints from residents?	<i>A/M</i>			

Inspector Comments: _____

Overall Condition of Facility: Acceptable Unacceptable

If any of the above Inspection Items are checked “Yes” for “Maintenance Needed,” list Maintenance actions and their completion dates below:

Maintenance Action Needed	Due Date

The next routine inspection is scheduled for approximately: _____
 (date)

Inspected by: (signature) _____
Inspected by: (printed) _____



Green Roof Inspections and Maintenance Checklist

Site Name: _____ Owner Change since last inspection? Y N

Location: _____

Owner Name: _____

Address: _____ Phone Number: _____

Site Status: _____

Date: _____ Time: _____ Site conditions: _____

***Green roof inspections should occur twice per year during the growing season. Please submit both checklists once annually.

Green Roof Type: Extensive Roof Cover Intensive Roof Garden

Inspection Frequency Key A=annual (required); M=monthly (recommended); S=after major storms (recommended); G=monthly during April-September growing season only

Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
Drainage				
Gutter inlets blocked by plant debris/trash or plant growth hindered by debris?	A/M			
Roof drains and scuppers overgrown or full of organic matter?	2x per Yr			
Standing water present?	A/M			
Vegetation				
Evidence of additional irrigation needs?	G			
Fallen leaves/debris interfering with plant health?	A/M			
Dead plants to be replaced?	A/M			
Need for weeding/mowing/trimming?	G			
Soil Substrate/Growing Medium				
Evidence of wind or water erosion?	A			
Structural Components				
Evidence of structural deterioration?	A			
Load-bearing walls in good condition?	A			
Spalling or cracking of structural parts?	A			
Access/maintenance routes maintained and free of debris?	A/M			
Mechanical units free of leaks or spills?	A/M			



Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
Hazards				
Have there been complaints from residents?	<i>A/M</i>			
Public hazards noted?	<i>A/M</i>			

Inspector Comments: _____

Overall Condition of Facility: Acceptable Unacceptable

If any of the above Inspection Items are checked “Yes” for “Maintenance Needed,” list Maintenance actions and their completion dates below:

Maintenance Action Needed	Due Date

The next routine inspection is scheduled for approximately: _____
 (date)

Inspected by: (signature) _____
Inspected by: (printed) _____