

Stormwater BMP Inspection Form – Detention Basin

Property Name:
 BMP Address:
 Owner Name:
 Owner Address:
 Owner Phone #:

Insp. Date:
 Owner Email:

I. REASON FOR INSPECTION					
<input type="checkbox"/> Routine	<input type="checkbox"/> Following Rain	<input type="checkbox"/> Initial			
<input type="checkbox"/> Response to Complaint	<input type="checkbox"/> Follow-up	<input type="checkbox"/> Other:			
II. GENERAL INSPECTION RESULTS					
Item	BMPs in General	Y	N	N/A	Comments
1	BMP appears to be maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	BMP observed to have design flaws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	BMP has been modified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	BMP has been destroyed/removed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Trash/Yard waste observed in BMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	BMP has evidence of oil, gasoline, contaminants or other pollutants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	Odors present at BMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
III. BMP SPECIFIC INSPECTION RESULTS – DETENTION BASIN					
Item	Inspection Results	Y	N	N/A	Comments
8	Evidence of rodent holes in berms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	Sediment accumulated on basin bottom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	Erosion observed on basin bottom/berms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	Tree growth on basin bottom/berms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	Invasive, nuisance vegetation present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13	Forebay berms/spillway need repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	Forebay silted in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	Rock at inflow/outflow pipes displaced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16	Rock at inflow/outflow pipes silted in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17	Inflow/outflow pipes damaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18	Tributary Inlets/catch basins clogged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19	Outlet structure orifices clogged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20	Outlet structure damaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21	Emergency Spillway is obstructed, filled with sediment, eroded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1. Is maintenance needed at this time?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
2. Are mosquitoes/mosquito larvae present?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
3. Maintenance Items Completed:					

Stormwater BMP Inspection Form – Detention Basin

Inspected by: _____
Signature

[Print Full Name]

If Different than BMP owner, provide contact information:

Company Name:

Address:

Phone #

Email:

FOR AGENCY/MUNICIPAL USE ONLY

Date received: _____ Received by: _____

Comments/Corrective Action Required:

Stormwater BMP Inspection Form – Infiltration Basin

Property Name:
 BMP Address:
 Owner Name:
 Owner Address:
 Owner Phone #:

Insp. Date:
 Owner Email:

I. REASON FOR INSPECTION					
<input type="checkbox"/> Routine	<input type="checkbox"/> Following Rain	<input type="checkbox"/> Initial			
<input type="checkbox"/> Response to Complaint	<input type="checkbox"/> Follow-up	<input type="checkbox"/> Other:			
II. GENERAL INSPECTION RESULTS					
Item	BMPs in General	Y	N	N/A	Comments
1	BMP appears to be maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	BMP observed to have design flaws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	BMP has been modified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	BMP has been destroyed/removed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Trash/Yard waste observed in BMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	BMP has evidence of oil, gasoline, contaminants or other pollutants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	Odors present at BMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
III. BMP SPECIFIC INSPECTION RESULTS – INFILTRATION BASIN					
Item	Inspection Results	Y	N	N/A	Comments
8	Standing water observed 72 hours after a storm event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	Sediment accumulated on basin bottom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	Basin bottom compacted in areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	Tree growth on basin bottom/berms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	Erosion observed on basin bottom/berms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13	Invasive, nuisance vegetation present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	Rock at inflow/outflow pipes displaced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	Rock at inflow/outflow pipes silted in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16	Inflow/outflow pipes damaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17	Tributary Inlets/catch basins clogged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18	Outlet structure orifices clogged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19	Outlet structure damages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1. Is maintenance needed at this time?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
2. Are mosquitoes/mosquito larvae present?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
3. Maintenance Items Completed:					

Stormwater BMP Inspection Form – Infiltration Basin

Inspected by: _____

Signature

[Print Full Name]

If Different than BMP owner, provide contact information:

Company Name:

Address:

Phone #:

Email:

FOR AGENCY/MUNICIPAL USE ONLY

Date received: _____ Received by: _____

Comments/Corrective Action Required:

Stormwater BMP Inspection Form – Rain Garden

Property Name:
 BMP Address:
 Owner Name:
 Owner Address:
 Owner Phone #:

Insp. Date:
 Owner Email:

I. REASON FOR INSPECTION					
<input type="checkbox"/> Routine	<input type="checkbox"/> Following Rain	<input type="checkbox"/> Initial			
<input type="checkbox"/> Response to Complaint	<input type="checkbox"/> Follow-up	<input type="checkbox"/> Other:			
II. GENERAL INSPECTION RESULTS					
Item	BMPs in General	Y	N	N/A	Comments
1	BMP appears to be maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	BMP observed to have design flaws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	BMP has been modified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	BMP has been destroyed/removed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Trash/Yard waste observed in BMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	BMP has evidence of oil, gasoline, contaminants or other pollutants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	Odors present at BMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
III. BMP SPECIFIC INSPECTION RESULTS – RAIN GARDEN					
Item	Inspection Results	Y	N	N/A	Comments
8	Standing water observed 72 hours after a storm event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	Sediment accumulated on bed bottom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	Bed bottom compacted in areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	Vegetation is poor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	Erosion observed on bed bottom/berms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13	Invasive, nuisance vegetation present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	Rock at inflow/outflow pipes displaced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	Rock at inflow/outflow pipes silted in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16	Inflow/outflow pipes damaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17	Tributary Inlets/catch basins clogged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18	Outlet structure orifices clogged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19	Outlet structure damages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20	Bed bottom mulch needs replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1. Is maintenance needed at this time?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
2. Are mosquitoes/mosquito larvae present?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
3. Maintenance Items Completed:					

Stormwater BMP Inspection Form – Rain Garden

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Inspected by: _____

Signature

[Print Full Name]

If Different than BMP owner, provide contact information:

Company Name:

Address:

Phone #

Email:

FOR AGENCY/MUNICIPAL USE ONLY

Date received: _____	Received by: _____
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Comments/Corrective Action Required:

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Stormwater BMP Inspection Form – Vegetated Swale

Property Name:
 BMP Address:
 Owner Name:
 Owner Address:
 Owner Phone #:

Insp. Date:
 Owner Email:

I. REASON FOR INSPECTION					
<input type="checkbox"/> Routine	<input type="checkbox"/> Following Rain	<input type="checkbox"/> Initial			
<input type="checkbox"/> Response to Complaint	<input type="checkbox"/> Follow-up	<input type="checkbox"/> Other:			
II. GENERAL INSPECTION RESULTS					
Item	BMPs in General	Y	N	N/A	Comments
1	BMP appears to be maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	BMP observed to have design flaws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	BMP has been modified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	BMP has been destroyed/removed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Trash/Yard waste observed in BMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	BMP has evidence of oil, gasoline, contaminants or other pollutants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	Odors present at BMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
III. BMP SPECIFIC INSPECTION RESULTS – Vegetated Swale					
Item	Inspection Results	Y	N	N/A	Comments
8	Pools of standing water observed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	Sediment accumulated on bottom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	Bed bottom compacted in areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	Erosion observed on bed bottom/side slopes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	Vegetation is poor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13	Invasive, nuisance vegetation present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	Rock at inflow/outflow pipes displaced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	Rock at inflow/outflow pipes silted in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16	Inflow/outflow pipes damaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17	Tributary Inlets/catch basins clogged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18	Check dams eroded/blown out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1. Is maintenance needed at this time?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
2. Are mosquitoes/mosquito larvae present?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
3. Maintenance Items Completed:					

Stormwater BMP Inspection Form – Vegetated Swale

Inspected by: _____
Signature

[Print Full Name]

If Different than BMP owner, provide contact information:

Company Name:

Address:

Phone #

Email:

FOR AGENCY/MUNICIPAL USE ONLY
Date received: _____ Received by: _____
Comments/Corrective Action Required:

Stormwater BMP Inspection Form – Water Quality Insert

Property Name:
 BMP Address:
 Owner Name:
 Owner Address:
 Owner Phone #:

Insp. Date:
 Owner Email:

I. REASON FOR INSPECTION					
<input type="checkbox"/> Routine	<input type="checkbox"/> Following Rain	<input type="checkbox"/> Initial			
<input type="checkbox"/> Response to Complaint	<input type="checkbox"/> Follow-up	<input type="checkbox"/> Other:			
II. GENERAL INSPECTION RESULTS					
Item	BMPs in General	Y	N	N/A	Comments
1	BMP appears to be maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	BMP observed to have design flaws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	BMP has been modified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	BMP has been destroyed/removed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Trash/Yard waste observed in BMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	BMP has evidence of oil, gasoline, contaminants or other pollutants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	Odors present at BMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
III. BMP SPECIFIC INSPECTION RESULTS – Water Quality Insert					
Item	Inspection Results	Y	N	N/A	Comments
8	Pools of standing water observed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	Sediment accumulated on bottom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	Sump half full (if yes, schedule maintenance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	Floatables observed above static water level (if yes, schedule maintenance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	Anti-Siphon is clogged/blocked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13	Inflow/outflow pipes damaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	Tributary Inlets/catch basins clogged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1. Is maintenance needed at this time?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
2. Are mosquitoes/mosquito larvae present?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
3. Maintenance Items Completed:					

Stormwater BMP Inspection Form – Water Quality Insert

Inspected by: _____
Signature

[Print Full Name]

If Different than BMP owner, provide contact information:

Company Name:

Address:

Phone #

Email:

FOR AGENCY/MUNICIPAL USE ONLY

Date received: _____ Received by: _____

Comments/Corrective Action Required:

Stormwater BMP Inspection Form – Infiltration Basin

Inspection Date:

BMP Address:

Owner Name:

Owner Address:

Owner Phone #:

Owner Email:

Inspector's Name & Contact:

I. REASON FOR INSPECTION					
<input type="checkbox"/> Routine	<input type="checkbox"/> Following Storm Event	<input type="checkbox"/> Initial			
<input type="checkbox"/> Response to Complaint	<input type="checkbox"/> Follow-up	<input type="checkbox"/> Other:			
II. GENERAL INSPECTION RESULTS					
Item	BMPs in General	Y	N	N/A	Comments
1	BMP appears to be maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	BMP observed to have design flaws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	BMP has been modified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	BMP has been destroyed/removed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Trash/Yard waste observed in BMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	BMP has evidence of oil, gasoline, contaminants or other pollutants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	Odors present at BMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
III. BMP SPECIFIC INSPECTION RESULTS -					
Item					
8	<input type="checkbox"/>		<input type="checkbox"/>		
9	<input type="checkbox"/>		<input type="checkbox"/>		
10	<input type="checkbox"/>		<input type="checkbox"/>		
11	<input type="checkbox"/>		<input type="checkbox"/>		
12	<input type="checkbox"/>		<input type="checkbox"/>		
13	<input type="checkbox"/>		<input type="checkbox"/>		
14	<input type="checkbox"/>		<input type="checkbox"/>		
15	<input type="checkbox"/>		<input type="checkbox"/>		
16	<input type="checkbox"/>		<input type="checkbox"/>		
17	<input type="checkbox"/>		<input type="checkbox"/>		
18	<input type="checkbox"/>		<input type="checkbox"/>		
19	<input type="checkbox"/>		<input type="checkbox"/>		
20	<input type="checkbox"/>		<input type="checkbox"/>		
1. Is maintenance needed at this time?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
2. Are mosquitoes/mosquito larvae present?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
3. Maintenance Items Completed:					

Inspected by: