******

**Town of Landis**

**Phase II Stormwater Management**

**BMP Maintenance and Inspection Form**

**Bioretention Cell**

**[Note: a separate form must be used for each BMP]**

Stormwater Permit Number: \_\_\_\_\_\_\_\_\_\_\_\_

BMP Name and Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Maintenance Item** | **Satisfactory** | **Unsatisfactory** | **Comments/Actions Required** |
| **1. Debris Cleanout**  |
| Clear of trash and debris |  |  |  |
| **2**. **Vegetation Management**  |
| Banks / surrounding areas mowed |  |  |  |
| Unwanted vegetation present |  |  |  |
| Condition of plants |  |  |  |
| Condition of mulch - Must be double hammered hardwood, 3 inches deep (replace at least every 3 years and renew yearly) |  |  |  |
| **3. Erosion**  |
| Evidence of soil erosion on banks or contributing areas |  |  |  |
| **4. Sedimentation**  |
| Forebay (if present) sediment inspection (cleanout when 50% full) |  |  |  |
| Evidence of sediment in bioretention cell  |  |  |  |
| **5. Energy dissipators**  |
| Condition of dissipater at inlets |  |  |  |
| Condition of dissipater at outfall |  |  |  |
| Inspect gravel pretreatment area (replace as needed) |  |  |  |
| **6. Inlet** |  |
| Condition of pipe or swale (cracks, leaks, sedimentation, woody vegetation) |  |  |  |
| **7. Outlet** |
| Condition of outlet / drop box |  |  |  |
| **8. Dewatering (drawdown must be between 48 hours and 120 hours)** |
| Evidence of standing water |  |  |  |
| **9. Overall functionality** |
| Evidence of bypass |  |  |  |
| pH test results for soil media (indicate test results and date last tested) |  |  |  |

**Does the Owner have records of the routine scheduled inspections for the past year? YES NO**

**Town of Landis**

**Phase II Stormwater Management**

**BMP Maintenance and Inspection Form**

**Bioretention Cell**

BMP Name and Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Maintenance Actions Taken: [If any of the above items were marked unsatisfactory, explain the actions taken and timetable for correction. Attach additional pages as necessary.]**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Additional Comments:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_