

**Vegetated Practices: bioretention, rain gardens, bioswales, filter strips, living wall, buffers/shoreline, constructed wetlands, infiltration w/ vegetation. NOTE: Shaded cells to be used for BMP verification**

Date of Inspection: _____	Project/BMP Name: _____	Plan/BMP # if applicable: _____
Type of Inspection: <input type="checkbox"/> Verification 1 <sup>st</sup> Inspection for Permit Cycle <input type="checkbox"/> Verification Re-Inspection To Confirm Corrective Actions		
BMP Type: <input type="checkbox"/> Stormwater Retrofit <input type="checkbox"/> New LID Practice <input type="checkbox"/> Old Stormwater Practice <input type="checkbox"/> Homeowner BMP		
Date BMP Placed into Service: _____	Site Address: _____	
Verification Inspector: _____    Inspector Credential(s): _____		
Photo #s Taken at Site: _____	Is BMP Still Present? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Component:	Check For:	Observations:	VERIFICATION
Drainage Area	<input type="checkbox"/> Erosion <input type="checkbox"/> Sediment/Grit/Dirt <input type="checkbox"/> Stockpiles: <input type="checkbox"/> Bare soil <input type="checkbox"/> Chemicals, oil, etc.: <input type="checkbox"/> Other:		<input type="checkbox"/> Drainage area conforms to plan? If different from plan, note how it is different:
Inlets to Practices: <input type="checkbox"/> Pipes <input type="checkbox"/> Curb cuts <input type="checkbox"/> Sheetflow <input type="checkbox"/> Other:	<input type="checkbox"/> Obstruction <input type="checkbox"/> Erosion <input type="checkbox"/> Structural/safety issues <input type="checkbox"/> Other		

<b>Component:</b>	<b>Check For:</b>	<b>Observations:</b>	<b>VERIFICATION</b>
Pre-Treatment: <input type="checkbox"/> Forebay <input type="checkbox"/> Grass filter strip <input type="checkbox"/> Grass channel <input type="checkbox"/> Stone pad <input type="checkbox"/> Other: <input type="checkbox"/> None	<input type="checkbox"/> Full of sediment; needs clean-out <input type="checkbox"/> Erosion <input type="checkbox"/> Holding water <input type="checkbox"/> Flow by-passes pre-treatment <input type="checkbox"/> Other		
BMP Surface Area: <input type="checkbox"/> Vegetation <input type="checkbox"/> Mulch <input type="checkbox"/> Other:	<input type="checkbox"/> Appears undersized <input type="checkbox"/> Ponding depth too shallow <input type="checkbox"/> Ponding depth too deep <input type="checkbox"/> Not level; ponding not even across surface <input type="checkbox"/> Sink holes <input type="checkbox"/> Sediment caked on surface <input type="checkbox"/> Standing water <input type="checkbox"/> Trash <input type="checkbox"/> Erosion		<input type="checkbox"/> <b>Surface area conforms to plan?</b> <b>If different from plan, note how it is different:</b>  <input type="checkbox"/> <b>Ponding depth conforms to plan?</b> <b>If different from plan, note how it is different:</b>
Soil Media: <input type="checkbox"/> Bioretention or Rain Garden mix <input type="checkbox"/> Sand <input type="checkbox"/> Other:	<input type="checkbox"/> Too much clay or wrong soil type; not permeable enough <input type="checkbox"/> Too shallow <input type="checkbox"/> Other:		<input type="checkbox"/> <b>Soil media appears to conform to plan?</b> <b>If different from plan, note how it is different:</b>
Side Slopes	<input type="checkbox"/> Erosion <input type="checkbox"/> Unstable <input type="checkbox"/> Other:		
Vegetation: <input type="checkbox"/> Trees <input type="checkbox"/> Shrubs <input type="checkbox"/> Herbaceous <input type="checkbox"/> Other:	<input type="checkbox"/> % surface area covered with vegetation: <input type="checkbox"/> Many bare spots <input type="checkbox"/> Dead/diseased/unhealthy plants <input type="checkbox"/> Overgrown <input type="checkbox"/> Invasives <input type="checkbox"/> Too much mulch <input type="checkbox"/> Other:		<input type="checkbox"/> <b>Vegetation generally conforms to plan</b> <b>OR vegetative cover is adequate?</b> <b>If different from plan, note how it is different:</b>

<b>Component:</b>	<b>Check For:</b>	<b>Observations:</b>	<b>VERIFICATION</b>
Outlets: <input type="checkbox"/> Underdrain(s) <input type="checkbox"/> Overflow structure @ ponding depth <input type="checkbox"/> Other	<input type="checkbox"/> Obstruction/clogging <input type="checkbox"/> By-passing or short-circuiting treatment <input type="checkbox"/> Erosion <input type="checkbox"/> Structural problem <input type="checkbox"/> Other:		
Other			
Issues to Refer to Higher Authority:			
<b>VERIFICATION</b>	<div> <input type="checkbox"/> <b>BMP is functioning properly and as designed for pollutant removal.</b> </div> <div> <input type="checkbox"/> <b>BMP requires corrective or preventative maintenance or rehabilitation to maintain its function for pollutant removal. Actions to be completed within one year:</b> </div> <div> <input type="checkbox"/> <b>BMP recommended to be downgraded for pollutant removal.</b> </div>		

**Permeable Pavement NOTE: Shaded cells to be used for BMP verification**

**Date of Inspection:** \_\_\_\_\_ **Project/BMP Name:** \_\_\_\_\_ **Plan/BMP # if applicable:** \_\_\_\_\_

**Type of Inspection:** ☐ **Verification 1<sup>st</sup> Inspection for Permit Cycle** ☐ **Verification Re-Inspection To Confirm Corrective Actions**

**BMP Type:** ☐ **Stormwater Retrofit** ☐ **New LID Practice** ☐ **Old Stormwater Practice** ☐ **Homeowner BMP**

**Date BMP Placed into Service:** \_\_\_\_\_ **Site Address:** \_\_\_\_\_

**Verification Inspector:** \_\_\_\_\_ **Inspector Credential(s):** \_\_\_\_\_

**Photo #s Taken at Site:** \_\_\_\_\_ **Is BMP Still Present?** ☐ **YES** ☐ **NO**

<b>Component:</b>	<b>Check For:</b>	<b>Observations:</b>	<b>VERIFICATION</b>
Drainage Area	<input type="checkbox"/> Erosion <input type="checkbox"/> Sediment/Grit/Dirt <input type="checkbox"/> Stockpiles: <input type="checkbox"/> Bare soil <input type="checkbox"/> Chemicals, oil, etc.: <input type="checkbox"/> Other: <input type="checkbox"/> Approximate ratio of “run-on” area to permeable: <input type="checkbox"/> Asphalt <input type="checkbox"/> Turf/Landscaped areas		<input type="checkbox"/> <b>Drainage area conforms to plan?</b> <b>If different from plan, note how it is different:</b>
Pre-Treatment for run-on areas: <input type="checkbox"/> Gravel/stone diaphragm <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Full of sediment; needs clean-out <input type="checkbox"/> Erosion <input type="checkbox"/> Holding water <input type="checkbox"/> Flow by-passes pre-treatment <input type="checkbox"/> Other:		

Permeable Surface: <input type="checkbox"/> PICP <input type="checkbox"/> Grid pavers <input type="checkbox"/> Permeable asphalt <input type="checkbox"/> Permeable concrete <input type="checkbox"/> Other:	<input type="checkbox"/> Sediment accumulation <input type="checkbox"/> Grass/weeds growing <input type="checkbox"/> Standing water <input type="checkbox"/> Sink holes <input type="checkbox"/> Staining (oil, etc.) <input type="checkbox"/> Deterioration of surface material <input type="checkbox"/> Structural problem <input type="checkbox"/> Other:		<input type="checkbox"/> <b>Permeable surface functioning as designed?</b> <b>If different from plan, note how it is different:</b>
Overflow/Outlet: <input type="checkbox"/> Underdrain(s) <input type="checkbox"/> Overflow inlet at curb <input type="checkbox"/> Other:	<input type="checkbox"/> Obstruction/clogging <input type="checkbox"/> Flow by-passing pavement surface <input type="checkbox"/> Not high enough to create storage on pavement surface <input type="checkbox"/> Erosion <input type="checkbox"/> Structural problem <input type="checkbox"/> Other:		
Other			
Issues to Refer to Higher Authority:			
<b>VERIFICATION</b>	<input type="checkbox"/> <b>BMP is functioning properly and as designed for pollutant removal.</b>  <input type="checkbox"/> <b>BMP requires corrective or preventative maintenance or rehabilitation to maintain its function for pollutant removal. Actions to be completed within one year:</b>   <input type="checkbox"/> <b>BMP recommended to be downgraded for pollutant removal.</b>		

**Other: Rainwater Harvesting, Vegetated Roofs. NOTE: Shaded cells to be used for BMP verification**

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BMP Type: <input type="checkbox"/> Stormwater Retrofit <input type="checkbox"/> New LID Practice <input type="checkbox"/> Old Stormwater Practice <input type="checkbox"/> Homeowner BMP		
Date BMP Placed into Service: _____	Site Address: _____	
Verification Inspector: _____    Inspector Credential(s): _____		
Photo #s Taken at Site: _____	Is BMP Still Present? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Component:	Check For:	Observations:	VERIFICATION
<b>Rainwater Harvesting</b>			
Roof Area/Gutters	<input type="checkbox"/> Overhanging branches <input type="checkbox"/> Excessive debris <input type="checkbox"/> Other:		<input type="checkbox"/> <b>Contributing roof area conforms to plan?</b> If different from plan, note how it is different:
Pre-Treatment Filter: <input type="checkbox"/> Vortex <input type="checkbox"/> Roof washer <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Flow by-passes pre-treatment <input type="checkbox"/> Needs maintenance <input type="checkbox"/> Structural problem <input type="checkbox"/> Other:		<input type="checkbox"/> <b>Pre-Treatment present and functioning?</b> If different from plan, note how it is different:

Tank/Cistern: <input type="checkbox"/> Above ground <input type="checkbox"/> Underground <input type="checkbox"/> Material:	<input type="checkbox"/> Sediment accumulation (if possible to view) <input type="checkbox"/> Structural problem/leaning <input type="checkbox"/> Inadequate foundation <input type="checkbox"/> Excessive algae growth <input type="checkbox"/> Missing lids, screens <input type="checkbox"/> Broken components <input type="checkbox"/> Mosquito breeding <input type="checkbox"/> Other:		<input type="checkbox"/> <b>Tank/Cistern present, collecting water, and functioning properly?</b> <b>If different from plan, note how it is different:</b>
Plumbing components: <input type="checkbox"/> Pumps <input type="checkbox"/> Backflow preventer <input type="checkbox"/> Covers <input type="checkbox"/> Outlets/spigots <input type="checkbox"/> None <input type="checkbox"/> Other:	<input type="checkbox"/> Missing pieces <input type="checkbox"/> Damaged or non-functional components <input type="checkbox"/> Other:		
Overflow: <input type="checkbox"/> Downstream practice <input type="checkbox"/> Vegetated area <input type="checkbox"/> None <input type="checkbox"/> Other:	<input type="checkbox"/> Erosion <input type="checkbox"/> Obstructed or clogged <input type="checkbox"/> Other:		<input type="checkbox"/> <b>Overflow stable?</b> <b>If different from plan or is unstable, note the conditions:</b>
<b>Vegetated Roof</b>			
Type <input type="checkbox"/> Intensive <input type="checkbox"/> Extensive <input type="checkbox"/> Not sure			<input type="checkbox"/> <b>Vegetated roof still present and functioning?</b> <b>If different from plan, note how it is different:</b>
Vegetation	<input type="checkbox"/> Many bare areas <input type="checkbox"/> Dead/diseased/poor health <input type="checkbox"/> Weeds/invasives <input type="checkbox"/> Other:		<input type="checkbox"/> <b>Vegetation generally conforms to plan OR vegetative cover is adequate?</b> <b>If different from plan, note how it is different:</b>

