

Stormwater BMP Inspection Details

Property Address *

Company or Affiliation *

Owner Name *

How many BMPs are on your property? *

- 1
- 2
- 3
- 4

Inspection Date *

Inspector Name *

Inspector's Company *

Type of BMP Inspected *

- Trash-capturing device
- Bioretention
- Media filters
- Tree box filters
- Porous pavement
- Vegetated swales
- Continuous deflective separation (CDS) unit
- Other

Stormwater BMP Identifying Information

Manufacturer:

Model/Size:

Design Life:

Inspection Field Observations

Accessibility to BMP (any vegetation/obstruction to accessing the unit?) *

- Neatly maintained
- Could use some maintenance
- Couldn't access
- Other

Condition of Unit (is it working?) *

- Fully functioning
- Partially functioning
- Couldn't access
- Other

BMP Waste Capacity *

- Full
- Halfway full
- Minimal
- Empty

Sediment Accumulation (name the type and estimate the amount of material removed) *

Particle Accumulation (name the type and estimate the amount of material removed) *

Trash Accumulation (name the type and estimate the volume of material removed [gallons]) *

BMP is functioning as intended or noted issues *

Other inspection findings

Recommendations & Maintenance

Inspection Recommendations

Have maintenance needs identified by this inspection been scheduled for repair *

Yes

No

Other notes

Photographs

Please label/name photos with the BMP number for the photographed stormwater feature. Submission of photos is highly encouraged.

Photographs taken and submitted? *

Yes

No

Submit