

Bioretention Cell - Operation & Maintenance Inspection Form

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

SCM Name: _____ Parcel Number: _____
 SCM Address/Location: _____
 Inspection Date: _____ Last Inspection Date: _____
 Inspector Name: _____ Phone/Email: _____

Stormwater Collection System and Accessibility			
1. Bioretention cell is accessible for inspection.	Yes	No	N/A
2. Bioretention cell is free from trash and debris.	Yes	No	N/A
3. Grates, gutters, and curb openings are free of damage and blockages.	Yes	No	N/A
4. Swales are free from damage, blockages, and erosion.	Yes	No	N/A
Inlet(s) and Pretreatment			
5. Inlet pipe are free from damage, blockages, and erosion.	Yes	No	N/A
6. Pretreatment area is free from erosion and clogging.	Yes	No	N/A
7. Pretreatment area has <2 inches of accumulated sediment.	Yes	No	N/A
Grassed Bioretention			
8. Grass is healthy in the basin.	Yes	No	N/A
9. Grass is healthy on slopes and embankment.	Yes	No	N/A
10. Base of the grass is at least 10 inches below the outlet structure.	Yes	No	N/A
Vegetated Bioretention (Trees and Shrubs)			
11. Mulch in the basin is 2-4 inches deep.	Yes	No	N/A
12. Mulch is free of sediment and evidence of clogging.	Yes	No	N/A
13. The basin is free of branches and leaves covering the mulch.	Yes	No	N/A
14. The basin is free of weeds and vegetation not found in the planting plan.	Yes	No	N/A
15. Vegetation is healthy and not overgrown.	Yes	No	N/A
16. Grass is healthy on slopes and embankment.	Yes	No	N/A
17. Top of mulch is at least 10 inches below the outlet structure.	Yes	No	N/A
Underdrain and Outlet Device(s)			
18. Standing water is not present in the bioretention cell.	Yes	No	N/A
19. Underdrains appear free from damage or clogs.	Yes	No	N/A
20. Cleanout/observation pipes are not damaged.	Yes	No	N/A
21. Emergency bypass and/or bypass swale is clearly visible and in good condition	Yes	No	N/A
22. Outlet structure is free from damage, clogs, and erosion.	Yes	No	N/A
23. Water holding at internal water storage level (if applicable).	Yes	No	N/A
Miscellaneous			
24. Water quality issues observed (i.e. oily sheen, algae, cloudy, discolored, etc.)	Yes	No	N/A

Action Plan to address any “Nos” listed above, including dates for completion (attach additional pages as necessary):

I do hereby certify that I conducted an inspection of the SCM described herein. I further certify that at the time of my inspection said SCM was performing properly and was in compliance with the terms and conditions of the approved operation and maintenance agreement required by Statesville UDO Section 8.05.

Certification:

Inspector Signature: _____ Date: _____
Inspector Name (print): _____
Certification Number: _____ Expiration Date: _____

[Note: Section 8.05 of the Statesville UDO requires that inspections be conducted of all SCMs beginning with one (1) year from the date of as-built certification and each year thereafter and that these inspections be completed by a Certified Stormwater SCM Inspection and Maintenance Professional. All inspections must be documented and submitted using this form. The inspection form must be signed and sealed (if applicable) by the Inspector and submitted electronically to the Stormwater Program Manager.]