

Date Inspection Finished:	
Inspector Name:	
Inspector Email:	
Site Name and Address:	
Description/Type of BMP:	
BMP Location:	City ID for BMP:

INSPECTION CHECKLIST

Complete at least 1 inspection annually for 2 years after final acceptance of construction; at least 1 every 5 years thereafter. Complete a separate checklist for EACH private stormwater BMP.

Inspected? (date)	Item		nance ired?	Notes
(uate)	Take at least 2 photos of BMP before inspecting. Submit with this form to City.	Yes	No	Coverall assessment of BMP. (If any maintenance is required, Yes. If not, No.)
	Does the BMP appear to function as designed?	Yes	No	
	Is there erosion/damage on side slopes and/or around inlets and/or outlets that requires repair?	Yes	No	
	Do any structures (e.g., flared-end sections, standpipes, drain tiles, concrete aprons) require repair?	Yes	No	
	Do any pre-treatment areas (e.g., forebay, sump, filter strip, rock) have accumulated sediment, trash and/or debris?	Yes	No	
	Is there anything in or around the BMP that looks or smells unusual (e.g., oil, paint, foamy)?	Yes	No	If it appears to require immediate attention, call 911. Also, take photos if "Yes."
	Is there accumulation of sediment, trash and/or debris in the main/deepest part of the BMP?	Yes	No	
	Are paved surfaces draining to basin free of sediment and debris?	Yes	No	
	Is water standing in the BMP more than 48 hours when it should be infiltrating?	Yes N	No ′A	
	Does dead vegetation need to be removed? Any vegetation to be mowed/trimmed? Weeds to be sprayed or removed?	Yes	No	
	Is replanting of vegetation or seeding necessary?	Yes	No	
	Is wood mulch at least 3" deep (where required)?	Yes N	No ′A	
	Does anything you observed pose a hazard to the public?	Yes	No	
	Have you received any neighbor complaints about this BMP since the last inspection?	Yes	No	

Additional Notes: