

Metropolitan Nashville - Davidson County

Proprietary BMP Inspections and Maintenance Checklist

Site Name: _____ Owner Change since last inspection? Y N

Location: _____

Owner Name: _____

Address _____ Phone Number _____

Site Status: _____

Date: _____ Time: _____ Site conditions: _____

Inspection Frequency Key: A=annual (required); M=monthly (recommended); S=after major storms (recommended)

Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
Debris Removal				
Adjacent area free of debris?	A/M			
Inlets and Outlets free of debris?	A/M			
Facility (internally) free of debris?	A/M			
Vegetation				
Surrounding area fully stabilized? (no evidence of eroding material into proprietary BMP)	A/M			
Grass mowed?	A/M			
Water retention where required				
Water holding chambers at normal pool?	A/M			
Evidence of erosion?				
Sediment Deposition				
Filtration Chamber free of sediments?	A			
Sedimentation and/or trash below manufacturer's recommended cleanout?	A			
Structural Components				
Any evidence of structural deterioration?	A			
Grates in good condition?	A			
Spalling or cracking of structural parts?	A			
Outlet/Overflow Spillway				
	A			
Other				
Noticeable odors?	A			
Any evidence of filter(s) clogging?	A/M			

Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
Evidence of flow bypassing facility?	A			

Inspector Comments: _____

Overall Condition of Facility: Acceptable Unacceptable

If any of the above Inspection Items are checked “Yes” for “Maintenance Needed,” list Maintenance actions and their completion dates below:

Maintenance Action Needed	Due Date

The next routine inspection is scheduled for approximately: _____
 (date)

Inspected by: (signature) _____
Inspected by: (printed) _____