

## Metropolitan Nashville - Davidson County

### Bioretention 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
<b>Pre-Treatment Area</b>				
Area free of debris?	A/M			
Standing water longer than 24 hours after a storm event?	A/S			
Bare soil or erosion?	M/S			
Excessive landscape waste/yard clippings?	A/M			
<b>Inlet/Outlet Structures</b>				
Inlets provide stable conveyance into the facility?	A			
Evidence of erosion at or around inlet?	A			
If connected to extended detention, is outlet to pond functioning properly?	A			
Other	A			
<b>Basin</b>				
Adjacent area fully stabilized (no evidence of eroding material into Bioretention area)?	A			
Plant height not less than design ponding depth?	A			
Adequate media layer present?	A			
Plant composition according to approved	A			

Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
plan?				
Grass height not more than 6 inches?	A/M			
Vegetation overgrown?	A			
Invasive species/weeds present?	A			
Dead vegetation or exposed soil present?	A			
Maintenance access to facility?	A			
Excessive trash/debris/sediment?	A			
Evidence of erosion?	A			
Evidence of standing water (Ponding, Noticeable Odors, Water Stains, Algae)?	A/M			
If underdrain system, is it broken or clogged?	A/M			
Overflow structure free of blockage and operating properly?	A			
Other	A			
<b>Hazards</b>				
Have there been complaints from residents?	A/M			
Public hazards noted?	A/M			
Mosquito proliferation?	A/M			
Is there encroachment on pervious area or easement by buildings or other structures?	A/S			

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)** \_\_\_\_\_