

BMP Maintenance and Inspection Checklist Grassed Swales

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

Project Name: _____
 Project Address: _____
 Owner's Name: _____
 Owner's Address: _____
 Recorded Book and Page Number of the Lot: _____
 BMP Name and Location: _____
 Inspection Date: _____
 Inspector: _____
 Inspector Address/Phone Number: _____
 Date Last Inspected: _____

| Maintenance Item | Satisfactory | Unsatisfactory | Comments/Actions Required |
|--|--------------------------|--------------------------|---------------------------|
| 1. Debris Cleanout | | | |
| Clear of trash and debris | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Vegetation Management | | | |
| Grass height (maintain 3–6 inch height) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Unwanted vegetation present | <input type="checkbox"/> | <input type="checkbox"/> | |
| Ground cover well established (yearly reseeding needed) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. Erosion | | | |
| Evidence of soil erosion in swale or contributing areas | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. Dewatering | | | |
| Evidence of standing water | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. Sedimentation | | | |
| Sediment accumulation | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6. Energy dispersion / check dams | | | |
| Inspect pea gravel diaphragm and replace / repair as necessary | <input type="checkbox"/> | <input type="checkbox"/> | |
| Condition of dispersion devices | <input type="checkbox"/> | <input type="checkbox"/> | |
| Condition of check dams | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7. Miscellaneous | | | |
| | | | |
| | | | |

If applicable: Attach to this form documentation of BMP maintenance escrow account activity. This may be provided in the form of a bank statement which includes the current balance, as well as deposits and withdraws for the previous 12 months.

Maintenance Actions Taken: [If any of the above items were marked “U” for unsatisfactory, explain the actions taken and time table for correction. Attach additional pages as necessary.]

Additional Comments:

Based upon my inspection of the constructed BMP described herein on _____, I certify that at the time of my inspection said BMP was functioning properly and was in substantial compliance with the approved plans and the terms and conditions of the approved maintenance agreement required by the Stormwater Control Ordinance.

Certification:

Inspector's Signature

Date

[Note: The Stormwater Control Ordinance requires that inspections be conducted of all BMPs beginning within one (1) year from the date of record drawing certification and each year thereafter and that these inspections be completed by a qualified professional as defined in Section 23-33 of the Ordinance. All inspections must be documented and submitted using this form. The inspection form must be signed by the inspector and mailed to the City Engineer at the following address: City of Fayetteville, City Engineer, 433 Hay Street, Fayetteville NC 28301]