BMP Inspection Checklist for Long Term O&M of

Detention Basins

This form is to be used for long term BMP inspections by inspection staff. A copy of this form is to be left with the development's responsible party, on-site if feasible.

Project:	**Inspection Date:** ____/____/_____	**Plan/Permit Number:**
Inspector:		**Date Placed in Service:** __/___/_____
Location:		
Date of Last Inspection: / /	**Owner/ Representative:**	
As-built Plans Available: Y / N	**Rain in last 48 hrs.? Y / N** **If Y, Amount Rain:**	

Type of detention basin: ☐Wet ☐Dry ☐Extended Dry

	Best Management Practice (BMPs)	Needs Maintenance? Y/N	Investigated Previously? Y/N	Repaired? Y/N	Date Maintenance Must Be Completed By:	Corrective Action Needed
	General					
1	Is there trash and/or debris present?					
2	Is there evidence of contamination and/or pollutants? (ex. Oil, gasoline, paint, etc.)					
3	Is there evidence of pests? (ex. mosquitos, wasp/hornet nests, rodent holes, beaver dams)					
4	Is there insufficient, or unhealthy, cover vegetation?					
5	Is there excessive growth of vegetation? (ex. brush, nuisance trees, other woody veg., etc.)					
6	If BMP has a planting plan, does the vegetation match the plan?					
	Side Slopes of Basin					
7	Is there evidence of erosion?					
8	Is there excessive growth of vegetation? (ex. brush, nuisance trees, other woody veg., etc.)					
	Storage Area					
9	Is there an accumulation of sediment?					
10	Is the liner (if applicable) visible and have more than three 1/4 inch hole in it?					
	Embankment and Abutments					
11	Is there discernable water flow through the berm(s)?					
12	Has any part of the berm settled four (4) inches lower than the design elevation?					
13	Is there encroachment on the basin or easement by buildings or other structures?					
	Outlet					
14	Is there evidence of erosion around outlet or in receiving stream?					
15	Are there trash, debris, or other obstructions in the outlet structure, overflow, and/or channel?					
16	Is the outlet structure in good condition and operating properly?					

Additional Comments: ☐ See photos #_____

Overall conditions of Facility: ☐Acceptable ☐Unacceptable

Action Taken: ☐Verbal Warning ☐Written Warning ☐Notice of Violation

"I certify that the information submitted is, to the best of my knowledge and belief, true, and complete."

Signature: Date: