



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; M=monthly; S=after major storms

Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
Debris Removal				
Adjacent area free of debris?	M			
Inlets and Outlets free of debris?	M			
Facility (internally) free of debris?	M			
Vegetation				
Surrounding area fully stabilized? (no evidence of eroding material into proprietary BMP)				
Grass mowed?	M			
Water retention where required				
Water holding chambers at normal pool?	M			
Evidence of erosion?				
Sediment Deposition				
Filtration Chamber free of sediments?	A			
Sedimentation chamber not more than 50% full?	A			
Structural Components				
Any evidence of structural deterioration?	A			
Grates in good condition?	A			
Spalling or cracking of structural parts?	A			
Outlet/Overflow Spillway				
Other				
Noticeable odors?	A			
Any evidence of filter(s) clogging?	M			
Evidence of flow bypassing facility?	A			

City of Franklin, Tn
Stormwater Division
615-791-3218



To be submitted as part of
annual report to City

REV 2/2015

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) _____