



Water Quality Swale Inspections and Maintenance Checklist

Site Name: _____ Owner Change since last inspection? _____

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)	
Pre-Treatment Area				
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			
Inlet/Outlet Structures				
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			
Basin				
Adjacent area fully stabilized (no evidence of eroding material into Bioretention area)?	A			
Adequate media layer present?	A			
Plant composition according to approved plan?	A			
Invasive species/weeds present?	A			



Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	
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			
Hazards				
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) _____