STORMWATER MANAGEMENT FACILITY MAINTENANCE INSPECTION CHECKLIST										
Wet Pond/ Retention Facility										
(MUNICIPAL USE ONLY)										
LOCATION		BMP ID								
DA (AC.)	(AC.)		DATE INSTALLED							
TO BE COMPLETED BY BMP OWNER										
	Weather Condition									
Date of Inspection:			(eg. Sunny, rainy, etc.)							
Inspector Name:	ame:		Owner Email:							
Current Owner:	: Owner:			Owner Phone Number:						
INSPECTION RATING SYSTEM										
S= SATISFACTORY		Y=YES	N/A = NOT APPLIC	ABLE						
UN= UNSATISFACTO	RY	N=NO								
A. INFLOW/OUTFLO	A. INFLOW/OUTFLOW POINTS						Y/N			
Are the incoming pipes/headwalls damaged?										
Are tributary inlets clogged?										
Outlet structure damaged?										
Outlet structure orfices clogged?										
Emergency spillway obstructed (i.e. filled w/ sediment or eroded)?										
Is sediment forebay present?										
If yes, is the forebay clear of trash/debris/sediment?										
B. EROSION OBSERVATIONS/VEGETATION OVERGROWTH/GENERAL										
Basin berm eroded and/or missing vegetation?										
Invasive vegetation present?										
Trash/debris in facility?										
Are mosquitos present?										
Was there any known damages within the facility since last inspection?										
If yes, please describle:										
							2 (2.22)			
C. GENERAL CONDIT							S/UN			
Rate the overall condition of the facility.										
D. ATTACH PHOTOGRAPHS*										
The owner must send in photographs of the stormwater facility, that provide sufficient detail of the overall										
condition including but not limited to overall view of basin, upstream inlets, outlet structures, etc.										
* The BMP owner may choose to email the photos to permits@perkasieborough.org (Please be sure to include Address and Owner Name in subject line)										
E. REQUIRED MAINT			116)							

Maintenance					Action	
Frequency	Mainter		Completed	Needed		
Quarterly (for first year), then annually	All basin structures (basin botto riprap, gabion structures, and in and excessive debris and sediments.					
	Vegetated inspected for eros					
Annually	Vegetated areas inspected for exotic/invasive species					
	Vegetation must be maintair reestablished.					
Inspected By:						
			(Signature)			
If different than BM	Owner, provide contact info	rmation:				
Company Name:						
Address:						
Phone #						
Email:						
	For Mu	unicipal Use Only				
Date Received:	Received By:					
Corrective Actions Required:						