

**STORMWATER MANAGEMENT FACILITY MAINTENANCE INSPECTION CHECKLIST**

**Vegetated Swale**

**(MUNICIPAL USE ONLY)**

<b>LOCATION</b>		<b>BMP ID</b>	
<b>DA (AC.)</b>		<b>DATE INSTALLED</b>	

**TO BE COMPLETED BY BMP OWNER**

Date of Inspection:		Weather Conditions (eg. Sunny, rainy, etc.)	
Inspector Name:		Owner Email:	
Current Owner:		Owner Phone Number:	

**INSPECTION RATING SYSTEM**

S= SATISFACTORY                      Y=YES              N/A = NOT APPLICABLE  
 UN= UNSATISFACTORY              N=NO

**A. INFLOW POINTS/AREA** **Y/N/NA**

Are the upstream inlets clear of debris?	
Is there an accumulation of sediment at upstream points?	
Is vegetation/weeds/lawn clippings kept clear of facility?	
Are gutters and connections free of debris?	

**B. INFILTRATION TRENCH** **Y/N/NA**

Was there observable water through the inspection port?	
If yes, has it been more than 48 hours after precipitation?	
If yes, see annual maintenance requirements at end of inspection form.	
Is there standing water in the swale?	
Is there erosion near the swale?	
Was there any known damages within the facility since last inspection?	
If yes, please describe:	

**C. GENERAL CONDITIONS** **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 inside view of inspection ports, upstream inlets, roof connections, etc.)

\* The BMP owner may choose to email the form and photos to [permits@perkasieborough.org](mailto:permits@perkasieborough.org) (Please be sure to include Address and Owner Name in subject line)

E. REQUIRED MAINTENANCE ACTIVITIES			
Maintenance Frequency	Maintenance Activity	Completed (Y/N)	Action Needed (Y/N)
As Needed	Manually remove sediment and debris.		
	Inspect the iswale after major storms		
Seasonally	Mow surrounding grass and remove trash, vegetation and weeds.		

**If applicable, Annual Maintenance Requirements:**

The following maintenance must be performed to infiltration trench  
 Sediment must be removed from bottom of structure  
 General Review to identify damage to all components of structure

<b>Inspected By:</b>			
		(Signature)	
If different than BMP Owner, provide contact information:			
<b>Company Name:</b>			
<b>Address:</b>			
<b>Phone #</b>			
<b>Email:</b>			
For Municipal Use Only			
<b>Date Received:</b>	<b>Received By:</b>		
<b>Corrective Actions Required:</b>			