

**\*\*\*\*\*Infiltration**

Project ID \_\_\_\_\_ County \_\_\_\_\_

Site name: \_\_\_\_\_

General Location of BMP \_\_\_\_\_

<b>Ownership:</b> <input type="checkbox"/> Private <input type="checkbox"/> Public	<b>Type of BMP:</b> Basin Trench Other _____	<b>Type of Site:</b> <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> State
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Other site notes:

Review date \_\_\_\_\_ Review time \_\_\_\_\_ Reviewer \_\_\_\_\_

Post Construction Verification Docs available:      Y      N      Date of last review \_\_\_\_\_

<u>Nature of Problem</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Notes</u>
<ul style="list-style-type: none"> <li>• Control of erosion               <ul style="list-style-type: none"> <li>Upland drainage area _____</li> <li>Trench basin area _____</li> <li>BMP outlet _____</li> <li>BMP bottom _____</li> </ul> </li> </ul>				

Notes:

	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Notes</u>
<ul style="list-style-type: none"> <li>• Control of sediment accumulation               <ul style="list-style-type: none"> <li>Forebay /Pretreatment inlet areas _____</li> <li>Forebay /Pretreatment inlet pipes _____</li> <li>Trench/Basin area _____</li> </ul> </li> <li>• Condition of the riprap at BMP outlet _____</li> </ul>				

Notes:

Noxious weeds/unwanted trees

Notes

- None
- Phragmites                      % coverage \_\_\_\_\_
- Cattail                                % coverage \_\_\_\_\_
- Trees                                    % coverage \_\_\_\_\_
- Other                                    % coverage \_\_\_\_\_

Notes:

Trash & litter in BMP ?

- No
- Yes (where):

Is seeding required ?

- No
- Yes (where):

Is the mowing height too low ?

- No
- Yes (where):

Recommended mowing height \_\_\_\_\_

Forebay /Pretreatment area trapping sediment?

- No
- Yes

Forebay >50% of storage volume remaining?

- No
- Yes

Surface of aggregate clean?

- No
- Yes

Trench dewater between storms?

- No
- Yes
- Undetermined

Overall BMP Condition

Good   Fair   Poor

Required Corrective Action(s) Compiled from the notes within the report:

Action To Be Completed By (Date): \_\_\_\_\_

Reviewer's Signature: \_\_\_\_\_