

**Bioretention Practices**

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

Site Name \_\_\_\_\_

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

**Ownership:**

- Private
- Public

**Type of Site:**

- Residential
- Commercial
- Industrial
- State

Other site notes:

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

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



	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Notes</u>
Drainage Area to Bioretention Cell				
Control of Trash / Debris				_____
Condition of Vegetation				_____
Control of Erosion				_____
Condition of Inflow Pipes				_____
Condition of Outlet				_____
Condition of Underdrains and Cleanouts				_____

Notes:

Condition of the Pretreatment Practices

Stone Diaphragm Level				_____
Stone Diaphragm clogged				_____
Grass filter Strip Erosion				_____
Evidence of Short Circuiting, rills/gullies				_____

Notes:

	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Notes</u>
Bioretention Cell				
Design depth of biosoil				_____
Control of erosion				_____
Control of excess sediment on biosoil				_____
Oil/chemical accumulation on biosoil				_____
General condition of plantings				_____

Trash & litter in BMP

- No
- Yes (where):

Plant composition according to plans

- No
- Yes
- Undetermined

Additional Plantings required

- No
- Yes (where):

Mulched as per the Plan?

- No
- Yes

Ponding more than 2 days after rain

- No
- Yes
- Undetermined

**Notes:**

**Note:** A qualified professional must treat disease plants. Deficient stakes or wires must be replaced. Dead plants or plants beyond treatment must be replaced by plants meeting original specifications. New plants must be watered every day for the first 14 days after planting.

Noxious weeds/unwanted trees		<u>Notes</u>
<input type="checkbox"/> None		
<input type="checkbox"/> Phragmites	% coverage _____	_____
<input type="checkbox"/> Cattail	% coverage _____	_____
<input type="checkbox"/> Trees	% coverage _____	_____
<input type="checkbox"/> Other	% coverage _____	_____

**Notes:**

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: \_\_\_\_\_