

Periodic Inspection  
SCM Maintenance and Inspection Check List



***Bioretention***

[Note: a separate form must be used for each SCM]

Project Name:  
Project Address:  
SCM Name and Location:  
Inspection Date:  
Date Last Inspected:

Owner's Name:  
Owner's Address:

| Maintenance Item  | Satisfactory             | Unsatisfactory           | Comments/Actions Required |
|---|--------------------------|--------------------------|---------------------------|
| Clear of trash and debris   | <input type="checkbox"/> | <input type="checkbox"/> |                           |
| Banks / surrounding areas mowed   | <input type="checkbox"/> | <input type="checkbox"/> |                           |
| Unwanted vegetation present   | <input type="checkbox"/> | <input type="checkbox"/> |                           |
| Condition of plants   | <input type="checkbox"/> | <input type="checkbox"/> |                           |
| Condition of mulch - Must be double<br>hammered hardwood, 3 inches deep | <input type="checkbox"/> | <input type="checkbox"/> |                           |
| Evidence of soil erosion on banks                                       | <input type="checkbox"/> | <input type="checkbox"/> |                           |
| Evidence of sediment in bioretention cell                               | <input type="checkbox"/> | <input type="checkbox"/> |                           |
| Condition of outlet / drop box  | <input type="checkbox"/> | <input type="checkbox"/> |                           |
| Evidence of standing water  | <input type="checkbox"/> | <input type="checkbox"/> |                           |
| Evidence of bypass  | <input type="checkbox"/> | <input type="checkbox"/> |                           |
| <b>Rainfall Event Data</b>  |                          |                          |                           |
| Date:   | Amount:                  | Date:                    | Amount:                   |
| Date:   | Amount:                  | Date:                    | Amount:                   |
| Date:   | Amount:                  | Date:                    | Amount:                   |

**Additional Comments:**

Inspector Name:  
Inspector Email Address:  
Inspector Phone Number:  
Inspector Address:

\_\_\_\_\_  
**Inspectors Signature**

\_\_\_\_\_  
**Date**

[Note: The NCDENR Stormwater SCM Manual states that all SCMs require inspection monthly and within 24 hours after every water quality storm (greater than 1.0 inch) to prevent any problems with flow or vegetative health before they become serious. All inspections should be recorded using this form. Please note that you are required to keep these records available and they are subject to be reviewed by local, state and federal agencies.