

STORMWATER MANAGEMENT FACILITY MAINTENANCE INSPECTION CHECKLIST

Landscape Restoration

(MUNICIPAL USE ONLY)

LOCATION		BMP ID	
DA (AC.)		DATE INSTALLED	

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. MAINTENANCE ACTIVITY	Y/N
Replace dead plants/trees?	
Remove trash, debris, and sediment?	
Remove weeds and invasive plants?	
Replace bark mulch on bare exposed soil?	
Check plants/tree for pest damage or disease?	

B. GENERAL CONDITIONS	S/UN
Rate the overall condition of the facility.	

C. 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 form and photos to permits@perkasieborough.org (Please be sure to include Address and Owner Name in subject line)

If BMP owner has any questions, please feel free to call the Borough @ 215-257-5065.

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

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