STORMWATER MANAGEMENT FACILITY MAINTENANCE INSPECTION CHECKLIST								
Subsurface Infiltration Bed								
(MUNICIPAL USE ONLY)								
LOCATION	BMP ID							
DA (AC.)	(AC.) DATE INSTALLED							
TO BE COMPLETED BY BMP OWNER								
			Weather Condition					
Date of Inspection:			(eg. Sunny, rainy, etc.)					
Inspector Name:	spector Name:		Owner Email:					
Current Owner:			Owner Phone Nun	nber:				
		1	ECTION RATING SYS		1			
S= SATISFACTORY	2004	Y=YES	N/A = NOT APPLIC	ABLE				
UN= UNSATISFACTO		N=NO					V/NI/NIA	
A. INFLOW/OUTFLOW POINTS							Y/N/NA	
Are the incoming pipes/headwalls damaged?								
Are tributary inlets clogged?								
Outlet structure damaged?								
Outlet structure orifices clogged?								
Emergency spillway obstructed (i.e. filled w/ sediment or eroded)? Energy dissipator functioning properly and in place (i.e. rock riprap by endwall)								
		operly and in	place (i.e. rock ripra	ip by en	dwall)			
Is sediment forebay	•	.1	h. / d a la sta / a a dt a a a a 12					
		•	h/debris/sediment?				2/21/212	
B. EROSION OBSERVATIONS/VEGETATION OVERGROWTH/GENERAL							Y/N/NA	
Basin berm eroded and/or missing vegetation?								
Basin bottom eroded and/or missing vegatation?								
Invasive vegetation present?							<u> </u>	
Trash/debris in facility?								
Is the facility well maintained, i.e. mowed?								
Standing water present 72 hours after rainfall event?								
Was there any known damages within the facility since last inspection? If yes, please describle:								
ii yes,	piease desci	ibie.	ļ					
0.05050	TIONS						64	
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 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)

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E. REQUIRED	MAINTI	ENANCE ACT	ΓIVITIES					
Mainten Freque							Completed (Y/N)	Action Needed (Y/N)
Quarte	erly	All basin structures (basin bottoms, trash racks, outlet structures, riprap, gabion structures, and inlets) must be inspected for clogging and excessive debris and sediment accumulation.						
As needed		Sediment removal must be conducted when basin is completely dry. Sediment should be disposed of properly and once sediment is removed, disturbed areas need to be immediately stabilized and revegetated.						
		Mowing and/or trimming of vegetation should be performed as necessary to sustain the system and all detritus must be removed from basin.						
		Vegetated areas inspected for erosion.						
Annually	Vegetated areas inspected for unwanted growth of exotic/invasive species.							
		Vegetation must be maintained at 95%, or vegetation must be reestablished.						
Inspected By:								
						(5	ignature)	
If different t	han BMF	Owner, pro	ovide contact	information:				
Company Na	ame:							
Address:								
Phone #								
Email:								
			For	r Municipal Use On	ly		'	
Date Received: Received By:		:						
Corrective Actions Required:								

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