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STORMWATER MANAGEMENT FACILITY MAINTENANCE INSPECTION CHECKLIST								
Subsurface Infiltration Bed								
(MUNICIPAL USE ONLY)								
LOCATION			BMP ID					
DA (AC.)	DATE INSTALLED							
TO BE COMPLETED BY BMP OWNER								
Date of Inspection:		-	Weather Condition					
			(eg. Sunny, rainy, e	etc.)				
Inspector Name:			Owner Email:					
Current Owner:		Owner Phone Num	ner Phone Number:					
		INSPE	ECTION RATING SYS	TEM				
S= SATISFAC	TORY	Y=YES	N/A = NOT APPLIC	ABLE				
UN= UNSAT	UN= UNSATISFACTORY N=NO							
A. INFLOW POINTS					Y/N/NA			
Are the upstream inlets clear of debris?								
Is there an a	accumulatio	n of sediment at upstre	am points?					
Are gutters	and connect	tions free of debris?						
B. SUBSURF	ACE SEEPAC	GE BED				Y/N/NA		
Was there c	bservable w	vater through the inspe	ction port?					
If yes, has it been more than 72 hours after precipitation?								
If yes, see annual maintenance requirements at end of inspection form.								
Was there any known damages within the facility since last inspection?								
	If yes, pleas	se describle:						
C. GENERAL CONDITIONS					S/UN			
Rate the o	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 inside view of inspection ports, upstream inlets, roof connections, 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)								

E. REQUIRED MAINTEN		Action	
Maintenance		Completed	Needed
Frequency	Maintenance Activity	(Y/N)	(Y/N)
Every 3 months	Remove perforated cap on the roof downspouts tee fittings and inspect inside of downspout for signs of debris/blockage. Any debris/blockage observed must be removed immediately.		
Quarterly	Subsurface seepage bed shall be observed through the inspection port to identify absense of water within the bed. If water is observed within the bed, it shall be observed again after a minimum of "No Precipiation" period of 72 hours. If water persists after 72 hour period then the owner must proceed to "Annual Maintenance" req.t's below.		

## If applicable, Annual Maintenance Requirements:

The following maintenance must be performed to seepage bed inflow/outflow structure:

Sediment must be be removed from bottom of structure General Review to identify damage to all components of structure

Filter screen covering the seepage inflow pipe shall be removed and inflow to seepage bed shall be inspected for signs of obstruction.

If no obstructions are identified, bed failure is suspected.

Inspected By:							
		(Signature)					
If different than BMP Ov	vner, provide contact information:	1					
Company Name:							
Address:							
Phone #							
Email:							
For Municipal Use Only							
		Received By:					
	Date Received: F						
Corrective Actions							
Required:							