

**Montgomery County, TN
Stormwater Program Management Manual**

Appendix B - Example Stormwater Facility Inspection Checklist



**MONTGOMERY COUNTY GOVERNMENT
BUILDING AND CODES DEPARTMENT**

350 Pageant Lane, Suite 309

Clarksville, TN 37040

Phone 931-648-5718

Fax 931-553-5121

**Bio-Swales/ Grass Channels/Filter Strips
Inspections and Maintenance Checklist**

Site Name: _____ Owner changed since last inspection (circle one)? Y N

Owner Name, Address, Phone: _____

Number: _____

Location: _____

Site Status: _____

Date: _____ Time: _____ Inspector: _____

Inspection Frequency Key: A=annual; M=monthly; S=after major storms

Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
Debris Removal				
Facility and adjacent area free of debris?	M			
Inlet and Outlets free of debris?	M			
Any dumping of yard wastes into the facility?	M			
Litter (branches) removed?	M			
Vegetation				
Surrounding area fully stabilized? (no evidence of eroding material into swale, channel or filter strip)	M			
Grass Mowed?	M			
Fertilized per specification?	M			
Plan composition according to approved plan?	M			
Unauthorized or inappropriate plantings?	A			
Plants healthy (no diseased or dying vegetation)	M			
Evidence of stressed plants due to inadequate watering?	M			

Filtration Capacity				
Clogging from oil or grease?	M			
Facility dewaterers between storms?	M			
Check Dams and Energy Dissipaters/Sumps				
Any evidence of sediment buildup?	A, S			
Are sumps greater than 50% full of sediment?	A, S			
Any evidence of erosion at downstream toe of drop structure?	A, S			
Sediment Deposition				
Swale clean of sediment?	A			
Sediment not > 20% of swale design depth?	A			
Outlet/Overflow Spillway				
In good condition?	A			
Evidence of erosion?	A, S			
Evidence of blockage?	A			
Has facility been filled or blocked inappropriately?	A			

Inspector Comments: _____

Overall Condition of the facility (circle one): Acceptable Unacceptable

If any of the above inspection items are checked "Yes" for "Maintenance Needed" list the maintenance actions required and their completion dates below:

Maintenance Action Required	Date Completed

The next routine inspection is scheduled for approximately: _____ (Date)

Inspected by: _____ (Printed)

Inspected by: _____ (Signature)