



Bio-retention Inspection Checklist City of Charleston



Facility Name:	Primary Contact:
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Facility Address: (include location of LID):

Phone:	Date:	Inspector:
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Date of Last Rainfall and Amount:	# of Photos taken:
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Debris Cleanout

Yes	No	Needs Attention	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bio-retention and contributing areas clean of debris

Comment:				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Free of yard waste?

Comment:

Vegetation

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plants trimmed, healthy, and free of disease (dead or disease growth pruned)
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Comment:				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bed weeded and free of foreign growth

Comment:				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mulch or stone in need of replacement or repair?

Comment:

Check Dams/Energy Dissipaters/Sumps

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evidence of sediment buildup
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Comment:				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evidence of erosion from entry points or surrounding bio-retention

Comment:

Sediment Accumulation

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sediment accumulation on filter bed does not exceed 1"
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Comment:				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Depth of sediment in forebay or sump should not be more than 10 percent of the pretreatment volume

Comment:

Dewatering

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dewaterers between storms (should be inspected within 48hrs of rain event)
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Comment:				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evidence of standing water

Comment:				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drawdown time does not exceed 72 hours

Comment:

Outlet/Overflow Spillway

Comment:				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good condition, no need for repair

Comment:				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No evidence of erosion or blockage

Comment:

Overall integrity of Filter Bed

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Filter bed has not been blocked or filled inappropriately
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Comment:

Enforcement:	<input type="checkbox"/> In compliance (see Comments)	<input type="checkbox"/> Correct issues (see Comments)
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Additional Comments:

Inspector Signature:	Date:
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Representative Signature:	Date:
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