

Private Natural Drainage Practices Maintenance Inspection

VEGETATED ROOFS



Drainage System ID:		Basin:	
Inspected by:		Date & Time of this Inspection:	
Parcel Name:		Map:	
Site Address:			
Contact Name & Company:			
Contact's Address:		Contact's Phone:	
Contact's Email:		As-Built Plan Available Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date of Last Inspection:		Does site need maintenance action? Ok <input type="checkbox"/> Action Required <input type="checkbox"/>	
Weather at time of this inspection:		Does site need follow-up inspection upon completion of maintenance action? Ok <input type="checkbox"/> Action Required <input type="checkbox"/>	
Amount of Rain Precipitation (inches) in last 48 hours (note source for information):			
1. Site Conditions/General			
Maintenance Manual and Maintenance log being maintained by Owner/Owner Rep?		Ok <input type="checkbox"/> Action Required <input type="checkbox"/>	Comment:
Site's Impervious Areas (pavement, buildings, roads, driveways, walks) appear consistent with areas per original plan?		Ok <input type="checkbox"/> Action Required <input type="checkbox"/>	Comment:
2. Observation Port(s)			
Number of Observation ports per as-built plan?		Ok <input type="checkbox"/> Action Required <input type="checkbox"/>	Comment:
If it has not rained for 72 hours, has the water drained out of the observation port?		Ok <input type="checkbox"/> Action Required <input type="checkbox"/>	Comment:
If it was raining during site visit, is the distance between top of observation port and max. water level in port within minimum per design? See O&M for design max. water surface level in port.		Ok <input type="checkbox"/> Action Required <input type="checkbox"/>	Comment:
3. Inlets & Drainage Structures			
Complete COB Inspection Checklist for storm drain structures.			
4. Plants & Soil			
Is there exposed bare soil?		Ok <input type="checkbox"/> Action Required <input type="checkbox"/>	Comment:
Are invasive plants/weeds under control?		Ok <input type="checkbox"/> Action Required <input type="checkbox"/>	Comment:
Pruning/Removal of dead or diseased plants being done ?		Ok <input type="checkbox"/> Action Required <input type="checkbox"/>	Comment:
Watering appears adequate?		Ok <input type="checkbox"/> Action Required <input type="checkbox"/>	Comment:
Plants healthy?		Ok <input type="checkbox"/> Action Required <input type="checkbox"/>	Comment:
Growing soil medium does not appear crusty, dry or shrinking?		Ok <input type="checkbox"/> Action Required <input type="checkbox"/>	Comment:
5. Other Observations:			
Is there evidence of water damage observed?		Ok <input type="checkbox"/> Action Required <input type="checkbox"/>	Comment:
Is liner exposed?		Ok <input type="checkbox"/> Action Required <input type="checkbox"/>	Comment:
Other?			