**Town of Kernersville Bioretention Inspection Form**

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| **Report Date:** |  |  | **Inspection Date:** |  |

|  |  |
| --- | --- |
| **SCM Name/Location** |  |

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|  | **PASS** |  |  | **FAIL** |  |

Note: Items included in this inspection checklist are not an exhaustive list for any particular facility. As each facility is different, the Town looks to the professional inspecting the facility to perform a comprehensive inspection prior to certification.

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| **Code Key:** | MN = Maintenance Needed | M = Monitor (potential for future problem) |
|  | OK = No Maintenance Needed | NA = Not Applicable |

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| **Assessment** | **Code** | **Comments** |

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|  **SCM and Easement Area** |
| Trash or debris present |  |  |

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|  **Perimeter** |
| Bare soil or erosion on side slopes |  |  |
| Sediment or debris accumulation |  |  |
| Side slope vegetation maintained |  |  |
| Invasive vegetation |  |  |
| Other (describe) |  |  |

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|  **Inflow & Inlet(s)** |
| Obstruction: vegetation/debris/sediment |  |  |
| Erosion or undercutting |  |  |
| Dissipators: Rip-rap, fabric, etc. |  |  |
| Structural condition: Pipes, weirs, etc. |  |  |
| Other (describe) |  |  |

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|  **Pretreatment Area(s)** |
| Sediment or debris accumulation |  |  |
| Bare soils or erosion |  |  |
| Flow bypassing pretreatment |  |  |
| Invasive vegetation |  |  |
| Other (describe) |  |  |

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| --- | --- | --- |
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| **Assessment** | **Code** | **Comments** |

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|  **Bioretention Cell** |
| Overgrown or invasive vegetation |  |  |
| Vegetative health (diseased, dead, dying, etc.) |  |  |
| Mulch is decomposed or displaced |  |  |
| Soils or mulch clogged with sediment |  |  |
| Ponding depth (indicate design and existing depths in comments) |  |  |
| Ponding duration (ponding > 12 hours) |  |  |
| Underdrain system |  |  |
| Bare soil or erosion on side slopes or in grassed cell |  |  |
| Other (describe) |  |  |

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|  **Outlet Device** |
| Obstruction: vegetation/debris/sediment |  |  |
| Erosion or undercutting |  |  |
| Structural condition (riser, pipes, dissipator) |  |  |
| High-flow bypass |  |  |
| Other (describe) |  |  |

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|  **Miscellaneous** |
| Fence condition |  |  |
| Signage |  |  |
| Access |  |  |
| Vandalism |  |  |
| Other (describe) |  |  |
| Other (describe) |  |  |

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| --- | --- |
| Photo 1: Overall View | Photo 2: |
| Photo 3: | Photo 4: |

**Actions Needed:**

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| Photo 5: | Photo 6: |
| Photo 7: | Photo 8: |

**Actions Needed:**

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**Additional Comments:**

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| **Inspector**  |  | **Date** |  |

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| --- | --- |
| **Inspector Signature** |  |

**Certification**

*(Only completed when SCM is fully functional and has no outstanding repair or maintenance issues)*

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|  |  **I,** |  | **,** |

**as a duly registered Professional in the State of North Carolina, hereby attest that I conducted a thorough inspection and that the stormwater control measure is fully functioning and operating as designed and intended.**

(Seal)