

## Town of Kernersville Bioretention Inspection Form

Report Date: \_\_\_\_\_

Inspection Date: \_\_\_\_\_

SCM Name/Location \_\_\_\_\_

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.

**Code Key:**

MN = Maintenance Needed	M = Monitor (potential for future problem)
OK = No Maintenance Needed	NA = Not Applicable

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)		

### Inflow & Inlet(s)

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

### Pretreatment Area(s)

Sediment or debris accumulation		
Bare soils or erosion		
Flow bypassing pretreatment		
Invasive vegetation		
Other (describe)		

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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)		

**Outlet Device**

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

**Miscellaneous**

Fence condition		
Signage		
Access		
Vandalism		
Other (describe)		
Other (describe)		

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** \_\_\_\_\_

**Inspector Signature** \_\_\_\_\_

### **Certification**

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

☐ 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)