



Bioretention Operation and Maintenance Inspection Report Town of Mooresville, North Carolina

Project Name: _____	Inspection Date: _____
Inspector Phone #: _____	Inspector Email: _____
Inspector Name: _____	Inspector Signature: _____
Recent Rainfall: <input type="checkbox"/> 0-2 days <input type="checkbox"/> 3-5 days <input type="checkbox"/> 5+ days	<input type="checkbox"/> Initial Inspection <input type="checkbox"/> Follow-up Inspection

<input type="checkbox"/>	Aerial Photo of Site and Photographs of BMP Attached (Required)
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Code Key:

N/A = Not Applicable	M = Monitor (potential for future problem)
WN = Work Needed	S = Satisfactory (or no maintenance needed at time of inspection)

Potential Problem	Code	Comments
Entire BMP		
Trash/debris is present		

Perimeter of the Bioretention Cell	Code	Comments
Bare soil/erosive gullies		
Other (describe)		

Inlet Device: Pipe, Stone Verge or Swale	Code	Comments
The pipe is clogged (if applicable)		
The pipe is cracked or otherwise damaged		
Erosion is occurring in the swale (if applicable)		
Stone verge is clogged or covered in sediment		
Other (describe)		

Pretreatment Area	Code	Comments
Sediment accumulation (greater than 3-inches)		
Erosion/gullies present		
Invasive vegetation		
Flow is bypassing pretreatment		
Other (describe)		

Bioretention Cell: Vegetation	Code	Comments
Pruning needed for optimal plant health		
Plants are dead, diseased, or dying		
Tree stakes/wires are present 6 months after planting		
Weeds are present		
Other (describe)		



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4. Compliance Certification:

Please complete Section A or B as appropriate.

A. Certificate of Compliance

I do certify that I conducted an inspection of the SCM described herein. I certify that at the time of my inspection this SCM was performing properly and was in compliance with the terms and conditions of the approved maintenance agreement as required by the Town of Mooresville Phase II Post Construction and Illicit Discharge and Connection Ordinance.

Original signature and seal of the engineer, surveyor, or landscape architect.

Signature and title	Date	Seal
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B. Conditional Certificate of Compliance

I do certify that I conducted an inspection of the SCM described herein. I certify that at the time of my inspection this SCM was performing properly and was in compliance with the terms and conditions of the approved maintenance agreement as required by the Town of Mooresville Phase II Post Construction and Illicit Discharge and Connection Ordinance with the exception of the items listed in the above inspection sheet that require correction by the owner/permittee. I will inspect once the repairs are complete and submit a certified report.

Estimated Date of Compliance: _____

Original signature and seal of the engineer, surveyor, or landscape architect.

Signature and title	Date	Seal
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