

Inspector:	Inspector Certification Number:	Permit Number:	Permit Effective Date:
Project Name:	Permit Holder:	Permit drawings have been reviewed: Y/N Multiple BMP types in system: Y/N	
Addition photos attached: Y/N	Compliance Activity record attached: Y/N	Approximate time since last rain: < 24 h 24-48 h >48 h	
Inspection Date:	Time:	Date of Last Inspection:	Approximate size of last rain: <0.5 in. 0.5-1.0 in. > 1 in.

Tree Box

All questions are either 'S' or 'U' for satisfactory/unsatisfactory, respectively, unless otherwise specified.

Note: 'U' typically indicates maintenance is needed

General:

- | | | |
|--|---|-------------------|
| 1. Site accessibility | <input type="checkbox"/> <input type="checkbox"/> | S U |
| 2. Are tree boxes ONLINE or OFFLINE (Circle) | <input type="checkbox"/> <input type="checkbox"/> | On/Off |
| 3. Are grass clippings present in the drainage area or within the system [inlet structure, or outlet/overflow structure]? (A 'U' would indicate that grass clippings are present). | <input type="checkbox"/> <input type="checkbox"/> | |

Vegetation:

- | | | |
|--|---|-------------------|
| 4. Tree appearance (health) | <input type="checkbox"/> <input type="checkbox"/> | S U |
| 5. Trees need replacing or pruning (If yes, check 'U') | <input type="checkbox"/> <input type="checkbox"/> | |
| 6. No emergent invasive plant life (If yes, check 'U') | <input type="checkbox"/> <input type="checkbox"/> | |

Inlet Structure:

- | | | |
|---|---|-------------------|
| 7. Inlet(s) condition | <input type="checkbox"/> <input type="checkbox"/> | S U |
| 8. Runoff is bypassing the inlet (If yes, check 'U') | <input type="checkbox"/> <input type="checkbox"/> | |
| 9. Evidence of trash/debris/sediment in or around inlet that may impair function. (If yes, check 'U') | <input type="checkbox"/> <input type="checkbox"/> | |
| 10. Evidence of erosion, gullies, rills, or flooding around inlet that may impair function. (If yes, check 'U') | <input type="checkbox"/> <input type="checkbox"/> | |

Main Treatment:

11. Is water in GSI?
a. If yes, approx. depth: _____ in./ft.

Site Area:

- | | | |
|---|---|-------------------|
| 12. Clearance of excess debris that may impair function. | <input type="checkbox"/> <input type="checkbox"/> | S U |
| 13. Evidence of erosion that may impair function. (If yes, check 'U') | <input type="checkbox"/> <input type="checkbox"/> | |

Underdrain if installed:

- | | | |
|--|---|-------------------|
| 14. Cleanouts clear from clogging or blockages that may impair function. (If not, check 'U') | <input type="checkbox"/> <input type="checkbox"/> | S U |
| 15. Condition of cleanouts | <input type="checkbox"/> <input type="checkbox"/> | |

Emergency Overflow / Outlet Structure (if appropriate):

- | | | |
|---|---|-------------------|
| 16. Outlet(s) condition. | <input type="checkbox"/> <input type="checkbox"/> | S U |
| 17. Evidence of trash/debris/sediment in or around outlet. (If yes, check 'U') | <input type="checkbox"/> <input type="checkbox"/> | |
| 18. Evidence of erosion or flooding that may impair function. (If yes, check 'U') | <input type="checkbox"/> <input type="checkbox"/> | |

Qualitative Inspection:

19. Rate the presence of debris (e.g. leaves, trash, grass clippings) in the drainage area.

Good ☐ Marginal ☐ Poor ☐

<25% 25-50% >50%

20. Rate tree health per landscaping plan and site objectives (Stress)

Good ☐ Marginal ☐ Poor ☐

>50% 25-50% <25%