
Appendix M

Maintenance
Inspection
Checklists

It is highly recommended that an annual maintenance inspection and cleanup be conducted at each BMP site, particularly at large-scale applications.

This appendix includes the following maintenance inspection checklists:

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**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DISTRICT DEPARTMENT OF THE ENVIRONMENT
NATURAL RESOURCES ADMINISTRATION
WATERSHED PROTECTION DIVISION/INSPECTION AND ENFORCEMENT
BRANCH
Green Roof MAINTENANCE INSPECTION**

Name / Address: _____ WPD No _____

Mailing Address: _____ Ward: _____

Owner / Agent: _____ Telephone : _____ Lot: _____ Square: _____

As-Built Plan Available Y/N Last Inspection Date: _____ Last Service Date: _____ Service Contract Y/N, Type: _____

Accessibility: Public ___ Private ___ Maintenance Personal Only ___ Elevation (Number of Stories) ___ Roof type: Flat ___ Sloped ___

List all other Stormwater Management Facilities on Site: _____

1. Roof Condition:

Overflow Drains, Drain boxes Eves and Scuppers Condition _____ Total Number _____

Membrane Condition _____ Flashing and Caulked Areas Condition _____ Roof Repair Needed _____

Debris/Sediment Accumulation ___ Evidence of Root Penetration ___ Peeling or Physical Damage ___ Standing Water or Seepage ___

Observations _____

2. Vegetated Areas:

Roof Type: Intensive _ Extensive _ Semi-intensive _ Vegetative System Used: Plant in place ___ Modular Tray System ___ Vegetated Mat ___

Dead or diseased plants ___ Weeds, Moss, Invasive Plants or Pest ___ Thatch accumulation ___ Erosion or loss of media ___ Other _____

Approximate Number of Growing Seasons _____ Date of last Fertilizer, Pesticide or Top Dressing Application: _____

Observations _____

3. Watering, Irrigation and Leak Detection:

Method of Watering : Soaker or Drip Hose _____ Sprinkler _____ Misting System _____

Hose Condition _____ Mechanical Systems Components (timers, valves, sensors and filters) _____ Last Service Date _____

Leak Detection Provided Y/N Last Service Date _____

Observations _____

Inspector _____ Received By _____ Date _____
DDOE(WHITE) OWNER/AGENT(YELLOW) INSPECTOR (PINK)

Green Roof maintenance inspection 03/2011



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**Rainwater Harvesting
MAINTENANCE INSPECTION**

Name / Address: _____ WPD No _____

Mailing Address: _____ Ward: _____

Owner / Agent : _____ Telephone : _____ Lot: _____ Square: _____

As-Built Plan Available Y/N Last Inspection Date: _____ Last Service Date: _____ Service Contract Y/N, Type: _____

List all other Storm Water Management Facilities on Site: _____

1. Tank and System Condition:

Tank Condition _____ Gutter and Pipe Condition _____ Pump and Electrical System Functioning Properly _____

Replacement Parts Needed _____ (specify components): _____

Observations _____

2. Inflow and Storage:

Debris in Gutters/ Downspouts _____ Debris in Pre-screening Devices _____ Debris in First Flush Diverters _____

Mosquito Screens Inadequate _____ Sediment Accumulation in Tank _____ Inadequate Tank Drawdown _____ Inconsistent Reuse _____

Observations _____

3. Overflow:

Over flow Device Y/N, Type: _____ Outlet Erosion _____ Debris/ Sediment in Overflow _____ Repair Needed _____

Observations _____

Inspector _____ Received By _____ Date _____

DDOE(WHITE)

OWNER/AGENT(YELLOW)

INSPECTOR (PINK)

Rainwater Harvesting maintenance inspection 03/2011



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**Impervious Cover Disconnection
MAINTENANCE INSPECTION**

Name / Address: _____ WPD No _____

Mailing Address: _____ Ward: _____

Owner / Agent : _____ Telephone : _____ Lot: _____ Square: _____

Last Inspection Date: _____ Last Service Date: _____ Service Contract Y/N, Type: _____

Type of Disconnection: Simple _____ Dry Well _____ Rain Garden _____
Other _____

List all other Storm Water Management Facilities on Site: _____

1. Contributing Drainage Area:

Type of Drainage Area: Rooftop _____ Parking Lot _____ Other _____

Observations _____

2. Receiving Area:

Improper Conveyance to Receiving Pervious Area _____ Receiving Area Encroachment _____ Compaction Receiving Area _____

Erosion at Inflow Points _____ Erosion in Flow Path _____ Dead Vegetation _____ Exposed Soil _____ Sediment Accumulation _____

Evidence of Standing Water _____

Observations _____

Inspector _____ Received By _____ Date _____

DDOE(WHITE)

OWNER/AGENT(YELLOW)

INSPECTOR (PINK)

Impervious Cover Disconnection maintenance inspection 03/2011



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**Permeable Pavement
MAINTENANCE INSPECTION**

Name / Address: _____ WPD No _____

Mailing Address: _____ Ward: _____

Owner / Agent : _____ Telephone : _____ Lot: _____ Square: _____

As-Built Plan Available Y/N Last Inspection Date: _____ Last Service Date: _____ Service Contract Y/N, Type: _____

List all other Storm Water Management Facilities on Site: _____

1. Surface Condition:

Debris/ Sediment Accumulation _____ Weed Accumulation _____ Evidence of Surface Clogging _____ Sweeping Needed _____

Surface Deformation or Spalling _____ Structural Repair Needed _____

Observations _____

2. Underdrains and Cleanouts:

Underdrains Y/N, Number: _____ Observation Wells Y/N, Number: _____

Evidence of Subsurface Clogging _____ Inadequate Drawdown _____ Standing Water _____ Last Rain Event >1" +/- _____ Days/Hours

Observations _____

3. Overflow:

Over flow Device Y/N, Type: _____ Debris/ Sediment in Overflow _____ Repair Needed _____

Observations _____

Inspector _____ Received By _____ Date _____

DDOE(WHITE)

OWNER/AGENT(YELLOW)

INSPECTOR (PINK)

Permeable Pavement maintenance inspection 03/2011



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BRANCH**

**Bioretention Facility
MAINTENANCE INSPECTION**

Name / Address: _____ WPD No _____

Mailing Address: _____ Ward: _____

Owner / Agent : _____ Telephone : _____ Lot: _____ Square: _____

As-Built Plan Available Y/N Last Inspection Date: _____ Last Service Date: _____ Service Contract Y/N, Type: _____

List all other Storm Water Management Facilities on Site: _____

1. Inlets and Drainage Area Stabilization:

Inlet Type (s) _____ Total Number _____ Repair Needed _____ Debris/ Sediment Accumulation _____

Evidence of Erosion in Drainage Area _____ Area Needs Mowing or Clipping Removal _____ Drainage Area Debris Accumulation _____

Observations _____

2. Bioretention Facility:

Sediments/Trash Accumulation _____ Filter Surface Clogging _____ Erosion in Facility _____ Inadequate Mulch Thickness or Cover _____

Outlet: Condition of Outlet _____ Debris/ Sediment in Overflow _____ Repair Needed _____

Underdrains and Cleanouts: Underdrains Y/N, Number: _____ Observation Wells Y/N, Number: _____

Evidence of subsurface clogging _____ Inadequate drawdown _____ Standing Water _____ Last Rain Event >1" +/- _____ Days/Hours

Observations _____

3. Plants:

Specific Number and Types of Plants in Place _____ Dead or Diseased plants _____ Stakes and Wires _____ Inadequate Watering _____

Observations _____

Note: A qualified professional must treat disease plants. Deficient stakes or wires must be replaced. Dead plants or plants beyond treatment must be replaced by plants meeting original specifications. New plants must be watered every day for the first 14 days after planting.

Inspector _____ Received By _____ Date _____

DDOE(WHITE)

OWNER/AGENT(YELLOW)

INSPECTOR (PINK)

Bioretention maintenance inspection 3/2010



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Infiltration Facility
MAINTENANCE INSPECTION

Name / Address: _____ WPD No _____

Mailing Address: _____ Ward: _____

Owner / Agent : _____ Telephone : _____ Lot: _____ Square: _____

As-Built Plan Available Y/N Last Inspection Date: _____ Last Service Date: _____ Service Contract Y/N, Type: _____

Infiltration Device Type: Dry Well _____ Infiltration Trench _____ Other _____

List all other Storm Water Management Facilities on Site: _____

1. Inlets and Drainage Area Stabilization:

Inlet Type (s) _____ Total Number _____ Repair Needed _____ Debris/ Sediment Accumulation _____

Erosion in Drainage Area ___ Area Needs Mowing or Clipping Removal ___ Drainage Area Debris Accumulation ___ Pretreatment Bypass ___

Observations _____

2. Structural Components and Function:

Vegetation and Ground Cover Type: _____ Surface Erosion Present? Y/N

Condition of Infiltration Area _____ Observation Wells Y/N, Number: _____ Condition: _____

Inadequate Drawdown _____ Standing Water _____ Debris/Sediment Accumulation _____ Last Rain Event >1" +/- _____ Days/Hours

Observations _____

3. Overflow:

Over flow Device Y/N, Type: _____ Debris/ Sediment in Overflow _____ Repair Needed _____

Observations _____

Inspector _____ Received By _____ Date _____

DDOE(WHITE)

OWNER/AGENT(YELLOW)

INSPECTOR (PINK)

Infiltration Facility maintenance inspection 03/2011

