



## Downspout Disconnection Inspections and Maintenance Checklist

Site Name: \_\_\_\_\_ Owner Change since last inspection? Y N

Location: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Site Status: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Site conditions: \_\_\_\_\_

Disconnection Type:      Soil Amendment       Infiltration Trench       Bioretention   
                                  Rainwater Harvesting       Stormwater Planter       Simple Disconnection

*Note: Disconnection Type should also be evaluated per the appropriate Checklist located in this Appendix.  
 Inspection Frequency Key: A=annual; M=monthly; S=after major storms*

| Inspection Items  | Inspection Frequency | Inspected?<br>(Yes/No) | Maintenance Needed?<br>(Yes/No) | Comments/Description  |
|---|----------------------|------------------------|---------------------------------|---|
| <b>Pipes, Gutters, and Drains</b>   |                      |                        |                                 |   |
| Downspouts provide stable conveyance into facility?                                     | A/S                  |                        |                                 |   |
| Runoff enters pervious area as sheet flow?  | A/S                  |                        |                                 |   |
| Excessive trash/debris/sediment/oil/chemicals accumulation at inflow points?            | A/S                  |                        |                                 |   |
| Evidence of erosion at/around inflow points?  | A/S                  |                        |                                 |   |
| <b>Disconnection Treatment</b>  |                      |                        |                                 | (describe type: concrete pipe, slotted weir, channel, etc.) |
| Downspouts or surface impervious area drains to the receiving pervious area?            | A/S                  |                        |                                 |   |
| Receiving treatment area retains dimensions as shown on plans and is in good condition? | A/S                  |                        |                                 |   |
| Sediment accumulation?  | A                    |                        |                                 |   |
| Is erosion at simple disconnection, bioretention, filter paths, or planter present?     | A                    |                        |                                 |   |
| Evidence of standing water (Ponding, Noticeable Odors, Water Stains, Algae)?            | A                    |                        |                                 |   |
| Is vegetation in place?   | A                    |                        |                                 |   |
| Is plant composition consistent with  | A                    |                        |                                 |   |



| Inspection Items   | Inspection Frequency | Inspected? (Yes/No) | Maintenance Needed? (Yes/No) | Comments/Description |
|--|----------------------|---------------------|------------------------------|----------------------|
| approved plans?  |                      |                     |                              |                      |
| Are invasive species/weeds present?  | A                    |                     |                              |                      |
| Is dead vegetation or exposed soil present?  | A                    |                     |                              |                      |
| Other (describe)   | A                    |                     |                              |                      |
| <b>Contributing Drainage Area-Rooftop</b>  |                      |                     |                              |                      |
| Treatment area retains dimensions as shown on plans and is in good condition?        |                      |                     |                              |                      |
| Is there encroachment on pervious area or easement by buildings or other structures? | A/S                  |                     |                              |                      |
| <b>Hazards</b>   |                      |                     |                              |                      |
| Have there been complaints from residents?   | M                    |                     |                              |                      |
| Public hazards noted?  | M                    |                     |                              |                      |

Inspector Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Overall Condition of Facility:  Acceptable  Unacceptable

If any of the above Inspection Items are checked "Yes" for "Maintenance Needed," list Maintenance actions and their completion dates below:

| Maintenance Action Needed | Due Date |
|---------------------------|----------|
|                           |          |
|                           |          |
|                           |          |
|                           |          |

The next routine inspection is scheduled for approximately: \_\_\_\_\_  
 (date)

Inspected by: (signature) \_\_\_\_\_  
 Inspected by: (printed) \_\_\_\_\_