



Downspout Disconnection Inspections and Maintenance Checklist

Site Name: _____ Owner Change since last inspection? _____

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? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
Pipes, Gutters, and Drains				
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			
Disconnection Treatment				(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			
Contributing Drainage Area-Rooftop				
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			
Hazards				
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) _____