



### Proprietary BMP Inspections and Maintenance Checklist

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

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

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

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

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

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

Inspection Frequency Key: A=annual; M=monthly; S=after major storms

Inspection Items	Inspection Frequency	Inspected? (Yes/No)	Maintenance Needed? (Yes/No)	Comments/Description
<b>Debris Removal</b>				
Adjacent area free of debris?	M			
Inlets and Outlets free of debris?	M			
Facility (internally) free of debris?	M			
<b>Vegetation</b>				
Surrounding area fully stabilized? (no evidence of eroding material into proprietary BMP)				
Grass mowed?	M			
<b>Water retention where required</b>				
Water holding chambers at normal pool?	M			
Evidence of erosion?				
<b>Sediment Deposition</b>				
Filtration Chamber free of sediments?	A			
Sedimentation chamber not more than 50% full?	A			
<b>Structural Components</b>				
Any evidence of structural deterioration?	A			
Grates in good condition?	A			
Spalling or cracking of structural parts?	A			
<b>Outlet/Overflow Spillway</b>				
<b>Other</b>				
Noticeable odors?	A			
Any evidence of filter(s) clogging?	M			
Evidence of flow bypassing facility?	A			

City of Franklin, Tn  
Stormwater Division  
615-791-3218



To be submitted as part  
of annual report to City

REV 2/2015

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) \_\_\_\_\_