



BIOFILTER FACILITY

INSPECTION FORM

This is a general inspection form.
 Items on this form are to be checked at different times and frequencies.
 Complete this form in accordance with the Operation & Maintenance Plan.

Facility Name:

Location:

Biofilter inspected by:

Date:

BIOFILTER FACILITY

Water levels in the bed or perforated cleanout. Cleanout water depth is from water surface to rim of cleanout

EMBANKMENTS Yes No Date/Action Taken

Slumping/Stability

Erosion

Burrow Holes

Woody Plants

Invasive Species

Mowing

Other Damage

INLET PIPES / OUTLET STRUCTURES

Yes No Date/Action Taken

Clogging/Debris/Litter

Erosion

Structural Integrity

Excellent

Good

Fair

Poor

Other Damage

BIOFILTER VEGETATION

Yes No

Date/
Action Taken

Invasive Species

Replacement?

ENGINEERED SOIL

Date/Action Taken/Company Used

Yes No Date/Action Taken

STORM SEWER SYSTEM & UNDERDRAIN

Clogging/Debris/Litter

Televise & Cleaning

Structural Integrity

Excellent

Good

Fair

Poor

Other Damage

ADDITIONAL COMMENTS