

BIORETENTION/RAINGARDEN/INFILTRATION PRACTICE

Homeowner Association / Property Owner: Plat/CSM Name & Lot/Oulot Number: Maintenance Agreement Recording Info: Certified Inspector: Inspection Date:	_____ _____ _____ _____ _____
Outlet Structure: Nature of Required Maintenance:	<input type="checkbox"/> Good Condition <input type="checkbox"/> Maintenance Required <input type="checkbox"/> N/A
Stormsewer Outfalls: Nature of Required Maintenance:	<input type="checkbox"/> Good Condition <input type="checkbox"/> Maintenance Required <input type="checkbox"/> N/A
Practice Side Slopes: Nature of Required Maintenance:	<input type="checkbox"/> Good Condition <input type="checkbox"/> Maintenance Required <input type="checkbox"/> N/A
Practice Bottom: Nature of Required Maintenance:	<input type="checkbox"/> Good Condition <input type="checkbox"/> Maintenance Required <input type="checkbox"/> N/A
Sediment Deposition: Nature of Required Maintenance:	<input type="checkbox"/> Good Condition <input type="checkbox"/> Maintenance Required <input type="checkbox"/> N/A
Plant Spacing Nature of Required Maintenance:	<input type="checkbox"/> Good Condition <input type="checkbox"/> Maintenance Required <input type="checkbox"/> N/A
Overflow: Nature of Required Maintenance:	<input type="checkbox"/> Good Condition <input type="checkbox"/> Maintenance Required <input type="checkbox"/> N/A
Other: Nature of Required Maintenance:	<input type="checkbox"/> Good Condition <input type="checkbox"/> Maintenance Required <input type="checkbox"/> N/A
Additional Comments:	
Photo(s) Attached:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A