Bioretention Maintenance Schedule

Year: _____

Location: _____

	January	February	March	April	May	June	July	August	September	October	November	December
Drainage Area												
Free of excessive sediment/dirt												
Free of excessive leaves												
Free of excessive oil / grease												
Forebay or Filter strip												
Remove sediment > than 1"												
Check for erosion and correct												
Remove any unwanted plants												
Remove any trash												
Basin												
Check for erosion & correct												
Check 3" of hardwood mulch & correct												
Check for compacted mulch & correct												
Remove any sediment in basin												
Check Plants, trim, remove weeds												
Remove any trash												
Overflow												
Overflow pipe screen unclogged												
Overflow pipe inlet clear												
Inspect cleanout and outlet												
Berm / Surrounding Area												
Check for erosion & correct												
3" of hardwood mulch (if mulched)												
Check Plants, trim, remove weeds												
Remove any trash												

Inspector Name, Date   Notes

Jan _____
Feb _____
Mar _____
Apr _____
May _____
Jun _____
Jul _____
Aug _____
Sep _____
Oct _____
Nov _____
Dec _____

Permeable Pavement Maintenance Schedule

Year: _____

Location: _____

	January	February	March	April	May	June	July	August	September	October	November	December
Drainage Area & Conveyance												
Free of excessive sediment/dirt												
Free of excessive leaves/other materials												
Permeable Area												
Free of excessive sediment/dirt												
Free of excessive leaves/other materials												
Check for obstructions or ponding*												
Inspect pavers & correct												
Professionally vacuum permeable area												
Replace joint material as needed												
Overflow												
Inspect cleanout												
Inspect outlet orifice and correct												
Other												
*note - ponding must be corrected by												
infiltration test												
more frequent vacuum treatment												

Inspector Name, Date   Notes

	Inspector Name, Date / Notes
Jan	_____
Feb	_____
Mar	_____
Apr	_____
May	_____
Jun	_____
Jul	_____
Aug	_____
Sep	_____
Oct	_____
Nov	_____
Dec	_____

Cistern Maintenance Schedule

Year: _____

Location: _____

	January	February	March	April	May	June	July	August	September	October	November	December
Drainage Area & Conveyance												
Free of excessive sediment/dirt												
Free of excessive leaves/obstructions												
Gutters operating as designed												
First Flush												
Check for obstructions & clear												
Check drainage & correct												
Check for sediment buildup & clean												
Cistern												
Inspect filters, screens & clean												
Check drainage time, < 144 hours												
Check for leaks & correct												
Check drain valve operation												
Verify all access locked												
Inspect foundation & correct												
Verify safety signage												
Overflow												
Check vector screens & correct												
Inspect overflow path & correct												
Verify overflow path infiltrates/drains												
Other												
Internal inspection every 5 years												

	Inspector Name, Date	Notes
Jan		
Feb		
Mar		
Apr		
May		
Jun		
Jul		
Aug		
Sep		
Oct		
Nov		
Dec		

Vegetated Filter Strip Maintenance Schedule

Year: _____

Location: _____

	January	February	March	April	May	June	July	August	September	October	November	December
Drainage Area & Conveyance												
Free of excessive sediment/dirt												
Free of excessive leaves/other materials												
Check for obstructions on drainage edge												
Check edge dropoff to strip > 1" & correct												
Vegetated Filter Strip												
Remove sediment at edge > than 1"												
Check for erosion and correct												
Check Plants, trim, remove weeds												
Remove any trash												
Check for ponding and correct												
Verify original dimensions not modified												

Inspector Name, Date   Notes

Jan _____
Feb _____
Mar _____
Apr _____
May _____
Jun _____
Jul _____
Aug _____
Sep _____
Oct _____
Nov _____
Dec _____

Riparian Buffer Maintenance Schedule

Year: _____

Location: _____

	January	February	March	April	May	June	July	August	September	October	November	December
Drainage Area & Conveyance												
Check for erosion and correct												
Free of excessive sediment/dirt												
Verify information signage												
Verify buffer boundary is visible/marked												
Riparian Buffer												
Verify buffer dimensions												
Verify no restricted uses in buffer												
Remove any trash												
Conduct plant inventory												
Remove noxious and invasive plants												
Photo document												
Assess plant health												

	Inspector Name, Date	Notes
Jan		
Feb		
Mar		
Apr		
May		
Jun		
Jul		
Aug		
Sep		
Oct		
Nov		
Dec		