

Maintenance Inspection Checklists

It is recommended that an annual maintenance inspection and cleanup be conducted at each best management practice (BMP) site, particularly at large-scale applications.

This appendix includes the following maintenance inspection checklists (see Figures M.1 through M.13):

- Green Roof Maintenance Inspection
- Rainwater Harvesting Maintenance Inspection
- Impervious Surface Disconnection Maintenance Inspection
- Permeable Pavement Maintenance Inspection
- Bioretention Maintenance Inspection
- Sandfilter Inspection Report
- Infiltration Facilities Maintenance Inspection
- Open Channel Systems Maintenance Inspection
- Pond and Wetland Maintenance Inspection
- Storage and Underground Detention Maintenance Inspection
- Stormwater Management Facilities Maintenance Inspection
- Tree Planting and Preservation Maintenance Inspection
- Maintenance Service Completion Inspection

The checklists are subject to change with the latest versions available at <https://doee.dc.gov/swguidebook>.

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| Green Roof Maintenance Inspection Report | | |
|--|------------|-------------------------------------|
| Name/Facility Address: | | File/Plan no. |
| Owner/Agent: | | Ward: |
| Mailing Address: | | |
| Phone/Email | | |
| Date/Weather | | |
| | | |
| Maintenance Item | Yes/No/N/A | Comments |
| 1. Roof Condition | | |
| Overflow Drains | | |
| Repair needed | | |
| Clear of debris/weeds | | |
| Peeling or physical damage | | |
| Standing water or leaks | | |
| Damage to flashing/roof penetrations | | |
| Accessible (railings & ladders) | | |
| 2. Vegetation | | |
| Roof type: | | Intensive/Extensive/ Semi-intensive |
| Dead or disease plants | | |
| Weeds, moss, invasive plants | | |
| Erosion or loss of media | | |
| At least 80% coverage | | |
| Replanting needed | | |
| Date of last service | | |
| 3. Irrigation and Leak Detection | | |
| Watering method | | Hose or Sprinkler |
| Mechanical systems | | Timers/Sensors/ Zones |
| Leak detection provided | | |



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Figure M.1 Green Roof Maintenance Inspection Report.

| Actions to be Taken: |
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Figure M.1 (continued)

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| Rainwater Harvesting Maintenance Inspection Report | | |
|--|------------|---------------|
| Name/Facility Address: | | File/Plan no. |
| Owner/Agent: | | Ward: |
| Mailing Address: | | |
| Phone/Email | | |
| Date/Weather | | |
| | | |
| Maintenance Item | Yes/No/N/A | Comments |
| 1. Cisterns and Water Quality Treatment | | |
| Cistern in good repair | | |
| Pump functioning properly | | |
| Disinfection system in place and type | | |
| Filtration system | | |
| Recirculation system installed | | |
| Recirculation schedule (how often is the water recirculated) | | |
| 2. Collection, Conveyance, Pre-treatment, Storage | | |
| Debris in gutter/downspouts | | |
| Debris in prescreening devices | | |
| Debris in first flush diverters | | |
| Debris in hydrodynamic separator | | |
| Mosquito screens inadequate | | |
| Sediment accumulation in tank | | |
| Inadequate tank drawdown | | |
| 3. Distribution and Overflow | | |
| Discharging to BMP | | |



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Figure M.2 Rainwater Harvesting Maintenance Inspection Report.

| | | |
|---|--|--|
| Re-use to (e.g. flushing toilets, irrigation, cooling towers) | | |
| Overflow device | | |
| Outlet erosion | | |
| Debris/sediment in overflow | | |
| Overflow repair needed | | |
| Actions to be Taken: | | |
| | | |

Figure M.2 (continued)

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Impervious Surface Disconnection Maintenance Inspection Report

Project Address: _____ Plan Number / File Number: _____

Mailing Address: _____ Ward: _____

Owner/Agent: _____ Phone: _____ Lot: _____ Square: _____

Y/N

- As-built plan available
- Service contract
- Review of on-site maintenance logs
- Simple disconnection
- Disconnection to dry well
- Disconnection to rain garden
- Other type of disconnection:
- Last inspection date:
- Last service date:
- Type of service contract (if any):
- Time since last rain > 1" +/- Days / Hours

I. Contributing Drainage Area

Y/N

- Rooftop contributing drainage area
- Parking lot contributing drainage area
- Other contributing drainage area:

II. Receiving Area

Y/N

- Improper conveyance to receiving pervious area
- Receiving area encroachment
- Compaction in receiving area
- Erosion at inflow points
- Erosion in flow path
- Dead vegetation
- Exposed soil
- Sediment accumulation
- Evidence of standing water

Figure M.3 Impervious Cover Surface Disconnection Maintenance Inspection Report.

**Impervious Surface Disconnection Maintenance Inspection Report
(continued)**

III. Observations

IV. Signatures

Owner/Agent: _____ Inspector: _____ Date: _____

Figure M.3 (continued)

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| Permeable Pavement Maintenance Inspection Report | | |
|--|------------|------------------------|
| Name/Facility Address: | | File/Plan no. |
| Owner/Agent: | | Ward: |
| Mailing Address: | | |
| Phone/Email | | |
| Date/Weather | | |
| | | |
| Maintenance Item | Yes/No/N/A | Comments |
| 1. Surface Condition | | |
| Clear of debris/sediment/weeds | | |
| Evidence of surface clogging | | |
| Sweeping needed | | |
| Surface deformation or spalling | | |
| Structure repair needed | | |
| 2. Underdrains and Cleanouts | | |
| Underdrain(s) | | |
| Observation well(s) | | |
| Evidence of surface clogging | | |
| Standing water | | |
| Last rain event >1" | | ____ Hours / ____ Days |
| 3. Overflow | | |
| Overflow device | | |
| Debris and sediment in overflow | | |
| Overflow repair needed | | |
| Actions to be Taken: | | |
| | | |



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Figure M.4 Permeable Pavement Maintenance Inspection Report.

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| Bioretention/Planters Maintenance Inspection Report | | |
|--|-------------------|-----------------|
| Name/Facility Address: | | File/Plan no. |
| Owner/Agent: | | Ward: |
| Mailing Address: | | |
| Phone/Email | | |
| Date/Weather | | |
| | | |
| Maintenance Item | Yes/No/N/A | Comments |
| 1. Inlets and Drainage Area | | |
| Inlet type(s) | | |
| Inlet repair needed | | |
| Pre-treatment clear of debris/sediment | | |
| Evidence of erosion in drainage area | | |
| Drainage area clear of trash/debris/clippings | | |
| Stone weir sediment accumulation | | |
| 2. Bioretention Facility | | |
| Sediments and trash accumulation | | |
| Filter surface clogging | | |
| Overflow clear of debris | | |
| Erosion in facility | | |
| Inadequate mulch thickness | | |
| Outlets in good condition | | |
| Outlets repair needed | | |
| Underdrains/Observation wells/Clean-outs | | |
| Dewaterers between storms within 48 hours | | |
| 3. Vegetation | | |
| Dead or diseased plants | | |
| Stakes and wires | | |
| Inadequate watering | | |



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Figure M.5 Bioretention Maintenance Inspection Report.

| Actions to be Taken: |
|----------------------|
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Figure M.5 (continued)

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| Sandfilter Maintenance Inspection Report | | |
|---|------------|---------------|
| Name/Facility Address: | | File/Plan no. |
| Owner/Agent: | | Ward: |
| Mailing Address: | | |
| Phone/Email | | |
| Date/Weather | | |
| | | |
| Maintenance Item | Yes/No/N/A | Comments |
| 1. Structural Components | | |
| Observation wells | | |
| Maintenance doors | | |
| Manholes | | |
| Inlet/Outlets | | |
| Valves/Drains | | |
| Other | | |
| 2. Inlets | | |
| Inlet Type(s) | | |
| Inlet repair needed | | |
| Inlet clear of debris/sediment | | |
| 3. Chambers | | |
| Sediment/debris first chamber | | |
| Sediment/debris on filter bed (2nd chamber) | | |
| Sediment/debris in clear well (3rd chamber) | | |
| Water seal | | |
| Oil/Grease accumulation | | |
| Debris accumulation | | |
| Filter bed condition | | |
| Standing water in 2 nd chamber | | |
| Evidence of bypass | | |



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Figure M.6 Sandfilter Maintenance Inspection Report.

| Actions to be Taken: |
|----------------------|
| |

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Figure M.6 (continued)

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| Infiltration Facilities Maintenance Inspection Report | | |
|---|------------|----------------------|
| Name/Facility Address: | | File/Plan no. |
| Owner/Agent: | | Ward: |
| Mailing Address: | | |
| Phone/Email | | |
| Date/Weather | | |
| | | |
| Maintenance Item | Yes/No/N/A | Comments |
| 1. Inlets and Drainage Area | | |
| Inlet Type(s) | | |
| Inlet repair needed | | |
| Inlet clear of debris/sediment | | |
| Evidence of erosion in drainage area | | |
| Drainage area clear of trash/debris | | |
| Evidence of pretreatment bypass | | |
| 2. Structural Components and Function | | |
| Vegetation and ground cover type | | Grass/Sod/Media |
| Surface erosion present | | |
| Infiltration area in good repair | | |
| Observation wells in good repair | | |
| Debris and sediment present | | |
| Standing water | | |
| Last rain event >1" | | ___ Hours / ___ Days |
| 3. Overflow | | |
| Overflow device | | |
| Debris/sediment in overflow | | |
| Overflow repair needed | | |



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Figure M.7 Infiltration Facilities Maintenance Inspection Report.

| Actions to be Taken: |
|----------------------|
| |

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Figure M.7 (continued)

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| Open Channel Maintenance Inspection Report | | |
|--|------------|---------------|
| Name/Facility Address: | | File/Plan no. |
| Owner/Agent: | | Ward: |
| Mailing Address: | | |
| Phone/Email | | |
| Date/Weather | | |
| | | |
| Maintenance Item | Yes/No/N/A | Comments |
| 1. Inlets and Drainage Area | | |
| Inlet Type(s) | | |
| Inlet repair needed | | |
| Inlet clear of debris/sediment | | |
| Erosion at inlets | | |
| Evidence of erosion in drainage area | | |
| Evidence of pretreatment bypass | | |
| 2. Open Channel Facility | | |
| Clear of debris/sediment | | |
| Erosion within facility | | |
| Ponding of water | | |
| Check dams in good repair | | |
| Outlet in good repair | | |
| 3. Vegetation | | |
| Dead vegetation | | |
| Bare spots | | |
| Invasive species | | |
| Re-vegetation needed | | |
| Actions to be Taken: | | |
| | | |

Figure M.8 Open Channel Systems Maintenance Inspection Report.

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| Ponds and Wetlands Maintenance Inspection Report | | |
|---|-------------------|-----------------|
| Name/Facility Address: | | File/Plan no. |
| Owner/Agent: | | Ward: |
| Mailing Address: | | |
| Phone/Email | | |
| Date/Weather | | |
| | | |
| Maintenance Item | Yes/No/N/A | Comments |
| 1. Inlets and Drainage Area | | |
| Inlet Type(s) | | |
| Inlet repair needed | | |
| Inlet clear of debris/sediment | | |
| Erosion in drainage area | | |
| Drainage area debris accumulation | | |
| Pretreatment bypass | | |
| 2. Facility Function and Structural Components | | |
| Erosion within facility | | |
| Clear of debris/sediment | | |
| Inadequate water level | | |
| Excessive algal growth | | |
| Overflow device | | |
| Debris/sediment in overflow | | |
| Overflow repair needed | | |
| 3. Vegetation | | |
| Dead or diseased plants | | |
| Inadequate vegetation | | |
| Lack of aquatic bench | | |



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Figure M.9 Pond and Wetland Maintenance Inspection Report.

| | | |
|-----------------------------|--|--|
| Lack of plant diversity | | |
| Actions to be Taken: | | |
| | | |

Figure M.9 (continued)

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| Storage and Underground Detention Maintenance Inspection Report | | |
|---|------------|---------------|
| Name/Facility Address: | | File/Plan no. |
| Owner/Agent: | | Ward: |
| Mailing Address: | | |
| Phone/Email | | |
| Date/Weather | | |
| Type of practice: | | |
| | | |
| Maintenance Item | Yes/No/N/A | Comments |
| 1. Inlets and Drainage Area | | |
| Inlet type(s) | | |
| Inlet repair needed | | |
| Inlet clear of debris/sediment | | |
| Erosion in drainage area | | |
| Drainage area debris accumulation | | |
| Evidence of pretreatment bypass | | |
| 2. Practice Function | | |
| Inadequate vegetation/ground cover | | |
| Surface erosion in practice | | |
| Clear of debris/sediment | | |
| Inadequate drawdown/standing water | | |
| 3. Structural Components | | |
| Overflow device | | |
| Debris/sediment in overflow | | |
| Overflow device repair needed | | |
| Vaults and chamber | | |
| Debris/sediment in chambers | | |



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Figure M.10 Storage and Underground Detention Maintenance Inspection Report.

| | | |
|---------------------------------|--|--|
| Vaults/chamber repair needed | | |
| Actions to be Taken: | | |
| | | |

Figure M.10 (continued)

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Stormwater Management Facilities Maintenance Inspection Report

Project Address: _____ Plan Number / File Number: _____

Mailing Address: _____ Ward: _____

Owner/Agent: _____ Phone: _____ Lot: _____ Square: _____

Y/N

- As-built plan available
- Service contract
- Review of on-site maintenance logs
- Hydrodynamic treatment
- Filtering treatment
- Retention

Last inspection date:

Last service date:

Type of service contract (if any):

Time since last rain > 1" +/- Days / Hours

I. Inlets and Drainage Area Stabilization

Y/N

- Inlets need repair
- Clear of debris
- Graded areas

Inlet type(s):

Total number:

II. Structure

Y/N

- Access
- Outlets
- Elbows and connections
- Vaults and chambers
- Track racks

III. Overall Function

Y/N

- Oil and grease accumulation
- Sediment
- Debris accumulation

Figure M.11 Stormwater Management Facilities Maintenance Inspection Report.

**Stormwater Management Facilities Maintenance Inspection Report
(continued)**

IV. Observations

V. Signatures

Owner/Agent: _____ Inspector: _____ Date: _____

Figure M.11 (continued)

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| Tree Planting and Preservation Maintenance Inspection Report | | |
|---|-------------------|-----------------|
| Name/Facility Address: | | File/Plan no. |
| Owner/Agent: | | Ward: |
| Mailing Address: | | |
| Phone/Email | | |
| Date/Weather | | |
| | | |
| Maintenance Item | Yes/No/N/A | Comments |
| 1. Tree Condition | | |
| Adequately watered | | |
| Dead/broken/diseased branches pruned | | |
| Trunk protected | | |
| Root collar exposed | | |
| Tree damaged | | |
| Insect or disease problems | | |
| 2. Mulching | | |
| 2-4 inch deep mulch | | |
| Mulch not against trunk | | |
| 3. Staking (if needed) | | |
| Tree age < 1 year: stakes in place | | |
| Tree age > 1 year: stakes removed | | |
| Webbing or ties hampering growth of tree | | |
| Actions to be Taken: | | |
| | | |

Figure M.12 Tree Planting and Preservation Maintenance Inspection Report.

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Maintenance Service Completion Inspection Report

Name/Address: _____

Owner/Agent: _____ WPD No: _____

Mailing Address: _____

Service Providers: _____

Maintenance Service Start Date: _____

Maintenance Service Completion Date: _____

Type of Stormwater Practice Serviced: _____

Description of Work: _____

Is the maintenance service satisfactory? Yes/No If no, list items to be completed: _____

Inspector _____ Received By _____ Date _____

Figure M.13 Maintenance Service Completion Inspection Report.