

Site ID/Name: _____ Location: _____ Inspector: _____ Date: _____

Time: _____

Tree Boxes or Tree Wells

Date of last inspection: _____

Note: 'Yes' typically indicates a maintenance need and action

Approximate time since last rain: < 24 h 24-48 h >48 h

Approximate size of last rain: < 0.5 in. 0.5-1 in. >1 in.

General:

1. Is access to the site adequately maintained?
2. Are tree boxes ONLINE or OFFLINE?
3. Are grass clippings present in the drainage area or within the system [inlet structure, or outlet/overflow structure]? (*Note: grass clippings should be removed if possible*).

Yes/No
On/Off
Yes/No

Trees:

13. Do any trees show signs of drought stress? Yes/No
14. Do any trees show signs of nutrient deficiency? Yes/No
15. Do any trees show signs of disease? Yes/No
16. Do any trees need replacing? Yes/No
17. Do any trees need pruning? Yes/No
18. Are any weeds or invasive plants present? Yes/No

Drainage Area: (pertains to the area that will contribute runoff to the practice).

4. Are exposed or actively eroding areas present?
5. Is debris obstructing flow paths in drainage area?

Yes/No
Yes/No

Underdrain (if installed):

19. Are cleanouts capped? Yes/No
20. Are cleanout caps damaged? Yes/No
21. Any indications of underdrain clogging or blockage? Yes/No

Inlet Structure / Pretreatment:

6. Is there trash/debris/sediment in or around inlet structures?
7. Is runoff short circuiting the inlet?
8. Erosion (gullies, rills, or erosion) around inlet or pre-treatment?
9. Any signs of structural damage?

Yes/No
Yes/No
Yes/No
Yes/No

Emergency Overflow / Outlet Structure (If appropriate):

22. Is there any structural damage to outlet structures? Yes/No
23. Is there accumulation of trash, debris, or sediment in or around outlet structures? Yes/No
24. Is there evidence of erosion, or flooding around structures? Yes/No

Main Treatment:

10. Is there presence or evidence of prolonged ponding?
11. Are any areas of sediment buildup?
12. Is water in GSI?
If yes, approx. depth: _____ in./ft.

Yes/No
Yes/No
Yes/No

Qualitative Inspection

- 25. Rate the presence of debris (e.g. leaves, trash, grass clippings) in the drainage area.
- 26. Rate tree health per landscaping plan and site objectives (Stress)

	Good	Marginal	Poor
<25%		25-50%	>50%
>50%		25-50%	<25%

Recommended Maintenance: