

QTR # 2 YEAR 2019

## Routine Facility Inspection Reports

### Instructions:

- Include in your records copies of all routine facility inspection reports completed for the facility.
- The sample inspection report is consistent with the requirements in Part 3.1.2 of the 2015 MSGP relating to routine facility inspections. Facilities subject to state industrial stormwater permits may also find this form useful. **If your permitting authority provides you with an inspection report, use that form.**

### Using the Sample Routine Facility Inspection Report

- This inspection report is designed to be customized according to the specific control measures and activities at your facility. For ease of use, you should take a copy of your site plan and number all of the stormwater control measures and areas of industrial activity that will be inspected. A brief description of the control measures and areas that were inspected should then be listed in the site-specific section of the inspection report.
- You can complete the items in the "General Information" section that will remain constant, such as the facility name, NPDES tracking number, and inspector (if you only use one inspector). Print out multiple copies of this customized inspection report to use during your inspections.
- When conducting the inspection, walk the site by following your site map and numbered control measures/areas of industrial activity to be inspected. Also note whether the "Areas of Industrial Materials or Activities exposed to stormwater" have been addressed (customize this list according to the conditions at your facility). Note any required corrective actions and the date and responsible person for the correction.

Note: MDE does not provide a separate inspection report template and has confirmed that the attached EPA template is acceptable.

### **Per 12-SW Permit, Part V.A.1. Routine Facility Inspection:**

*At least once per quarter, you must conduct a site assessment that will review the effectiveness of the SWPPP. At least once each calendar year, the routine facility inspection must be conducted during a period when a stormwater discharge is happening. The facility inspections must be documented with a checklist or other summary signed in accordance with Part II.C.2 of this permit, by qualified personnel, with at least one member of your stormwater pollution prevention team participating. The checklist must include a certification that the site is in compliance with the SWPPP and this permit, or a record of the deficiencies and necessary follow up actions. Refer to Part IV.C Corrective Action Deadlines and Part IV.D. Corrective Action Report for appropriate time frames.*



**Drainage Area 2**

	<b>Structural Control Measure</b>	<b>Control Measure is Operating Effectively?</b>	<b>If No, In Need of Maintenance, Repair, or Replacement?</b>	<b>Maintenance or Corrective Action Needed and Notes</b>
1	Outfall #2 Northern side of the site, near Solids Dewatering Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
2	RG-2C North of Solids Dewatering Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
3	RG-2E North of Parking Lot	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
4	GS-2B North of Access Road	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	

**Drainage Area 3**

	<b>Structural Control Measure</b>	<b>Control Measure is Operating Effectively?</b>	<b>If No, In Need of Maintenance, Repair, or Replacement?</b>	<b>Maintenance or Corrective Action Needed and Notes</b>
1	Outfall #3 Western side of the site, south of road	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
2	MRBRB-3A Between Post Aeration and Supplemental Carbon Storage and Feed Facility	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	

**Drainage Area 4**

	<b>Structural Control Measure</b>	<b>Control Measure is Operating Effectively?</b>	<b>If No, In Need of Maintenance, Repair, or Replacement?</b>	<b>Maintenance or Corrective Action Needed and Notes</b>
1	Outfall #4 Western side of the site south of Secondary Clarifier No. 2	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
2	RG-4B West of Combined Odor Control System	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
3	RG-4C South of Headworks Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
4	RG-4D Beside Influent Parshall Flume	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
5	RG-4E Western side of Reactor No. 4	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
6	CS-4A South of Reactor No. 4	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	

**Areas of Industrial Materials or Activities Exposed to Stormwater**

Below are some general areas that should be assessed during routine inspections. Customize this list as needed for the specific types of industrial materials or activities at your facility that are potential pollutant sources. Identify if maintenance or corrective action is needed. If maintenance is needed, fill out section B of this template. If corrective action is needed, fill out section G of this template.

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective and operating)?	Maintenance or Corrective Action Needed and Notes
1	Material loading/unloading and storage areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2	Equipment operations and maintenance areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3	Fueling areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4	Outdoor vehicle and equipment washing areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5	Waste handling and disposal areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6	Erodible areas/construction	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7	Non-stormwater/ illicit connections	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8	Salt storage piles or pile containing salt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9	Dust generation and vehicle tracking	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10	Processing areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
11	Areas where industrial activity has taken place in the past and significant materials remain and are exposed to storm water	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
12	Immediate access roads and rail lines used or traveled by carriers of raw materials, manufactured products, waste material, or by-products used or created by the facility	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
13	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**Discharge Points**

At discharge points, describe any evidence of, or the potential for, pollutants entering the drainage system. Also describe observations regarding the physical condition of and around all outfalls, including any flow dissipation devices, and evidence of pollutants in discharges and/or the receiving water. Identify if any corrective action is needed.

**Non-Compliance**

Describe any incidents of non-compliance observed and not described above:

**Additional Control Measures**

Describe any additional control measures needed to comply with the permit requirements:

**Notes**

Use this space for any additional notes or observations from the inspection:

**CERTIFICATION STATEMENT**

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Print name and title: CARLTON DEANS

Signature:  Date: 4/29/2019

**Quarterly Visual Monitoring Form**  
Fill out a separate form for each outfall sampled.

Sample Location	Maryland City WRF		Outfall No. 1 (Rip rap adjacent to Mudwell)		
Quarter / Year:	2 / 2019	Date / Time Collected:	4/30/2019 <sup>1130</sup>	Date / Time Examined:	4/30/2019 1200
Qualifying Storm Event?	Yes	<input checked="" type="radio"/> No	Runoff Source:	<input checked="" type="radio"/> Rainfall	<input type="radio"/> Snowmelt
Collector's Name & Title	CARLTON DOOMS W/N SYSTEMS TECH II				
Examiner's Name & Title					
Parameter	Parameter Description		Parameter Characteristics		
1. Color	Does the stormwater appear to have any color? Yes <input checked="" type="radio"/> No (Clear)		If Yes, describe: Yellow Brown Red Gray Other:		
2. Clarity	Is the stormwater clear? <input checked="" type="radio"/> Yes <input type="radio"/> No		If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque Other:		
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes <input checked="" type="radio"/> No		Which best describes the sheen? Rainbow sheet Floating oil globules Other:		
4. Odor	Does the sample have an odor? Yes <input checked="" type="radio"/> No		If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:		
5. Floating Solids	Is there anything on the surface of the sample? Yes <input checked="" type="radio"/> No		If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:		
6. Suspended Solids	Is there anything suspended in the sample? Yes <input checked="" type="radio"/> No		Describe:		
<b>***Leave sample undisturbed for 30 minutes.***</b>					
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes <input checked="" type="radio"/> No		Describe: (note type, size and material after sample is not disturbed for 30 minutes)		
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes <input checked="" type="radio"/> No		Describe:		
9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.					

Stormwater Collector's Signature and Date:



4/30/2019

Stormwater Examiner's Signature and Date:





4/30/2019

Note - Sample should be collected and analyzed in a colorless glass or plastic bottle.



**Quarterly Visual Monitoring Form**  
Fill out a separate form for each outfall sampled.

Sample Location	Maryland City WRF			Outfall No 2 (Overland flow north of Solids Dewater. Bldg.)		
Quarter / Year:	2/2019	Date / Time Collected:	4/30/2019, 200	Date / Time Examined:	4/30/2019, 1230	
Qualifying Storm Event?	Yes	<input checked="" type="radio"/> No	Runoff Source:	<input checked="" type="radio"/> Rainfall	<input type="radio"/> Snowmelt	
Collector's Name & Title	<del>CARLTON DOORIS</del> <b>WINN SYSTEMS TECH II</b>					
Examiner's Name & Title						
Parameter	Parameter Description	Parameter Characteristics				
1. Color	Does the stormwater appear to have any color? Yes <input type="radio"/> No <input checked="" type="radio"/> (Clear)	If Yes, describe: Yellow Brown Red Gray Other:				
2. Clarity	Is the stormwater clear? <input checked="" type="radio"/> Yes <input type="radio"/> No	If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque Other:				
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes <input type="radio"/> No <input checked="" type="radio"/>	Which best describes the sheen? Rainbow sheet Floating oil globules Other:				
4. Odor	Does the sample have an odor? Yes <input type="radio"/> No <input checked="" type="radio"/>	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:				
5. Floating Solids	Is there anything on the surface of the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:				
6. Suspended Solids	Is there anything suspended in the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>	Describe:				
<b>***Leave sample undisturbed for 30 minutes.***</b>						
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>	Describe: (note type, size and material after sample is not disturbed for 30 minutes)				
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes <input type="radio"/> No <input checked="" type="radio"/>	Describe:				
9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.						

Stormwater Collector's Signature and Date:  4/30/2019  
Stormwater Examiner's Signature and Date:  4/30/2019

Note – Sample should be collected and analyzed in a colorless glass or plastic bottle.

**Quarterly Visual Monitoring Form**  
Fill out a separate form for each outfall sampled.


Sample Location	Maryland City WRF      Outfall No. 3 (Rip Rap south of access road)		
Quarter / Year:	2/2019	Date / Time Collected:	4/30/2019 1220
		Date / Time Examined:	4/30/2019 1300
Qualifying Storm Event?	Yes	<input checked="" type="radio"/> No	Runoff Source: <input checked="" type="radio"/> Rainfall      Snowmelt
Collector's Name & Title	CALLON DOOMS      NW SYSTEMS TECH II		
Examiner's Name & Title			

Parameter	Parameter Description	Parameter Characteristics
1. Color	Does the stormwater appear to have any color? Yes <input checked="" type="radio"/> No (Clear)	If Yes, describe: Yellow Brown Red Gray Other:
2. Clarity	Is the stormwater clear? <input checked="" type="radio"/> Yes      No	If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque Other:
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes <input checked="" type="radio"/> No	Which best describes the sheen? Rainbow sheet Floating oil globules Other:
4. Odor	Does the sample have an odor? Yes <input checked="" type="radio"/> No	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:
5. Floating Solids	Is there anything on the surface of the sample? Yes <input checked="" type="radio"/> No	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:
6. Suspended Solids	Is there anything suspended in the sample? Yes <input checked="" type="radio"/> No	Describe:

\*\*\*Leave sample undisturbed for 30 minutes.\*\*\*

7. Settled Solids	Is there anything settled on the bottom of the sample? Yes <input checked="" type="radio"/> No	Describe: (note type, size and material after sample is not disturbed for 30 minutes)
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes <input checked="" type="radio"/> No	Describe:

9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.

Stormwater Collector's Signature and Date:  4/30/2019

Stormwater Examiner's Signature and Date: \_\_\_\_\_ 4/30/2019

Note – Sample should be collected and analyzed in a colorless glass or plastic bottle.

**Quarterly Visual Monitoring Form**  
Fill out a separate form for each outfall sampled.

Sample Location	Maryland City WRF		Outfall No. 4 (Grass swale south of Sec. Clarifier No. 3)		
Quarter / Year:	2/2019	Date / Time Collected:	4/30/2019 1300	Date / Time Examined:	4/30/2019 1330
Qualifying Storm Event?	Yes	<input checked="" type="radio"/> No	Runoff Source:	<input checked="" type="radio"/> Rainfall	Snowmelt
Collector's Name & Title	CARLTON DOOMS N N SYSTEMS TECH II				
Examiner's Name & Title					
Parameter	Parameter Description		Parameter Characteristics		
1. Color	Does the stormwater appear to have any color? Yes <input type="radio"/> No <input checked="" type="radio"/> (Clear)		If Yes, describe: Yellow Brown Red Gray Other:		
2. Clarity	Is the stormwater clear? <input checked="" type="radio"/> Yes <input type="radio"/> No		If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque Other:		
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes <input type="radio"/> No <input checked="" type="radio"/>		Which best describes the sheen? Rainbow sheet Floating oil globules Other:		
4. Odor	Does the sample have an odor? Yes <input type="radio"/> No <input checked="" type="radio"/>		If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:		
5. Floating Solids	Is there anything on the surface of the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>		If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:		
6. Suspended Solids	Is there anything suspended in the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>		Describe:		
<b>***Leave sample undisturbed for 30 minutes.***</b>					
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>		Describe: (note type, size and material after sample is not disturbed for 30 minutes)		
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes <input type="radio"/> No <input checked="" type="radio"/>		Describe:		
9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.					

Stormwater Collector's Signature and Date:

 4/30/2019

Stormwater Examiner's Signature and Date:

Note – Sample should be collected and analyzed in a colorless glass or plastic bottle.

**Attachment I: Blank Form – Stormwater Device Maintenance (Quarterly)**

# QUARTERLY INSPECTION CHECKLIST FOR STORMWATER DEVICES

Date: 4/29/2019

Inspector's Printed Name: CARLTON DEWIS

Inspector's Signature: 

Date Signed: 4/29/19

<i>Rain Gardens</i>			
DEVICE	ITEM	YES/NO	COMMENTS
RG-1D	1. Is ponding evident on the surface of the filter bed for more than 72 hours? <i>Remove top few inches of discolored material and dispose properly. Replace with fresh material.</i>	N	
	2. Does Grass height exceed 12 inches? <i>Mow raingarden if needed.</i>	Y	
	3. Has sediment accumulated to a depth exceeding one (1) inch? <i>Remove Silt/Sediment if needed.</i>	N	
	4. Is growth vigorous and dense? <i>Any bare spots, burned out areas, or eroded areas must be re-seeded and re-sodded.</i>	Y	
RG-2C	1. Is ponding evident on the surface of the filter bed for more than 72 hours? <i>Remove top few inches of discolored material and dispose properly. Replace with fresh material.</i>	N	
	2. Does Grass height exceed 12 inches? <i>Mow raingarden if needed.</i>	Y	
	3. Has sediment accumulated to a depth exceeding one (1) inch? <i>Remove Silt/Sediment if needed.</i>	N	

	4. Is growth vigorous and dense? <i>Any bare spots, burned out areas, or eroded areas must be re-seeded and re-sodded.</i>	Y	
RG-2E	1. Is ponding evident on the surface of the filter bed for more than 72 hours? <i>Remove top few inches of discolored material and dispose properly. Replace with fresh material.</i>	N	
	2. Does Grass height exceed 12 inches? <i>Mow raingarden if needed.</i>	Y	
	3. Has sediment accumulated to a depth exceeding one (1) inch? <i>Remove Silt/Sediment if needed.</i>	N	
	4. Is growth vigorous and dense? <i>Any bare spots, burned out areas, or eroded areas must be re-seeded and re-sodded.</i>	Y	
RG-4B	1. Is ponding evident on the surface of the filter bed for more than 72 hours? <i>Remove top few inches of discolored material and dispose properly. Replace with fresh material.</i>	N	
	2. Does Grass height exceed 12 inches? <i>Mow raingarden if needed.</i>	Y	
	3. Has sediment accumulated to a depth exceeding one (1) inch? <i>Remove Silt/Sediment if needed.</i>	N	
	4. Is growth vigorous and dense? <i>Any bare spots, burned out areas, or eroded areas must be re-seeded and re-sodded.</i>	Y	
RG-4C	1. Is ponding evident on the surface of the filter bed for more than 72 hours? <i>Remove top few inches of discolored material and dispose properly. Replace with fresh material.</i>	N	

	2. Does Grass height exceed 12 inches? <i>Mow raingarden if needed.</i>	Y	
	3. Has sediment accumulated to a depth exceeding one (1) inch? <i>Remove Silt/Sediment if needed.</i>	N	
	4. Is growth vigorous and dense? <i>Any bare spots, burned out areas, or eroded areas must be re-seeded and re-sodded.</i>	Y	
RG-4D	1. Is ponding evident on the surface of the filter bed for more than 72 hours? <i>Remove top few inches of discolored material and dispose properly. Replace with fresh material.</i>	N	
	2. Does Grass height exceed 12 inches? <i>Mow raingarden if needed.</i>	Y	
	3. Has sediment accumulated to a depth exceeding one (1) inch? <i>Remove Silt/Sediment if needed.</i>	N	
	4. Is growth vigorous and dense? <i>Any bare spots, burned out areas, or eroded areas must be re-seeded and re-sodded.</i>	Y	
RG-4E	1. Is ponding evident on the surface of the filter bed for more than 72 hours? <i>Remove top few inches of discolored material and dispose properly. Replace with fresh material.</i>	N	
	2. Does Grass height exceed 12 inches? <i>Mow raingarden if needed.</i>	Y	
	3. Has sediment accumulated to a depth exceeding one (1) inch? <i>Remove Silt/Sediment if needed.</i>	N	
	4. Is growth vigorous and dense? <i>Any bare spots, burned out areas, or eroded areas must be re-seeded and re-sodded.</i>	Y	



*Micro-Bioretention Basins / Bioretention Basins*

DEVICE	ITEM	YES/NO	COMMENTS
BRB-1A	1. Is ponding evident on the surface of the filter bed for more than 72 hours? <i>Remove top few inches of discolored material and dispose properly. Replace with fresh material.</i>	N	
	2. Does Grass height exceed 12 inches? <i>Mow raingarden if needed.</i>	Y	
	3. Has sediment accumulated to a depth exceeding one (1) inch? <i>Remove Silt/Sediment if needed.</i>	N	
	4. Is growth vigorous and dense? <i>Any bare spots, burned out areas, or eroded areas must be re-seeded and re-sodded.</i>	Y	
	5. Is there any dead or diseased plant material? <i>Dead or diseased plant material shall be replaced.</i>	N	
MRB-1B	1. Is ponding evident on the surface of the filter bed for more than 72 hours? <i>Remove top few inches of discolored material and dispose properly. Replace with fresh material.</i>	N	
	2. Does Grass height exceed 12 inches? <i>Mow raingarden if needed.</i>	Y	
	3. Has sediment accumulated to a depth exceeding one (1) inch? <i>Remove Silt/Sediment if needed.</i>	N	
	4. Is growth vigorous and dense? <i>Any bare spots, burned out areas, or eroded areas must be re-seeded and re-sodded.</i>	Y	
	5. Is there any dead or diseased plant material? <i>Dead or diseased plant material shall be replaced.</i>	N	



MBRB-3A	1. Is ponding evident on the surface of the filter bed for more than 72 hours? <i>Remove top few inches of discolored material and dispose properly. Replace with fresh material.</i>	N	
	2. Does Grass height exceed 12 inches? <i>Mow raingarden if needed.</i>	Y	
	3. Has sediment accumulated to a depth exceeding one (1) inch? <i>Remove Silt/Sediment if needed.</i>	N	
	4. Is growth vigorous and dense? <i>Any bare spots, burned out areas, or eroded areas must be re-seeded and re-sodded.</i>	Y	
	5. Is there any dead or diseased plant material? <i>Dead or diseased plant material shall be replaced.</i>	N	

*Grass Swales / Conveyance Swales*

DEVICE	ITEM	YES/NO	COMMENTS
GS-1C	1. Do the grounds require maintenance due to overgrowth? <i>Regular mowing is critical in order to reduce competition from weeds and irrigation may be needed during dry weather to establish vegetation. Sparsely vegetated areas need to be re-seeded to maintain dense coverage.</i>	N	
	2. Is water taking longer than 48 hours to drain? <i>The bottom soil shall be tilled and revegetated.</i>	N	
	3. Are conveyance swales free of debris? <i>Remove and position away from these areas. Water should be able to flow quickly through trench.</i>	Y	

GS-2B	1. Do the grounds require maintenance due to overgrowth? <i>Regular mowing is critical in order to reduce competition from weeds and irrigation may be needed during dry weather to establish vegetation. Sparsely vegetated areas need to be re-seeded to maintain dense coverage.</i>	N	
	2. Is water taking longer than 48 hours to drain? <i>The bottom soil shall be tilled and revegetated.</i>	N	
	3. Are conveyance swales free of debris? <i>Remove and position away from these areas. Water should be able to flow quickly through trench.</i>	Y	
CS-4A (South of Reactor No. 4)	1. Do the grounds require maintenance due to overgrowth? <i>Regular mowing is critical in order to reduce competition from weeds and irrigation may be needed during dry weather to establish vegetation. Sparsely vegetated areas need to be re-seeded to maintain dense coverage.</i>	N	
	2. Is water taking longer than 48 hours to drain? <i>The bottom soil shall be tilled and revegetated.</i>	N	
	3. Are conveyance swales free of debris? <i>Remove and position away from these areas. Water should be able to flow quickly through trench.</i>	Y	
<i>Outfalls</i>			
DEVICE	ITEM	YES/NO	COMMENTS
Outfall 1	1. Are any of the areas bare, are rocks out of position, are objects blocking the flow path of the water? <i>Any bare spots, burned out areas, or eroded areas must be recovered.</i>	N	

	2. Is there excessive overgrowth between rock materials? <i>Remove if needed.</i>	N	
	3. Has sediment accumulated to a depth exceeding one (1) inch? <i>Remove Silt/Sediment if needed.</i>	N	
Outfall 3	1. Are any of the areas bare, are rocks out of position, are objects blocking the flow path of the water? <i>Any bare spots, burned out areas, or eroded areas must be recovered.</i>	N	
	2. Is there excessive overgrowth between rock materials? <i>Remove if needed.</i>	N	
	3. Has sediment accumulated to a depth exceeding one (1) inch? <i>Remove Silt/Sediment if needed.</i>	N	
Outfall 4	1. Are any of the areas bare, are rocks out of position, are objects blocking the flow path of the water? <i>Any bare spots, burned out areas, or eroded areas must be recovered.</i>	N	
	2. Is there excessive overgrowth between rock materials? <i>Remove if needed.</i>	N	
	3. Has sediment accumulated to a depth exceeding one (1) inch? <i>Remove Silt/Sediment if needed.</i>	N	
<i>Roof Drain Leaders</i>			
DEVICE	ITEM	YES/NO	COMMENTS
Roof Drain Leaders	1. Are all roof drain leaders and gutters free of debris and able to convey stormwater? <i>Clear debris to allow for proper roof drainage.</i>	Y	