STF Maintenance Inspection Report
Bioretention Cell

Development Name: _____ **Date:** _____

Facility #: _____ **(Indicate facility number ID from approved Construction Plans or Maintenance Plan)**

Inspector/Agent/Firm: _____

	Assessment			
Inspection Criteria	**Pass**	**Fail**	**N/A**	**Comments**
Bank Erosion				
Vegetation Establishment/Density				
Vegetation Composition per Plan				
Weeds Controlled				
Standing Water Beyond 72 Hours				
Soil Matrix Condition				
Sediment Accumulation (pretreatment device				
Sediment Accumulation (primary cell)				
Trash Accumulation				
Inlet Structure Condition				
Mulch Condition				
Outlet Structure Condition				
Cleanout/Underdrain Condition				
Overflow Spillway Condition				
Other				