



Maintenance Form 5.5 – Enhanced Shallow Swale:

Enhanced Shallow Swale LID SWMF		
Owner:		
Address:		
Phone:		
E-mail:		
Parcel Number:		
Date of Last Inspection:		
- Please attach pictures		
List any additional LID SWMF on site:		
List any previous concerns:		
Inspection List	Yes	No
Does water drain freely through the system?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any areas with prolonged standing water?	<input type="checkbox"/>	<input type="checkbox"/>
Is the vegetation thriving?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any areas with stressed or dying plants?	<input type="checkbox"/>	<input type="checkbox"/>
Is there an excess of plant debris in the swale?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a buildup of sediment in the swale?	<input type="checkbox"/>	<input type="checkbox"/>
Is there evidence of erosion?	<input type="checkbox"/>	<input type="checkbox"/>
Is the system over flowing?	<input type="checkbox"/>	<input type="checkbox"/>
Are sediment basins clean and clear from build up?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any apparent erosion in the area?	<input type="checkbox"/>	<input type="checkbox"/>
Has the soil settled?	<input type="checkbox"/>	<input type="checkbox"/>
Has there been any soil compaction within or near the swale?	<input type="checkbox"/>	<input type="checkbox"/>
Last time rip rap was replenished (if applicable).		
Last time sediment was removed from the swale.		
Maintenance Items To be Completed:		
By signing this form, I certify that I have inspected this system.		
_____	Owners Signature	_____
		Date