



Maintenance Form 5.4 – Tree Box:

Tree Box 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 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 tree box?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a buildup of sediment in the tree box?	<input type="checkbox"/>	<input type="checkbox"/>
If the tree box drains to another area, are fittings tight?	<input type="checkbox"/>	<input type="checkbox"/>
Are pipes free from clogs?	<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 tree box?	<input type="checkbox"/>	<input type="checkbox"/>
Last time soil was replenished in the tree box footprint.		
Last time sediment was removed from the tree box.		
Maintenance Items To be Completed:		
By signing this form, I certify that I have inspected this system.		
_____	_____	
Owners Signature	Date	