

Inspection Form



Bio Clean, A Forterra Company

P. 760.433-7640

F. 760-433-3176

E. stormwater@forterrabp.com

www.biocleanenvironmental.com

Project Name _____

Project Address _____ (city) (Zip Code)

Owner / Management Company _____

Contact _____

Phone () -

Inspector Name _____

Date ____ / ____ / ____

Time _____ AM / PM

Type of Inspection Routine Follow Up Complaint

Storm

Storm Event in Last 72-hours? No Yes

Weather Condition _____

Additional Notes _____

For Office Use Only

(Reviewed By) _____

(Date) _____
Office personnel to complete section to the left.

Inspection Checklist

WetlandMod System: _____

Size (Model): _____

Structural Integrity:	Yes	No	Comments
Damage to pre-treatment access cover (manhole cover/grate) or cannot be opened using normal lifting pressure?			
Damage to discharge chamber access cover (manhole cover/grate) or cannot be opened using normal lifting pressure?			
Does the MWS unit show signs of structural deterioration (cracks in the wall, damage to frame)?			
Is the inlet/outlet pipe or drain down pipe damaged or otherwise not functioning properly?			
Working Condition:			
Is there evidence of illicit discharge or excessive oil, grease, or other automobile fluids entering and clogging the unit?			
Is there standing water in inappropriate areas after a dry period?			
Is the filter insert (if applicable) at capacity and/or is there an accumulation of debris/trash on the shelf system?			
Does the depth of sediment/trash/debris suggest a blockage of the inflow pipe, bypass or cartridge filter? If yes, specify which one in the comments section. Note depth of accumulation in in pre-treatment chamber.			Depth:
Does the cartridge filter media need replacement in pre-treatment chamber and/or discharge chamber?			Chamber:
Any signs of improper functioning in the discharge chamber? Note issues in comments section.			
Other Inspection Items:			
Is there an accumulation of sediment/trash/debris in the wetland media (if applicable)?			
Is it evident that the plants are alive and healthy (if applicable)? Please note Plant Information below.			
Is there a septic or foul odor coming from inside the system?			

Waste:	Yes	No
Sediment / Silt / Clay		
Trash / Bags / Bottles		
Green Waste / Leaves / Foliage		

Recommended Maintenance	
No Cleaning Needed	
Schedule Maintenance as Planned	
Needs Immediate Maintenance	

Plant Information	
Damage to Plants	
Plant Replacement	
Plant Trimming	

Additional Notes: _____

Maintenance Report



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Cleaning and Maintenance Report WetlandMOD System

Project Name _____
 Project Address _____ (city) (Zip Code)
 Owner / Management Company _____

For Office Use Only

(Reviewed By) _____

(Date) _____
 Office personnel to complete section to the left.

Contact _____ Phone () - _____

Inspector Name _____ Date ____ / ____ / ____ Time _____ AM / PM

Type of Inspection Routine Follow Up Complaint Storm Storm Event in Last 72-hours? No Yes

Weather Condition _____ Additional Notes _____

Site Map #	GPS Coordinates of Insert	Manufacturer / Description / Sizing	Trash Accumulation	Foliage Accumulation	Sediment Accumulation	Total Debris Accumulation	Condition of Media 25/50/75/100 (will be changed @ 75%)	Operational Per Manufactures' Specifications (If not, why?)
	Lat: Long:	WM Catch Basins						
		WM Sedimentation Basin						
		CPS Filter Condition						
		Plant Condition						
		Drain Down Media Condition						
		Discharge Chamber Condition						
		Drain Down Pipe Condition						
		Inlet and Outlet Pipe Condition						

Comments:
