



STF Maintenance Inspection Report

Native Vegetation Swale

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				
Trash Accumulation				
Standing Water (beyond 72 hours)				
Mulch Condition				
Sediment Accumulation				
Inlet Structure Condition				
Other				