



Maintenance Form 5.3 – Planter Box:

| | | |
|--|--------------------------|--------------------------|
| Planter Box LID SWMF | | |
| Owner: | | |
| Address: | _____ | |
| | _____ | |
| Phone: | _____ | |
| E-mail: | _____ | |
| Parcel Number: | _____ | |
| | _____ | |
| Date of Last Inspection: | _____ | |
| | | |
| 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"/> |
| Does the planter drain within 3 to 4 hours? | <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"/> |
| Has the soil settled? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there an excess of plant debris in the planter? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there a buildup of sediment in the planter? | <input type="checkbox"/> | <input type="checkbox"/> |
| If the planter 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"/> |
| Last time soil was replenished in the planter box. | | |
| Last time sediment was removed from the planter box. | | |
| - Please attach pictures | | |
| Maintenance Items To be Completed: | | |
| | | |
| By signing this form, I certify that I have inspected this system. | | |
| _____ | _____ | |
| Owners Signature | Date | |