



**Maintenance Form 5.7 – Pocket Wetlands:**

<b>Pocket Wetlands LID SWMF</b>		
Owner:	_____	
Address:	_____	
	_____	
Phone:	_____	
E-mail:	_____	
Parcel Number:	_____	
	_____	
Date of Last Inspection:	_____	
<b>- Please attach pictures</b>		
List any additional LID SWMF on site:		
List any previous concerns:		
<b>Inspection List - Please attach pictures</b>		
	Yes	No
Does water move 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"/>
Are there any invasive species in the wetland?	<input type="checkbox"/>	<input type="checkbox"/>
Is there an excess of plant debris in the wetland?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a buildup of sediment in the area?	<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"/>
Last time rip rap was replenished (if applicable).		
Maintenance Items To be Completed:		
By signing this form, I certify that I have inspected this system.		
	<b>Owners Signature</b>	<b>Date</b>