

Filter Strip Operation, Maintenance, and Management Inspection Checklist

Project: _____

Location: _____

Date: _____ **Time:** _____

Inspector: _____ **Title:** _____

Signature: _____

Maintenance Item	Satisfactory/ Unsatisfactory	Comments
1. Vegetation		
Observed plant types consistent with approved plans		
Vegetation is healthy		
Plants covering greater than 85% of total BMP surface area		
Grass height not more than 6 inches		
No evidence of concentrated flows		
No evidence of erosion		
2. Level Spreader		
Lip of spreader showing no signs of erosion		
Sediment noted in spreader?		

Actions to be Taken: _____
