

District: _____

Contract Number: _____



Virginia Conservation Assistance Program

Presented by Virginia Association of Soil & Water Conservation Districts

Conservation Landscaping Spot Check Inspection Checklist

This form is for official use and should be kept on file for the lifespan of the practice.

Property Owner _____ Project owner changed since last inspection: Y N

Property Address _____

Property Contact, if different from Owner _____ Phone _____

Inspected By: _____ Date: _____ Time: _____

48-hour Weather Conditions: _____ inch Rainfall Condition of Adjacent Areas: _____

Please check all that apply (If 'yes' is marked, then corrective actions are required). Use N/A wherever it is not applicable.

Inspection Item	YES/NO or N/A	Comments/Description	Corrective Actions
Is the current plant composition consistent with the approved landscape plans (i.e. Meadow, Mulch Bed or Trees)?			
Is the plant survival rate less than 75%? Are there signs of dead plants?			
Is the plant cover less than 90%?			
Visible signs of invasive species or unwanted plants (>15%)?			
Is there accumulation of sediments, trash or debris in the planting area?			
Are there signs of erosion, compaction (due to traffic) or disturbance of the planting area?			
Is the vegetation managed inappropriately? Is vegetation mowed to less than 6 inches? Are undesirable plants taller than 18 inches?			

Additional Comments (Attached notes and photos as needed):

Condition of Practice: _____ Good _____ Needs Maintenance _____ Failed or Removed

If Applicable, Corrective Action Due Date: _____

District: _____

Contract Number: _____



Virginia Conservation Assistance Program

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Rain Garden Spot Check Inspection Checklist

This form is for official use and should be kept on file for the lifespan of the practice.

Property Owner _____ Project owner changed since last inspection: Y N

Property Address _____

Property Contact, if different from Owner _____ Phone _____

Inspected By: _____ Date: _____ Time: _____

48-hour Weather Conditions: _____ inch Rainfall Condition of Drainage Area: _____

Please check all that apply (If 'yes' is marked, then corrective actions are required). Use N/A wherever it is not applicable.

Inspection Item	YES/NO or N/A	Comments/Description	Corrective Actions
Has the drainage area been diverted or obstructed?			
Visible signs of runoff bypassing or short circuiting?			
Visible erosion or sediment and debris accumulation at the inlets including the pretreatment measure?			
Excessive trash, sediment or debris buildup in the facility?			
Inadequate ground cover or mulch cover (<90%) and/or poor survival of plantings (<75%)?			
Visible signs of invasive species or unwanted plants (>15%)?			
Evidence of pooling water lasting more than 48 hours or an inadequate or uneven ponding depth?			
Underdrain seems broken or clogged, if applicable?			
Visible sign of erosion or clogging at the outlet?			

Additional Comments (Attach notes and photos as needed):

Condition of Practice: _____ Good _____ Needs Maintenance _____ Failed or Removed

If Applicable, Corrective Action Due Date: _____

District: _____

Contract Number: _____



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Dry Well Spot Check Inspection Checklist

This form is for official use and should be kept on file for the lifespan of the practice.

Property Owner _____ Project owner changed since last inspection: Y N

Property Address _____

Property Contact, if different from Owner _____ Phone _____

Inspected By: _____ Date: _____ Time: _____

48-hour Weather Conditions: _____ inch Rainfall Condition of Drainage Area: _____

Please check all that apply (If 'yes' is marked, then corrective actions are required). Use N/A wherever it is not applicable.

Inspection Item	YES/NO or N/A	Comments/Description	Corrective Actions
Has the drainage area/roof area been modified, diverted or obstructed?			
Pretreatment measures clogged with sediment or debris?			
Downspout Connection seems broken or clogged?			
Observation port or maintenance hatch seems broken or inaccessible?			
Excessive trash, sediment or debris buildup in the facility?			
Evidence of pooling water lasting more than 48 hours?			
Evidence of dead vegetation around the facility?			
Visible signs of erosion at overflow outlet?			

Additional Comments (Attached notes and photos as needed):

Condition of Practice: _____ Good _____ Needs Maintenance _____ Failed or Removed

If Applicable, Corrective Action Due Date: _____

District: _____

Contract Number: _____



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Constructed Wetland Spot Check Inspection Checklist

This form is for official use and should be kept on file for the lifespan of the practice.

Property Owner _____ Project owner changed since last inspection: Y N

Property Address _____

Property Contact, if different from Owner _____ Phone _____

Inspected By: _____ Date: _____ Time: _____

48-hour Weather Conditions: _____ inch Rainfall Condition of Drainage Area: _____

Please check all that apply (If 'yes' is marked, then corrective actions are required). Use N/A wherever it is not applicable.

Inspection Item	YES/NO or N/A	Comments/Description	Corrective Actions
Has the drainage area been diverted or obstructed?			
Visible signs of runoff bypassing or short circuiting?			
Visible signs of erosion or sediment and debris accumulation at the inlet, including pretreatment measures?			
Inadequate ground cover (<90%) and/or poor survival of plantings (<75%)?			
Visible signs of invasive species or unwanted plants (>15%)?			
Visible signs of erosion of the micro-pools and deep pools?			
Excessive trash, sediment or debris buildup in the facility? Accumulation more than 30% of the facility capacity?			
Is the water level in the micro-pools and deep pools consistent with design plans?			
Visible signs of erosion or clogging at overflow outlet?			

Additional Comments (Attached notes and photos as needed):

Condition of Practice: _____ Good _____ Needs Maintenance _____ Failed or Removed

If Applicable, Corrective Action Due Date: _____

District: _____
 Contract Number: _____



Virginia Conservation Assistance Program

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Rainwater Harvesting Spot Check Inspection Checklist

This form is for official use and should be kept on file for the lifespan of the practice.

Property Owner _____ Project owner changed since last inspection: Y N

Property Address _____

Property Contact, if different from Owner _____ Phone _____

Inspected By: _____ Date: _____ Time: _____

48-hour Weather Conditions: _____ inch Rainfall Condition of Drainage Area: _____

Please check all that apply (If 'yes' is marked, then corrective actions are required). Use N/A wherever it is not applicable.

Inspection Item	YES/NO or N/A	Comments/Description	Corrective Actions
Are gutters, downspouts or pretreatment measures clogged with sediment and debris?			
Are the downspout connections leaking or cracked?			
Is the Cistern lid, vents, screens or spigots damaged or dysfunctional?			
Is the pad cracked or shifted?			
Are sediment and debris accumulating in the cistern tank? Accumulation in excess of 5% of volume?			
Is Algae growing in the cistern?			
Are mosquitos larvae present in the cistern?			
Signs that the water is stagnate, including odor or coloration?			
Visible signs of erosion or clogging at the overflow discharge point?			
Is the overflow pipe leaking or cracked?			

Additional Comments (Attach notes and photos as needed):

Condition of Practice: _____ Good _____ Needs Maintenance _____ Failed or Removed

If Applicable, Corrective Action Due Date: _____

District: _____
 Contract Number: _____



Virginia Conservation Assistance Program

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Vegetative Stormwater Conveyance Spot Check Inspection Checklist

This form is for official use and should be kept on file for the lifespan of the practice.

Property Owner _____ Project owner changed since last inspection: Y N

Property Address _____

Property Contact, if different from Owner _____ Phone _____

Inspected By: _____ Date: _____ Time: _____

48-hour Weather Conditions: _____ inch Rainfall Condition of Drainage Area: _____

Please check all that apply (If 'yes' is marked, then corrective actions are required). Use N/A wherever it is not applicable.

Inspection Item	YES/NO or N/A	Comments/Description	Corrective Actions
Has the drainage area been diverted or obstructed?			
Visible signs of runoff bypassing or short circuiting?			
Visible erosion or sediment and debris accumulation at the inlets including the pretreatment measure?			
Visible erosion or sedimentation of the channel?			
Evidence of pooling water lasting more than 48 hours (i.e. dead vegetation)?			
Visible erosion or sedimentation around Check Dams or Grade Control Structure?			
Is there any visible sign of structural failings in the Check Dams or Grade Control Structure?			
Inadequate ground cover (<90%) and/or poor survival of plantings (<75%)?			
Visible signs of Invasive plants or unwanted plants (>15%)?			
Visible erosion at the channel outlet or below the underdrain?			
Underdrain or cleanout seems to be broken or clogged?			

Additional Comments (Attached notes and photos as needed):

Condition of Practice: _____ Good _____ Needs Maintenance _____ Failed or Removed

If Applicable, Corrective Action Due Date: _____

District: _____

Contract Number: _____



Virginia Conservation Assistance Program

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Bioretention Spot Check Inspection Checklist

This form is for official use and should be kept on file for the lifespan of the practice.

Property Owner _____ Project owner changed since last inspection: Y N

Property Address _____

Property Contact, if different from Owner _____ Phone _____

Inspected By: _____ Date: _____ Time: _____

48-hour Weather Conditions: _____ inch Rainfall Condition of Drainage Area: _____

Please check all that apply (If 'yes' is marked, then corrective actions are required). Use N/A wherever it is not applicable.

Inspection Item	YES/NO or N/A	Comments/Description	Corrective Actions
Has the drainage area been diverted or obstructed?			
Visible signs of runoff bypassing or short circuiting?			
Visible erosion or sediment and debris accumulation at the inlets including the pretreatment measure?			
Excessive trash, sediment or debris buildup in the facility?			
Inadequate ground cover (<90%) and/or poor survival of plantings (<75%)?			
Visible signs of invasive species or unwanted plants (>15%)?			
Evidence of pooling water lasting more than 48 hours or an inadequate or uneven ponding depth?			
Underdrain or cleanout seems broken or clogged?			
Visible sign of erosion or clogging at the outlet?			

Additional Comments (Attach notes and photos as needed):

Condition of Practice: _____ Good _____ Needs Maintenance _____ Failed or Removed

If Applicable, Corrective Action Due Date: _____

District: _____

Contract Number: _____



Virginia Conservation Assistance Program

Presented by Virginia Association of Soil & Water Conservation Districts

Infiltration Spot Check Inspection Checklist

This form is for official use and should be kept on file for the lifespan of the practice.

Property Owner _____ Project owner changed since last inspection: Y N

Property Address _____

Property Contact, if different from Owner _____ Phone _____

Inspected By: _____ Date: _____ Time: _____

48-hour Weather Conditions: _____ inch Rainfall Condition of Drainage Area: _____

Please check all that apply (If 'yes' is marked, then corrective actions are required). Use N/A wherever it is not applicable.

Inspection Item	YES/NO or N/A	Comments/Description	Corrective Actions
Has the drainage area been diverted or obstructed?			
Visible signs of runoff bypassing or short circuiting?			
Visible signs of erosion or sediment and debris accumulation at the inlets including the pretreatment measure?			
Is there any visible sign of sediment or debris accumulation over the facility?			
Is there any visible sign of vegetation growth over the stone media, if applicable?			
Evidence of pooling water lasting more than 48 hours or an inadequate or uneven ponding depth?			
Is the observation well damaged? Is there standing water?			
Are there any visible sign of erosion or clogging at the outlet?			

Additional Comments (Attached notes and photos as needed):

Condition of Practice: _____ Good _____ Needs Maintenance _____ Failed or Removed

If Applicable, Corrective Action Due Date: _____

District: _____

Contract Number: _____



Virginia Conservation Assistance Program

Presented by Virginia Association of Soil & Water Conservation Districts

Permeable Pavement Spot Check Inspection Checklist

This form is for official use and should be kept on file for the lifespan of the practice.

Property Owner _____ Project owner changed since last inspection: Y N

Property Address _____

Property Contact, if different from Owner _____ Phone _____

Inspected By: _____ Date: _____ Time: _____

48-hour Weather Conditions: _____ inch Rainfall Condition of Drainage Area: _____

Please check all that apply (If 'yes' is marked, then corrective actions are required). Use N/A wherever it is not applicable.

Inspection Item	YES/NO or N/A	Comments/Description	Corrective Actions
Is there any sign of sediment or debris buildup over the practice?			
Is there any visible sign of vegetation growth between paver units?			
Is there any sign of missing paver units or damage to individual paver units?			
Are aggregates between blocks openings missing by more than 1.0" in depth?			
Is there any sign of settlement (>1/2") or vertical offset (>1/2") between adjacent units?			
Is the flow path (discharge from downspouts and/or sheet flow) functioning adequately?			
Is the vegetation cover around the perimeter of pavement well maintained and soil is stable?			
If there is an under drain, are there any visible sign of clogging or erosion at the outlet?			

Additional Comments (Attach notes and photos as needed):

Condition of Practice: _____ Good _____ Needs Maintenance _____ Failed or Removed

If Applicable, Corrective Action Due Date: _____

District: _____

Contract Number: _____



Virginia Conservation Assistance Program

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Green Roof Spot Check Inspection Checklist

This form is for official use and should be kept on file for the lifespan of the practice.

Property Owner _____ Project owner changed since last inspection: Y N

Property Address _____

Property Contact, if different from Owner _____ Phone _____

Inspected By: _____ Date: _____ Time: _____

48-hour Weather Conditions: _____ inch Rainfall Condition of Drainage Area: _____

Please check all that apply (If 'yes' is marked, then corrective actions are required). Use N/A wherever it is not applicable.

Inspection Item	YES/NO or N/A	Comments/Description	Corrective Actions
Inadequate ground cover (<90%) and/or poor survival of plantings (<75%)?			
Visible signs of plants wilting or stressed?			
Visible signs of plants choking on excess vegetation?			
Visible signs of Invasive or unwanted plants?			
Is the waterproof membrane or root barrier leaking or cracked? Any Internal Structural Damage?			
Visible signs of poor drainage including soggy soil media or bypassing flows?			
Visible signs of erosion of the soil media?			
Visible signs of sediment or debris accumulation on soil media?			
Sediment or debris accumulation in drains, gutters and downspouts?			
Visible signs of erosion at downspout outfall?			

Additional Comments (Attached notes and photos as needed):

Condition of Practice: _____ Good _____ Needs Maintenance _____ Failed or Removed

If Applicable, Corrective Action Due Date: _____

District: _____

Contract Number: _____



Virginia Conservation Assistance Program

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Living Shoreline Spot Check Inspection Checklist

This form is for official use and should be kept on file for the lifespan of the practice.

Property Owner _____ Project owner changed since last inspection: Y N

Property Address _____

Property Contact, if different from Owner _____ Phone _____

Inspected By: _____ Date: _____ Time: _____

48-hour Weather Conditions: _____ inch Rainfall Condition of Adjacent Areas: _____

Please check all that apply (If 'yes' is marked, then corrective actions are required). Use N/A wherever it is not applicable.

Inspection Item	YES/NO or N/A	Comments/Description	Corrective Actions
Is there any visible sign of debris accumulation over the practice?			
Is the vegetation installed poorly rooted to the substrate? Is the survival rate less than 75%?			
Visible signs of invasive species or unwanted plants (>15%)?			
Is the toe protection (coir log/oyster bags/ biolog) dislodged?			
If oyster bags were incorporated in the project, is there a lack of oyster strikes?			
Are there any signs of shoreline erosion? (Loss of beach nourishment)			
Is there prolonged pooling behind sills that prevent vegetation growing?			

Additional Comments (Attach notes and photos as needed):

Condition of Practice: _____ Good _____ Needs Maintenance _____ Failed or Removed

If Applicable, Corrective Action Due Date: _____