

# Rain Garden Inspection Form

Name of Inspector: \_\_\_\_\_

Site Name: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_

\_\_\_\_\_

When was the last time it rained? \_\_\_\_\_

how much \_\_\_\_\_ inches

## *Rain Garden Inspection (please check)*

<p>Are there educational signs within the garden?</p>	<p>_____ Yes                      _____ No</p>
<p>Are there weeds (plants that do not belong there) within the garden?</p> <p>If yes, are these weeds invasive?</p>	<p>_____ Yes                      _____ No</p> <p>_____ Yes                      _____ No</p> <p>(Use USDA Invasive Plants Field and Reference Guide to identify invasive plants)</p>
<p>Are the plants in the garden healthy? For example: is there any leaf discoloration, fungal growth on the leaves, or pests?</p>	<p>_____ Yes                      _____ No</p> <p>Take photographs of the plants.</p>
<p>Are some plants over-shadowing other plants or are certain plants over-taking the other plants within the garden?</p>	<p>_____ Yes                      _____ No</p> <p>If yes, take photographs and provide description of the plant (if the plant name is known, write it down). Please describe:</p>
<p>Is there litter within the garden?</p>	<p>_____ Yes                      _____ No</p>
<p>Is there sediment accumulation within the garden?</p>	<p>_____ Yes                      _____ No</p> <p>If yes, is the sediment accumulation only in one area or throughout the garden? Please describe:</p>
<p>Is there sediment accumulation on the plants within the garden?</p>	<p>_____ Yes                      _____ No</p> <p>If yes, how many plants are covered with sediment?</p> <p>Please describe:</p>

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Is there evidence of gullyng or erosion within the garden?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where is the gullyng mostly occurring? Describe & take photos.
Is there evidence that the mulch has washed away within the garden?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, take photographs of exposed areas.
Are gutters or pipes entering and exiting the garden clear of debris?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If no, take photographs of clogged gutters or pipes.
Is runoff free to enter the garden without any obstructions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If no, take photographs of areas of blocked flow within the garden.
Take measurements: drainage area and rain garden footprint	<ul style="list-style-type: none"> <li>• Drainage area _____ ft<sup>2</sup></li> <li>• Type of drainage area: _____ (rooftop, parking lot, driveway, sidewalk, grassed area, etc.)</li> <li>• Footprint _____ ft<sup>2</sup></li> </ul>
Is there empty space in the garden?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, estimate how many plants would be needed to fill the gaps.
Say cheese!	<b>Take photographs of the rain garden from all angles</b>

**Additional Notes:**

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