

Bioretention and Rain Garden Assessment Program Functional Assessment Form

Team Names:

Cell # or email:

1.	
2.	
3.	
4.	

I. BACKGROUND INFORMATION: *Please fill out all information, or circle all the options that apply*

Site Name			
Survey Date			Start time: AM PM
Address	Street Address	City	County
Location	Lat: _____	Long: _____	Sound Impacts ID: _____
Rain Fall (from wunderground.com)	Today: _____ inches	Yesterday: _____ inches	Two Days Ago: _____ inches

II. SITE OVERVIEW:

Type of Site (check one)	Rain Garden	Bioretention	Unknown		
Age of Site (circle one)	<1 year	1 - 3 yr	3 - 5 yr	>5 years	unknown
Source of 'Age' (Check One)	Verifiable Source _____ Describe:		Estimate _____ Describe:		

III. CONTRIBUTING AREA/HYDROLOGY

Before beginning, the team should identify where each zone of the rain garden begins and ends. Identify the outside edges of the rain garden and the different zones.

- Zone 1 is the flat area on bottom. Zone 1 will be divided up into thirds and called Sections 1A, 1B and 1C.
- Zone 2 is bottom of overflow to top of Zone 1
- Zone 3 is from bottom of overflow up to defined edge. If the edge is unclear, zone 3 ends one meter out from the level of the overflow water level.

III-1. Contributing water source (check all that apply):

<input type="checkbox"/> Rooftop	<input type="checkbox"/> Driveway
<input type="checkbox"/> Lawn	<input type="checkbox"/> Maintained Pasture
<input type="checkbox"/> Residential Street, low use parking lot	<input type="checkbox"/> Moderate use street, high use parking lot
<input type="checkbox"/> High use street, livestock confinement area	<input type="checkbox"/> Industrial or other high contaminant area

III-2. Does overflow direct water away from facility?

Overflow 1			Overflow 2			Overflow 3		
Yes	No	Unknown	Yes	No	Unknown	Yes	No	Unknown

III-3. Blockages:	Inflow 1	Inflow 2	Inflow 3	Sheet Flow	Overflow 1	Overflow 2	Overflow 3
Percent Blockage							
Blockage type							
Blockage is determined by how clogged the structure or area is. N = None T = <.5% A = .5-5% B = 6-25% C = 26-50% D = 51-75% E = 76-95% F >96%							
Types are: N – None S – Siltation O – Organic (dead) R – Rock T – Trash V – Vegetation (living)							

III-4. Erosion: Rank the severity of erosion and/or channelization observed in each zone of the rain garden.

	Zone 1	Zone 2	Zone 3
Erosion / Channelization			
<i>Erosion Severity Codes</i>	N – None	MI – Minor	MO – Moderate
			E – Extensive

III-5. Other Hydrology Concerns:

Please describe any situations that may affect hydrology that is not accounted for in the information collected.

IV. ZONE 1 CONDITIONS

IV-1. Zone 1 Length:

	Measurement
Length of Zone 1	feet
Length of Sections 1A, 1B and 1C (length / 3)	feet

IV-2. Standing Water, Siltation, and Liners:

	Sect. 1A (Left Third)	Sect. 1B (Midpoint)	Sect. 1C (Right Third)
Standing Water Depth	None or ___ inches	None or ___ inches	None or ___ inches
Siltation Depth	N= None T= Trace M= <.25" E= >.25"	N= None T= Trace M= <.25" E= >.25"	N= None T= Trace M= <.25" E= >.25"
Is Liner Present?	Yes No Unknown	Yes No Unknown	Yes No Unknown
At what depth	N/A ___ inches	N/A ___ inches	N/A ___ inches
Is Filter Fabric Present?	Yes No Unknown	Yes No Unknown	Yes No Unknown
At what depth?	N/A ___ inches	N/A ___ inches	N/A ___ inches

Leaf Litter = Detritus – Leaves, plant debris or other organic material not placed intentionally on site.

IV-3. Soil Texture	1A	1B	1C
Depth to Native Soils	Didn't reach or ___ in.	Didn't reach or ___ in.	Didn't reach or ___ in.
Compacted surface soils Y= Yes N=No	Yes No	Yes No	Yes No
Rain Garden Mix Soil Texture			
Native Soil Texture (use N/A if not reached)			

Soil Texture: SELECT ONE OF THESE OPTIONS: SANDY, SILTY, CLAYEY

Native Soils: Those soils which the facility was built in; not soil added to make the rain garden

IV-4. Other Substrate Observations:

Please describe any observations about soils that are not accounted for in the information collected.

V. OVERALL SUBSTRATES, VEGETATION, CONDITIONS

V-1. Substrate: Use key below and guide to assess characteristics in each zone of the rain garden.

	1A	1B	1C	2	3
Type of Mulch					
Depth of Mulch					

Mulch Types

N – None

S – Shredded Mulch (stringy / fibrous with long, coarse particles of varying lengths)

F – Fine Mulch (ground wood chips or barks with particles 1" or less, leaf litter and dead vegetation.

C – Coarse Mulch (arborist chips, nuggets, play chips with particles typically 1 – 3")

Mulch Depth N - None T - Trace - <1" A - 1 – 3" B - >3"

	Zone 1	Zone 2	Zone 3
Mulch Coverage			
Bare Ground Coverage			
Pea Gravel Coverage			
Drain Rock Coverage			
2 – 12" Rock Coverage			
>12" Rock/Log Coverage			

Cover Classes:

N = None T = Trace <.5% A = .5-5% B = 6-25% C = 26-50% D = 51-75% E = 76-95% F = >96%

V-2. Rain Garden Vegetation: Please use cover classes and vigor codes (below) to indicate coverage and plant vigor ranking for each vegetation type. This is a visual observation in which you are only looking at the surface of the rain garden. Please use field guides provided to identify target problem plants.

Vegetation Type		Zone 1	Zone 2	Zone 3
All Vegetation:	Coverage			
Target Problem Plants:	Coverage			
	Vigor			
Non-Target Weeds:	Coverage			
	Vigor			
Deciduous Shrubs / Trees:	Coverage			
	Vigor			
Evergreen Shrubs / Trees:	Coverage			
	Vigor			
Herbaceous:	Coverage			
	Vigor			
Ground Cover:	Coverage			
	Vigor			

Cover Classes:

N = None T = Trace <.5% A = .5-5% B = 6-25% C = 26-50% D = 51-75% E = 76-95% F = >96%

Vigor Ranking: P – Poor M – Moderate R – Robust

V-3. Other Vegetation Observations:

Please describe any vegetation observations that are not accounted for in the information collected.

V-4. Public Amenities: Select a rank to answer each of the following questions.

How visible is the site to the public?	Low	Moderate	High
How aesthetically pleasing is this site?	Low	Moderate	High
How well maintained is this site?	Low	Moderate	High
Is there any educational signage affiliated with the rain garden?	Yes	No	

V-5. Other Observations:

Please describe any other observations that are not accounted for in the information collected.

End Survey Time: _____AM PM
