Riparian Habitat Mitigation Plan (RHMP) Inspection Form

Date: ______________________    FPUP Number: _________________
Property Owner Name/Phone number): _____________________________________________
Property Address: _______________________________________________________________

Irrigation System Inspection

Leaks Observed:   YES ☐                NO ☐
Dead or Stressed Plants Observed: YES ☐                NO ☐
Meters, boxes, valves, controllers, pipes, fittings, emitters and spray head visually inspected
(note problems observed)
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____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Vegetation Inspection:
Provide a total plant count and compare to the actual required planted vegetation. Note the
amount of vegetation that has not survived. Describe general condition of vegetation (stressed,
healthy).
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____________________________________________________________________________
____________________________________________________________________________

Seed mix establishment – note species observed and provide qualitative description
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____________________________________________________________________________
____________________________________________________________________________

Invasive/Exotic Plant(s) Observed: Note Type, Location and Estimated Volume on aerial photo
or RHMP exhibit
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Invasive Species Action Taken:
Removed or Sprayed (date)_______________________________________________________
Scheduled for Removal or Spraying (date) ___________________________________________
No Action (provide reason) _______________________________________________________