

STORMWATER MANAGEMENT FACILITY INSPECTION & MAINTENANCE LOG

Property Address: _____

Inspector's Name: _____

Date of Inspection: _____

Approximate Date/Time of Last Rainfall: _____

Type of Stormwater Management Facility: _____

Location of Facility on Site (In relation to buildings or other permanent structures):

Water levels and observations (Oil sheen, smell, turbidity, etc.):

Sediment accumulation & record of sediment removal:

Condition of vegetation (Height, survival rates, invasive species present, etc.) & record of replacement and management (mowing, weeding, etc.):

Condition of physical properties such as inlets, outlets, piping, fences, irrigation facilities, and side slopes. Record damaged items and replacement activities:

Presence of insects or vectors. Record control activities:

Identify safety hazards present. Record resolution activities: