

# Inspection – Maintenance Form

## For Stormwater BMPs (Best Management Procedures)

Please use this form to log and report annual inspection and maintenance activities on private stormwater BMPs - (stormwater control structures)

Property Owner: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Inspection Company (if different than owner) \_\_\_\_\_

Inspection Company Contact \_\_\_\_\_ Phone: \_\_\_\_\_

Email

Company Address \_\_\_\_\_

List of all BMPs on site:			
No.	BMP	No.	BMP
	Rain Garden		Seepage Bed / Dry Well
	Detention Pond		Green Roof
	Retention Pond		Grass Swale
	Bio-Retention		Bio-Swale
	Constructed Wetland		Permeable Pavement
	Sand Filter		Sweeping (square feet)
	Stream Buffer		Other:
	Proprietary Device (list type below:)		Other:

**Please use one sheet for each BMP**

BMP \_\_\_\_\_

Structure Designation, type, number, area, etc: \_\_\_\_\_

Approximate date of installation: \_\_\_\_\_

Date of last inspection: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Inspection Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Condition of BMP (using ranking below): \_\_\_\_\_

- 3 *Excellent Condition - no maintenance needed*
- 2 *Acceptable Condition - no maintenance needed*
- 1 *Needs Improvement - some maintenance needed*
- 0 *Poor Condition - major maintenance needed*

Initials: \_\_\_\_\_

List improvement or maintenance activities conducted since last inspection:

- |  |  |
|--|--|
| <input type="checkbox"/> Debris Removal                | <input type="checkbox"/> Physical Inspection                                   |
| <input type="checkbox"/> Visual Inspection             | <input type="checkbox"/> Cleaning of Pipes                                     |
| <input type="checkbox"/> Dry                           | <input type="checkbox"/> Cleaning of Structures                                |
| <input type="checkbox"/> Wet                           |  |
| <input type="checkbox"/> Inspection Cleanout locations | <input type="checkbox"/> At Downspouts <input type="checkbox"/> At Seepage Bed |
|  | <input type="checkbox"/> At Rain Garden <input type="checkbox"/> Other: _____  |

Description of current condition:

- Excellent
- Good
- Fair
- Poor
- Needs Replacement

List needed improvement and maintenance activities:

- |  |  |
|--|--|
| <input type="checkbox"/> Gutter Guards                       | <input type="checkbox"/> Additional Dirt       |
| <input type="checkbox"/> Debris Screens                      | <input type="checkbox"/> Additional Grass Seed |
| <input type="checkbox"/> New Vent Caps - replace cap or pipe | <input type="checkbox"/> Additional Mulch      |
| <input type="checkbox"/> Replace Plantings (Rain Gardens)    | <input type="checkbox"/> Additional Stone      |
| <input type="checkbox"/> Please List:                        |  |

Name: (please print) \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_