Stormwater Facility Name:

Inspection Date:       Inspector:

Site Name:       Address:

Last Rainfall Date:       Last Rainfall Amount:

Weather Conditions:

1. Facility owner responsible for inspecting, maintaining, and repairing facility components after major storm events (greater than 1” in 24 hours) and semiannually. Comment on any deficiencies noted, list maintenance recommendations, and list maintenance actions taken and date of repair. Compare items to the design and as-built conditions, if available.



1. Provide documentation of items inspected with photographs where appropriate. Provide photographs before and after maintenance activities, if practical.
2. Inspection items with \* should be completed by a qualified professional every three years (or more frequently if concerns are noted).
3. Submit completed reports annually to [stormwaterreports@fdl.wi.gov](mailto:stormwaterreports@fdl.wi.gov).

| **Inspection Item** | **Maintenance Action** | **Comments** |
| --- | --- | --- |
| **Inlet / Pretreatment Areas**  Erosion  Debris / Trash Accumulation  Visible Pollution (Oil Sheen, Algae, Etc.)  Sediment Accumulation | Repair / Restore  Clean Up / Remove  Contact Municipality  Remove |  |
| **Basin**  Debris / Trash Accumulation  Visible Pollution (Oil Sheen, Algae, Etc.)  Wilting / Dying Plants  Poor Vegetation Density \*  Undesirable / Invasive Vegetation \*  Erosion or Depressions  Standing Water for Prolonged Periods (Greater Than 3 Days After Rain Event)  Engineered Soil Performance / PH Testing \*  Animal Burrows  Voids in Mulch Area | Clean Up / Remove  Contact Municipality  Water and/or Replant Per Approved Plan  Replant Per Approved Plan  Contact Municipality  Repair / Restore  Restore (Remove Mulch, Scarify Soils Around Plants, Add New Mulch)  Remove / Replace  Contact Municipality  Add Mulch to Depth of 3” |  |
| **Outlet Pipe / Standpipe**  Debris / Trash Accumulation  High Water Levels (Near Top of Basin) | Clean Up / Remove  Contact Municipality |  |

**Inspection Comments:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Summary of Maintenance Completed Since Last Inspection:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Maintenance Completed During Inspection:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Maintenance Recommendations:**

Include timeline and additional site investigation, planning or engineering required. Provide applicable technical specifications.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby certify that the information provided on the inspection and maintenance log is truthful and accurate to my best professional judgement.

Name:

Date:

Signature: