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. Inspections done to determine the depth of accumulated sediments may be done once every 10 years.
4. Submit completed reports annually to [stormwaterreports@fdl.wi.gov](mailto:stormwaterreports@fdl.wi.gov).

| **Inspection Item** | **Maintenance Action** | **Comments** |
| --- | --- | --- |
| **Swale / Filter Strips**  Erosion / Gullies  Poor Vegetation Density (Less Than 70% Cover)  Vegetation Height (Shorter or Taller Than Design Height)  Trees / Brush / Weeds Growing in Swale  Debris / Leaves / Trash  Animal Burrows  Depressions / Potholes / Rutting  Standing Water for Prolonged Periods (Greater Than 24 Hours After Rain Event)  Sediment Accumulation \* | Repair / Restore  Revegetate  Change Mowing Practices  Remove  Clean Up / Remove  Contact Municipality  Repair / Restore  Contact Municipality  Contact Municipality |  |

**Inspection Comments:**

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

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

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**Maintenance Completed During Inspection:**

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**Maintenance Recommendations:**

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

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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: