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 quarterly. 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.

| **Inspection Item** | **Maintenance Action** | **Comments** |
| --- | --- | --- |
| **Pretreatment Area**ErosionDebris / Trash AccumulationVisible Pollution (Oil Sheen, Algae, Etc.)Sediment Accumulation | Repair / RestoreClean Up / RemoveContact MunicipalityRemove |                      |
| **Basin**Debris / Trash AccumulationVisible PollutionPoor Vegetative CoverErosion or DepressionsTrees / Brush Growing in BasinStanding Water for Prolonged Periods (Greater Than 3 Days After Rain Event)Animal BurrowsUndesirable / Invasive Vegetation \*Level Spreader Flow Uneven\*Drawdown Device Failure \* | Clean Up / RemoveContact MunicipalityRevegetateRepair / RestoreRemove / RevegetateRestore (Remove 3” of Soils, Chisel Plow, Add Topsoil & Compost)Contact MunicipalityContact MunicipalityContact MunicipalityContact Municipality |                                                    |
| **Emergency Spillway**Erosion or DepressionInadequate Riprap / Armor | Repair / RestoreRepair |            |
| **Outlet Structure**Debris / Trash AccumulationHigh Water Levels (Near Top of Basin) | Clean Up / RemoveContact Municipality |            |

**Inspection Comments:**

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**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.

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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: