

1. Facility owner responsible for inspecting, maintaining, and repairing facility components. 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.
2. Provide documentation of items inspected with photographs where appropriate. Provide photographs before and after maintenance activities, if practical.
3. Inspection shall be completed by a qualified professional every three years (or more frequently if concerns are noted).
4. Submit completed reports annually to [stormwaterreports@fdl.wi.gov](mailto:stormwaterreports@fdl.wi.gov).

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| **Site Name and Address:** |
| **Site Status:** |
| **Stormwater Facility Name:** |
| **Date:** |
| **Time:** |
| **Inspector:** |
| **Responsible Party for Maintenance:** |
| **Last Rainfall Date/Amount:** |
| **Weather Conditions:** |

| **Maintenance Item** | | **Satisfactory/Unsatisfactory** | | | **Comments** |
| --- | --- | --- | --- | --- | --- |
| **Debris Cleanout** (Monthly)  (Additional inspections shall be made after every rainfall of 0.5 inches or more during a 24-hour period) | | | | | |
| Contributing drainage area clear of litter and vegetative debris | |  | | |  |
| Trench surface clean | |  | | |  |
| Inflow pipes clear | |  | | |  |
| Overflow spillway clear | |  | | |  |
| Inlet area clear | |  | | |  |
| **Pretreatment Devices** (Monthly During First Year, Then Annually)  (Additional inspections shall be made after every rainfall of 0.5 inches or more during a 24-hour period) | | | | | |
| Device adequately functions  (if applicable) | |  | | |  |
| Is maintenance required? (if applicable) | |  | | |  |
|  | **Vegetation (if applicable)** (Monthly During First Year, Then Monthly During Growing Season) (Additional inspections shall be made after every rainfall of 0.5 inches or more during a 24-hour period) | | | | |  |
| Maintenance carried out in accordance with planting specifications (if applicable) | |  | | |  |
| **Inlets** (Monthly During First Year, Then Annually)  (Additional inspections shall be made after every rainfall of 0.5 inches or more during a 24-hour period) | | | | | |
| Good condition | |  | | |  |
| No evidence of erosion | |  | | |  |
| **Drawdown Time**  (Inspect two times per year, 72 to 80 hours after a rainfall of 0.5 inches or more in a 24-hour period) | | | | | |
| Depth of water in observation pipe less than  10% of trench volume.  (Water depth measured from bottom of the trench)  **See Section VIII of technical standard for additional requirements and definition of trench failure.** | |  | | |  |
| **Outlet/Overflow Spillway (if applicable)** (Monthly During First Year, Then Annually) (Additional inspections shall be made after every rainfall of 0.5 inches or more during a 24 hour period) | | | | | |
| Good condition, no need of repair | | |  |  | |
| No evidence of erosion | | |  |  | |
| No evidence of blockages | | |  |  | |
| **Aggregate Repairs** (Monthly During First Year, Then Annually)  (Additional inspections shall be made after every rainfall of 0.5 inches or more during a 24-hour period) | | | | | |
| Surface of aggregate clean | | |  |  | |
| Top layer of stone does not need replacement | | |  |  | |
| Trench does not need rehabilitation | | |  |  | |

**Inspection Comments:**

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

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

**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: