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 annually. 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 should be completed by a qualified professional.
3. Submit completed reports annually to [stormwaterreports@fdl.wi.gov](mailto:stormwaterreports@fdl.wi.gov).

| **Inspection Item** | **Maintenance Action** | **Comments** |
| --- | --- | --- |
| **Pavement**  Debris / Trash Accumulation  Visible Pollution  Pavement Condition  Surface Infiltration Rates  Standing Water in Observation Wells for Prolonged Periods (Greater Than 3 Days After Rain Event)  Underdrain Outfall Obstructions  Underdrain Outfall Erosion  Run-on Area Cover  Paver / Block Joint Aggregate | Clean Up / Remove  Contact Municipality  Repair Damaged Areas  Contact Municipality  Contact Municipality  Clean Up / Remove  Repair / Restore  Revegetate  Repair / Restore |  |

**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: