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. Maintenance of proprietary products (hydrodynamic separators, media filters, etc.) should follow the manufacturer’s recommendations.
4. Submit completed reports annually to stormwaterreports@fdl.wi.gov.

| **Inspection Item** | **Maintenance Action** | **Comments** |
| --- | --- | --- |
| **Settling Devices / Media Filters**Debris / Trash AccumulationAbnormal Water LevelsSediment / Floatables AccumulationVisible Pollution (Oil Sheen, Etc.)Depressions Around Structure \*Joint Separation \*Cracks in Concrete \*Deteriorated Piping \*Displacement of Structure \*Media Filter Condition | Clean Up / RemoveContact MunicipalityRemove and Properly DisposeRemove and Properly DisposeContact MunicipalityContact MunicipalityContact MunicipalityContact MunicipalityContact MunicipalityReplace |                                                    |

**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: