



City of Fond du Lac Inspection & Maintenance Log Grass Swales & Filter Strips

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.
2. Provide documentation of items inspected with photographs where appropriate. Provide photographs before and after maintenance activities, if practical.
3. Inspection items with * should be completed by a qualified professional every three years (or more frequently if concerns are noted).
4. Inspections done to determine the depth of accumulated sediments may be done once every 10 years.
5. Submit completed reports annually to stormwaterreports@fdl.wi.gov.

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

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: _____