

## City of Fond du Lac Inspection & Maintenance Log Settling Devices, Media Filters, & Oil Skimmers

Cip of Fond du lac	Stormwater Facility Name:		
	Inspection Date:	Inspector:	
Site Name:		Address:	
_ast 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. Maintenance of proprietary products (hydrodynamic separators, media filters, etc.) should follow the manufacturer's recommendations.
- 5. Submit completed reports annually to <a href="mailto:stormwaterreports@fdl.wi.gov">stormwaterreports@fdl.wi.gov</a>.

Inspection Item	Maintenance Action	Comments
Settling Devices / Media Filters Debris / Trash Accumulation	Clean Up / Remove	
Abnormal Water Levels	Contact Municipality	
Sediment / Floatables Accumulation	Remove and Properly Dispose	
Visible Pollution (Oil Sheen, Etc.)	Remove and Properly Dispose	
Depressions Around Structure *	Contact Municipality	
Joint Separation *	Contact Municipality	
Cracks in Concrete *	Contact Municipality	
Deteriorated Piping *	Contact Municipality	
Displacement of Structure *	Contact Municipality	
Media Filter Condition	Replace	

Media Filter Condition	Replace				
nspection Comments:					
Summary of Maintenance Completed Since Last Inspection:					

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Maintenance Completed During Inspection:					
Maintenance Recommendations: Include timeline and additional site investigation, platechnical specifications.	nning or engineering required. Provide applicable				
I hereby certify that the information provided on the i accurate to my best professional judgement.	inspection and maintenance log is truthful and				
Name:					
Date:					
Signature:					

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