

# Stormwater Management Facility Maintenance and Inspection Form

**General Information:**

Contractor Name: \_\_\_\_\_  
 Contractor Address: \_\_\_\_\_  
 Contractor Phone: \_\_\_\_\_

Contractor Email: \_\_\_\_\_  
 Project Name: \_\_\_\_\_  
 Project Location: \_\_\_\_\_

**Maintenance Required from Inspection based on Standard Operating Procedure (SOP):**

Routine Work	Minor Work*	Major Work**
Mowing	Sediment Removal	Major Sediment Removal
Trash/Debris Removal	Forebay	Main Basin
Outlet Works Cleaning	Trickle Channel	Filter Media
Weed Control	Inflow (s)	Major Erosion Repair
Mosquito Treatment	Filter Media	Outlet Works
Algae Treatment	Erosion Repair	Main Basin
	Inflow Point	Spillway
	Trickle Channel	Structural Repair
	Filter Media	Inflow (s)
	Vegetation Removal/Tree Thinning	Outlet Works
	Inflow (s)	Forebay
	Trickle Channel	Trickle channel
<b>BMP Type</b>	Main Basin	Facility Rebuild
Extended Detention Basin	Filter Media	OTHER: _____
Porous Landscape Detention	Revegetation	_____
Sand Filter Basin	Jet-Vac/Clearing Drains	_____
Grass Swale	Forebay	
Grass Buffer	Outlet Works	
Open Channel	Inflow (s)	
Constructed Wetland Basin	Underdrain (s)	
Constructed Wetland Channel		

\*Requires Approval From Douglas County \*\*Requires Permitting From Douglas County

**Inspection Notes:**

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**Attach any inspection photos from the inspection.**

**Inspector Sign Off:** \_\_\_\_\_ **Date:** \_\_\_\_\_