

Annual Stormwater Post-Development Control Measure Maintenance Self Inspection Form



Date: _____ Time: _____ Permit # : _____

Inspection done by: _____

I. PROJECT INFORMATION

1. Year Installed: _____
2. Project Type: Single Family Residential Multi-Family Residential Commercial
 Industrial Other: _____
3. Facility Name: _____
Site Address: _____
Contact Name: _____ Phone: _____
e-mail address: _____
4. If the property owner is different than the contact name, fill out information below:
Owner's Name: _____ Title: _____
Owner's Address: _____ Phone: _____
e-mail address: _____
5. If the control measure operator is different than the contact person, fill out information below:
Name: _____ Title: _____
Address: _____ Phone: _____
e-mail address: _____
6. Maintenance Documentation attached: Yes No
(i.e. copy of invoice from maintenance vendor, pictures, etc.)

II. CONTROL MEASURE TYPE AND INSPECTION RESULTS

1. Treatment Control Measure

<input type="checkbox"/> Constructed Wetland Basin	<input type="checkbox"/> Stormwater Planter	Runoff Control Measure
<input type="checkbox"/> Water Quality Detention Basin	<input type="checkbox"/> Vegetated Swale	<input type="checkbox"/> Porous Pavement
<input type="checkbox"/> Infiltration Basin/Trench	<input type="checkbox"/> Vegetated Filter Strip	<input type="checkbox"/> Green Roof
<input type="checkbox"/> Sand Filter	<input type="checkbox"/> Treatment Device	<input type="checkbox"/> Other _____
2. Is maintenance needed at this time? Yes No
3. Actions taken (attach control measure maintenance check list): _____

4. Mosquitoes or Mosquito Larvae Present? Yes No

III. COMPLIANCE STATEMENT

I certify, as the owner of the above described property (or the responsible person representing this property) that the stormwater quality control measure(s) installed and operating at the property have been serviced and maintained as required by the stormwater quality maintenance agreement covenanted to the title of this property. All conditions of the maintenance agreement have been met and verified, and the stormwater quality control measure(s) are in a full, effective, operating condition.

Property Owner: _____ **Compliance Date:** _____
(or Representative)