



COMMUNITY DEVELOPMENT
Engineering Division

STORMWATER MANAGEMENT FACILITY ANNUAL INSPECTION REPORT

PROJECT NAME
BMP NO .

This form is to be used for annual inspection of stormwater management facilities. The city's "Stormwater Management Facility Post-Construction Inspection Policy" discusses required procedures. Routine inspection by the property owner is the best way to catch potential problems before they become a liability. Inspectors should review the maintenance and operation requirements found in the approved Stormwater Management Plan for the stormwater management facility.

Note: Underground stormwater management facilities that have enclosed subsurface structures are considered confined spaces and have specific safety requirements by the Occupational Safety and Health Administration (OSHA) that should be heeded when inspecting or maintaining your system.

Project/Site Name:
Location Address:

Property Owner Information:

Owner of record:
Mailing Address:
Email address:
Telephone No:

Inspector Information:

Inspector name: Danielle Raines
Mailing Address: P.O. Box 58 Staunton VA 24402
Email address: rainedb@ci.staunton.va.us
Telephone No: 540-332-3858

Stormwater Management Facility Information (separate form required for each facility)

- Bioretention, Extended detention pond, Permeable pavement, Soil Amendments, Constructed wetland, Filtering practice, Rainwater harvesting, Vegetated roof, Dry Swale, Grass channel, Rooftop disconnection, Wet pond, Dry detention pond, Infiltration, Sheet flow to filter/open space, Wet swale

Type of facility: (check only one)

Other (describe):
Manufactured system:
(product name)

Ownership:

- Private
- Public

- Check if structure is underground
- Check if rainfall within last 48 hours

Date of inspection: _____

Stormwater Management Facility condition:

	YES	NO	N/A
1) Do the embankments show signs of settling, cracking, bulging, misalignment or other structural deterioration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Do the embankments, emergency spillways or inlet/outlet structures show signs of erosion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Are there denuded (bare) areas in need of stabilization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Is there woody vegetation (trees or saplings) present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Are contributing areas unstabilized with evidence of erosion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Do vegetated areas need mowing or is there build up of clippings that could clog the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Is there a build-up of sediment around outlet structure or bottom of facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Is there standing water or nuisance conditions (algae, odor, turbidity, color, mosquitoes)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Is there evidence of animal burrows?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Is the outlet structure or outlet pipe damaged or not functioning properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Is the energy dissipator (riprap apron) damaged, clogged with vegetation or insufficient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) Is the outlet structure openings clogged with debris/trash?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13) Are trash racks clogged with debris/trash?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14) Is there accumulation of debris and/or trash?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15) Do any safety devices such as fences, gates or locks need repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16) Is excessive aquatic weeds or invasive plants (particularly cattails) present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17) Is there evidence of oil, grease, or other automotive fluids entering and clogging the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18) For sites requiring rooftop disconnection, are rooftops connected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19) For bioretention facilities, have the number/type of plants been altered from approved plans?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20) For bioretention facilities, is there evidence of disease or plant stress from inadequate or too much watering?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21) For bioretention facilities, are there areas that need mulch/stone cover?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22) For bioretention facilities, is water present in the observation well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23) For permeable pavement, is there evidence of surface deterioration, such as slumping, cracking, spalling or broken pavers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24) For permeable pavement, is there evidence of sediment deposition, organic debris, staining or ponding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional comments/observation:			
None			

If any of the above questions were answered YES, maintenance of the facility is required.

Please describe corrective measures needed: (Use additional sheets if needed)

When will the required maintenance and/or repairs be completed?

Additional comments:

Inspector certification:

I, _____, hereby state that the stormwater management facility described in this report was inspected under my responsible charge and this report accurately identifies any deficiencies in the structure and function of the facility.

Signature: _____ Date: _____

Owner certification:

I, _____, have read and understand the findings of this report. I understand that I am responsible for correcting all deficiencies identified in this report.

Signature: _____ Date: _____

Note: The owner shall retain a copy of this report for at least five (5) years.