

**INSPECTION AND MAINTENANCE LOG  
For Minor Projects Utilizing  
Stormwater Management Drywell Facilities**

**(This form to be submitted by April 1<sup>st</sup> every year)**

Name of Facility/Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_ Block \_\_\_\_\_ Lot: \_\_\_\_\_

Date of Inspection/Maintenance \_\_\_\_\_ Weather: \_\_\_\_\_

Name of Inspector: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

<b>1. Debris and Sediment</b>	Condition (1, 2 or 3)	Comments/ Special Instructions and Maintenance Performed
a. Outlet Pipe		
b. Riprap Aprons		
c. Rodent Guards		
d. Inflow/ Interconnecting Pipe		
e. Drywells		

<b>2. Structural Components</b>	Condition (1, 2 or 3)	Comments/ Special Instructions and Maintenance Performed
a. Outlet Pipe		
b. Riprap Apron/Scour Hole		
c. Rodent Guard		
d. Inflow & Interconnecting Pipe		
e. Drywells		
f. Lid, Grate & Inspection Port		

(Attach additional sheets as necessary)

- <sup>1</sup> Item inspected and is in good condition, and the maintenance program is adequate.
  - <sup>2</sup> Item inspected and requires attention, but does not present an immediate threat to the facility function or other facility components.
  - <sup>3</sup> Item inspected requires immediate attention to keep the facility operational or to prevent damage to other facility components.
- Provide comments and details if conditions 2 or 3 exist.

<b>3. Water Level Measurements</b>	Date	Time	Depth	Comments
a. Initial Measurement				
b. Subsequent Measurement				
c. Subsequent Measurement				
d. Subsequent Measurement				
e. Calculated Drain Time				

(Attach additional sheets as necessary)

Signature of Inspector: \_\_\_\_\_

Date: \_\_\_\_\_