

Stormwater Best Management Practice Maintenance Record

Date: _____

Person completing form (printed name): _____

Location (attach site map if necessary): _____

Type of stormwater BMP: _____

Describe maintenance performed. Attach before and after photos.

Was corrective maintenance able to fix the problem? YES NO

If no was checked, what additional maintenance is necessary and how soon should it be done?

If yes was checked, is follow up necessary prior to next regular inspection? YES NO

If yes, explain below:

Date of follow up: _____

Comments: