



# Post-Construction Stormwater Management Plan (PCSMP)

## Stormwater Treatment Facility (STF) Annual Inspection Form

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

STF #: \_\_\_\_\_

Site Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Owner Phone #: \_\_\_\_\_

Design Company: \_\_\_\_\_

Are maintenance records being kept?  Yes  
 No  
 N/A

Was previous inspection reviewed prior to conducting this inspection?  Yes  
 No  
 N/A

Date of previous inspection: \_\_\_\_\_

Are there any outstanding corrective actions?  Yes  
 No  
 N/A

If yes, explain: \_\_\_\_\_

Site Contact Name: \_\_\_\_\_

Site Contact Phone #: \_\_\_\_\_

Inspector: \_\_\_\_\_

Inspector Phone #: \_\_\_\_\_

Inspector E-mail: \_\_\_\_\_

Inspector Company: \_\_\_\_\_

STF Type	Number of STF's per Site (use separate checklis for EACH BMP)
Bio Retention	
Dry Detention Basin	
Bioswale	
Sediment Forebay	
Other	

**\*\*Attach photographs of site & STF Features, include captions to describe each photograph.\*\***

Days since last rain: \_\_\_\_\_

Amount of Rain: \_\_\_\_\_

I certify that this information is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_

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



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\*\*Every response that is a "yes" requires a corrective action, whom the action is assigned to, and the expected completion date of the assignment.\*\*

Condition of STF at time of inspection: \_\_\_\_\_

<input type="checkbox"/>	Outstanding (No maintenance Needed)
<input type="checkbox"/>	Satisfactory (Minor Maintenance Needed)
<input type="checkbox"/>	Needs Improvement (Maintenance Needed)
<input type="checkbox"/>	Not Applicable

Features Assessment	Yes/No	Corrective Actions	Assigned to	Expected Completion Date

Misc. Assessment	Yes/No	Corrective Actions	Corrections Assigned to	Expected Completion Date
Access restricted (fence, vegetation, etc.)				
Fumes/Ordors present				
Evidence of routine maintenance not being performed				
Issues with additional features (walkways, fences, etc)				
Is site modified from approved plan?				

\*\*Attach photographs of site & STF Features, include captions to describe each photograph.\*\*

<i>Additional Comments</i>

I certify that this information is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_

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