



**Chesterfield County Environmental Engineering
 Operation and Maintenance Inspection Record
 (Underground Pipes, Infiltration Dry Well, Sand Filter, Rain Tank
 Storm Filters & Permeable Pavement)**

For Internal Use Only

1. A licensed professional engineer or certified inspector must conduct all inspections utilizing the approved construction plans.
2. As a minimum, all items must be inspected, and note any discrepancies or necessary repairs needed. Include estimated cost of necessary repairs or actions.
3. Upon completion of the inspection, indicating estimated completion date and cost of noted discrepancies and repairs, it is to be forwarded by the inspection firm to: Chesterfield County, Department of Environmental Engineering, Attn: BMP Section, P.O. Box 40 Chesterfield, VA 23832. The original form must be forwarded to the owner of the facility for signature by the organization's representative.
4. The facility owner's representative must indicate on his/her photocopy the actual completion date and actual cost of acquired repairs and return the form to: Chesterfield County, Department of Environmental Engineering Attn: BMP Section, P.O. Box 40 Chesterfield, VA 23832

Project Name:				Facility ID:		
Facility Address:				Inspection Date:		
Facility Owner:				Facility Type:		
Inspection Item	YES	NO	N/A	If YES Describe Required Repairs	Estimated Cost Of Repairs	
VAULT						
Cracks, depressions, erosion, sinkholes or seepage present?						
Obstructions (debris, trash) present?						
Sediment build up present?						
Outlet (clogged, orifice plate missing)?						
OTHER						
Access - overgrown, missing/broken grates/manhole covers						
Media - clogged, contaminated, needs replacing?						
Observation wells - not capped, trash, debris, overgrown, broken?						
Underdrains - blockage, standing water, broken?						
Other (Pump working, roof area clean, gutters clean) (if applicable)?						
NOTES/COMMENTS (Attach supplemental paperwork if necessary):						

Project Name: _____

Was maintenance completed? Y/N

Estimated repair completion date: _____

Total estimated cost of repairs: _____

PROFESSIONAL ENGINEER'S INFORMATION

Inspection conducted by: _____ P.E.

Email: _____

Address (Street, City, St., Zip): _____

Phone: _____

Firm: _____

Signature of P.E. _____

Place professional stamp here and date

STORMWATER INSPECTOR INFORMATION

Inspection conducted by: _____

Email: _____

Address (Street, City, St., Zip): _____

Phone: _____

Company Name: _____

Signature of SWIN: _____

SWIN#:

FACILITY OWNER /OWNER'S REPRESENTATIVE INFORMATION

Owner/Representative Name:: _____

Title: _____

Mailing Address: _____

Phone: _____

Email: _____

Date all repairs were completed

Total cost of all repairs

I hereby confirm all information on this form is accurate. Having consulted the plans, and completed maintenance, the facility addressed will function as designed.

Owner/Representative 's Signature: _____