

**CHESTERFIELD COUNTY
 DEPARTMENT OF ENVIRONMENTAL ENGINEERING
 OPERATION AND MAINTENANCE INSPECTION RECORD**

- 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	
DAMS AND EMBANKMENTS						
Are there any trees, bushes, fallen trees, or unwanted growth present?						
Are bare spots, cracks, depressions or erosion present?						
Evidence of rodent or wildlife, vehicle, or pedestrian damage?						
Is there any evidence of seepage/sinkholes?						
Bridges that are present, in need of repair or replacement?						
PRINCIPAL, OVERFLOW, OR EMERGENCY SPILLWAY/ INLET/OUTLET STRUCTURES						
Are there any obstructions present? (Debris or Trash)						
Is there any separation of joints, cracks, breaks, or deterioration of concrete?						
Is there signs of differential settlement, undermining, or seepage?						
Is there sediment buildup?						
Is there scouring/ blockage, separation, undermining, rock missing, wildlife damage at the inlet or outlet?						
Outfall- Plunge pool/rock reworking, debris, overgrowth present?						

Project Name:

Inspection Item	YES	NO	N/A	If <u>YES</u> Describe Required Repairs	Estimated Cost Of Repairs
RISER AND TRASH RACK					
Is the riser or trash rack less than vertical?					
Is the riser, trash rack, or anti vortex separated or in need of repair?					
Is the stone cone, energy dissipater, or riser grate less than fully functional/ in need of repair?					
Are low flow perforations clogged or damaged?					
Is there any accumulated debris around or in the trash rack or riser?					
GATES OR VALVES					
Are gates or valves less than fully functional?					
Is there rust damage?					
Is there any evidence of leaking?					
RESERVOIR AREA					
Is there sediment build up or debris in the basin?					
Are there any trees, bushes or any unwanted growth present?					
Does growth in or around the basin block any inlet or outlet pipe or channel?					
Does wet design volume appear to be reduced by excess vegetation?					
FACILITY SPECIFIC REQUIREMENTS					
Underdrains - blockage, standing water, broken, observation wells proper, debris or overgrowth at outlet or rocks displaced?					
Cover (75-90% with vegetation and mulch)					
Functionality - debris, sediment buildup, trash, undermining, erosion, pretreatment area not functioning?					
Low Flow Channels - blockage, undermining, sediment buildup?					
Infiltration, Media - clogged, contaminated, erosion?					
Infiltration, Mulch - contaminated, proper thickness, needs replacing, needs reworking to be level					
Aquatic Bench (plants healthy, biodiversity, not blocking inlets/spillways, wetland grasses health)					

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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: _____