

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

1. A licensed Professional Engineer or certified Filterra® Inspection Specialist must conduct all inspections utilizing the approved construction plans.
2. As a minimum, all items must be inspected, with any discrepancies or necessary repairs noted.
3. Upon completion of the inspection, one copy of this report with the estimated completion date and cost of noted discrepancies and repairs 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.
4. The facility owner's representative must indicate on his/her copy the actual completion date and actual cost of required repairs and return the form to: Chesterfield County, Department of Environmental Engineering, Attn: BMP Section, P. O. Box 40, Chesterfield, VA 23832.
5. This form is to be used for Filterra® devices and **requires inspections and maintenance every six months.**

Project Name:			Facility ID:					
Facility Location:			Inspection Date:					
Facility Owner:			Facility Type:					
<b>Inspection Item</b>			<b>Describe Repairs Performed/Required</b>					
<b>Initial Observation</b>								
Standing Water?	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
Damage to Box Structure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
Damage to Grate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
Is Bypass Clear?	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
<b>Waste</b>								
Silt/Clay	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
Cups/Bags/Trash	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
Leaves	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
<b>Media</b>								
Thickness of Media (in.)	___ in.	Media Type:	_____	Amount of Media Added:	_____			
<b>Mulch</b>								
Netting Replaced?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mulch Replaced or Added? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Stones Replaced?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Type of Mulch Added or Replaced? _____					
<b>Plantings</b>								
Plant Information	#1	#2	#3	#4	#1	#2	#3	#4
Height Above Grate? (ft. in.)					Health of Plant (s)	Alive/Dead	Alive/Dead	Alive/Dead
Stem Diameter/Caliper? (in.)					Damage to Plant?	YES / NO	YES / NO	YES / NO
Width at widest Point? (ft. in.)					Plant Replaced?	YES / NO	YES / NO	YES / NO

Was maintenance completed? Y/N		Estimated repair completion date:		Total estimated cost of repairs:
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**Filtterra® Specialist Information:**

Filtterra® Specialist Name: \_\_\_\_\_ Certification #: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address (Street, City/St./zip): \_\_\_\_\_

Filtterra® Specialist Signature: \_\_\_\_\_

**Professional Engineer's Information:**

Inspection Conducted By: \_\_\_\_\_ P. E.

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Firm: \_\_\_\_\_

Address (Street, City/St./zip): \_\_\_\_\_



Place Professional Stamp Here and Date

**Signature of P.E Performing Inspection:** \_\_\_\_\_

**Facility Owner Information:**

Owner/Representative Name: \_\_\_\_\_

**Actual Date All Repairs Completed**

Representative's Title: \_\_\_\_\_



Mailing Address: \_\_\_\_\_

**Actual Total Cost of Repairs**

Phone Number: \_\_\_\_\_



E-Mail Address: \_\_\_\_\_

**The Filtterra® BMP's on my property have been maintained per Filtterra's® Maintenance Specifications.**

**Owner/Representative 's Signature** \_\_\_\_\_