

# STORMWATER MANAGEMENT FACILITY INSPECTION AND MAINTENANCE LOG FOR BMPs

Log Year: \_\_\_\_\_  
(year inspections were completed)

Name of Development: \_\_\_\_\_

Location of Facility: \_\_\_\_\_ Type of Facility: \_\_\_\_\_

Contractor's Company Name: \_\_\_\_\_ Annual Stormwater Maintenance Cost\*: \_\_\_\_\_

Board Member Signature<sup>1</sup>: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

JAN      FEB      MAR      APR      MAY      JUN      JUL      AUG      SEP      OCT      NOV      DEC

Fill in Date:

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Check dams												
Erosion												
Grass cutting												
Minor sediment removal												
Mulch												
Soil Amendments												
Comments:												
<b>*Fill in the annul cost of all stormwater management facilities you or your contractor maintains on one log if you submit multiple logs for your community. Please do not include the cost to maintain your community's open space mowing or repairs.</b>												

Fill in date of inspection below the month and  each item inspected. **One maintenance log per SWM facility per year. A minimum of two (2) inspections (spring and fall) and after each 2" rainfall must be done per year.** Mail back to: New Castle County, Department of Public Works, ATTN: Carolyn Magnotti, 187A Old Churchmans Road, New Castle, DE 19720; [Carolyn.Magnotti@newcastlede.gov](mailto:Carolyn.Magnotti@newcastlede.gov) by January 31 of the following year.

<sup>1</sup> To avoid the need for a scanner, you may electronically sign this document by typing your name as follows: "/s/ John Q. Public."