



# TOWN OF WARRENTON

Stormwater Management

PO BOX 341  
 WARRENTON, VIRGINIA 20188  
<http://www.warrentonva.gov>  
 TELEPHONE: (540) 347-1101

## Annual Stormwater Management Facility Operation & Maintenance Inspection for **PERMEABLE PAVEMENT**

### Owner Information:

Name:			
Phone Number:		Email:	

### Facility Information: (One form per facility)

Address:		BMP Location: (i.e. Rear parking lot)	
Facility Description:		Case Number:	

### Inspection:

Inspector's Name:		Date of Inspection:	
Maintenance Performed:		Date all Maintenance Completed:	
Has it rained in the last 48 hours?		Estimated Amount of Rain in inches:	

Inspection Tasks*		Inspection Results	Maintenance Needed?	Date Maintenance Completed
1.	Does water in the observation well draw down within 3 days of a rainfall event of ½ inch?			
2.	Is there sediment deposition, organic debris, staining or ponding visible on the surface of the pavement?			
3.	Is there any slumping, cracking or spalling of pavement?			
4.	Are there any broken pavers?			
5.	Is there sediment buildup in inlets, pretreatment cells, or flow diversion structures?			
6.	Is observation well structurally intact and capped?			

Notes (includes description of maintenance completed)

\*See back for description

Inspector's Signature: \_\_\_\_\_

Inspector's Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

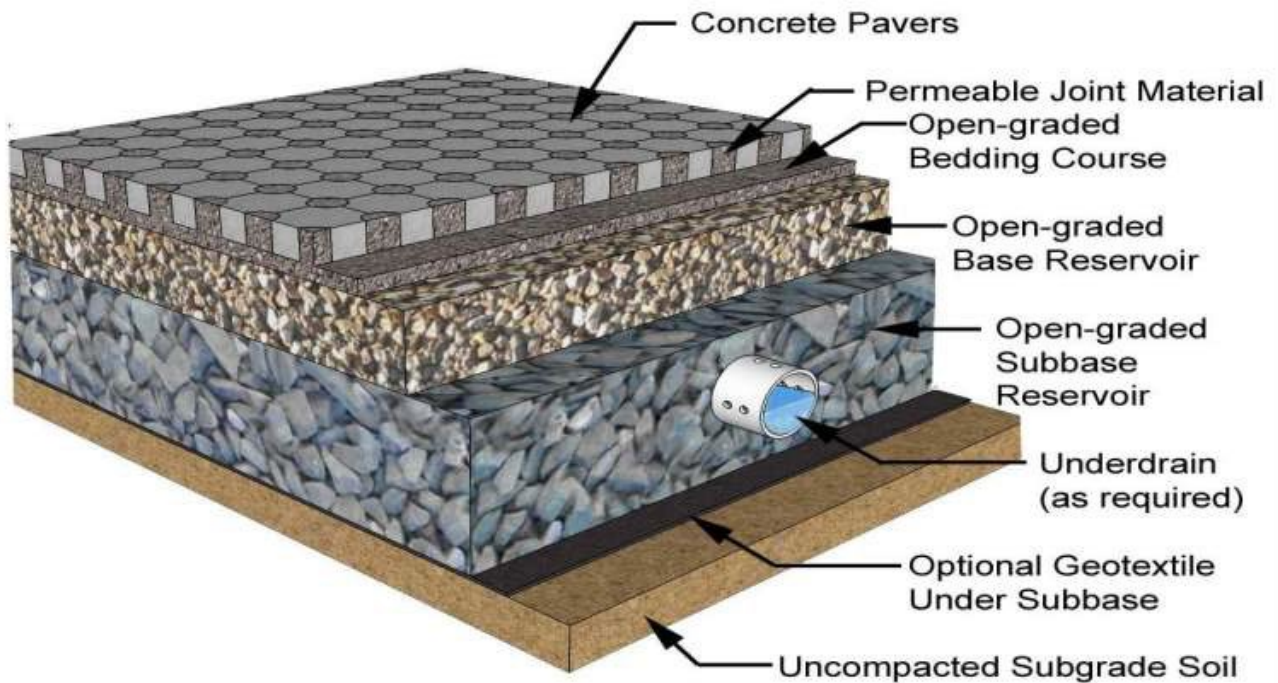
**\*\*\*\*ONE FORM PER FACILITY\*\*\*\***

**Owner Information** should be filled in with the contact information of the owner/HOA of the facility.

**Facility Information** can be obtained from the letter.

**Inspection Information** should be completed by the individual completing the inspection. **A professional (engineer, landscape inspection, architect, surveyor, etc.), or someone who has had appropriate training, must perform inspections.**

The **Inspection Tasks** table needs to be completed by the person inspecting each component. Components are shown on the detail below. Any maintenance completed should be described in the **Notes** section.



**Photos:** Attach a minimum of two (2) date stamped photos of the facility to this inspection report. One photo should show the overall location of the facility and the other should be a close up of the facility. Please include photos of any deficiencies or corrective measures.

**When the form is complete** submit the form and photos to: [dhermoso@warrentonva.gov](mailto:dhermoso@warrentonva.gov) with the address and Case ID in the subject line.