



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 **MANUFACTURED BMP**

Owner Information:

Name:			
Phone Number:		Email:	

Facility Information: (One form per Facility)

Address:		BMP Location: (i.e. North corner of parking lot)	
Facility Type:		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:	

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.**

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 with the address and Case ID in the subject line.