



# 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 **LEVEL SPREADER**

### Owner Information:

Name:			
Phone Number:		Email:	

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

Address:		BMP Location: (i.e. Edge of 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.	Is there any erosion at the inflow points?			
2.	Is there any debris or sediment in the facility?			
3.	Are there dead trees or vegetation in the facility?			
4.	Is there any exposed soil?			
5.	Is water creating a channel?			

Notes (includes description of maintenance completed)

\*See back for description

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

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

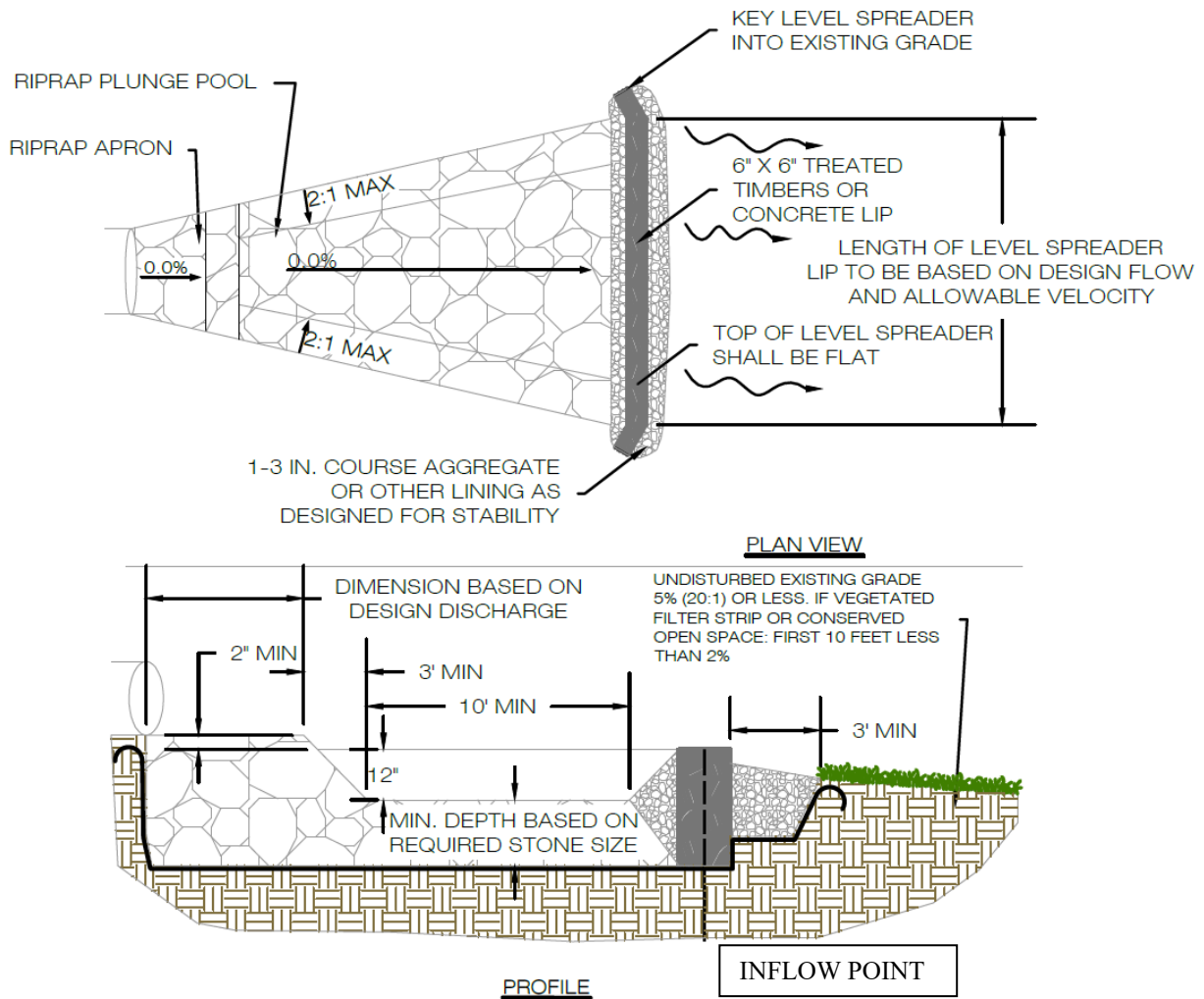
**\*\*\*\*ONE FORM PER FACILITY\*\*\*\***

**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.

**Level Spreader**

- **Inflow Points** include the sloped area around the facility.



**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.