



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 **Vegetated Roof**

Owner Information:

Name:			
Phone Number:		Email:	

Facility Information: (One form per facility)

Address:		BMP Access Location:	
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 evidence that the waterproof membrane is leaking or cracked?			
2.	Are there any organic matter deposits accumulated in roof drains, scuppers or gutters?			
Vegetation				
3.	Was the vegetation fertilized during the past year?			
4.	Are all the plants healthy?			
5.	Do any of the trees and shrubs need pruning?			
6.	Do any of the trees and shrubs need to be replaced?			
7.	Are there any weeds or invasive plants that need to be removed?			
Mulch				
8.	Is the mulch uniform in depth?			
9.	Has the mulch been replaced in the last 3 years?			
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.

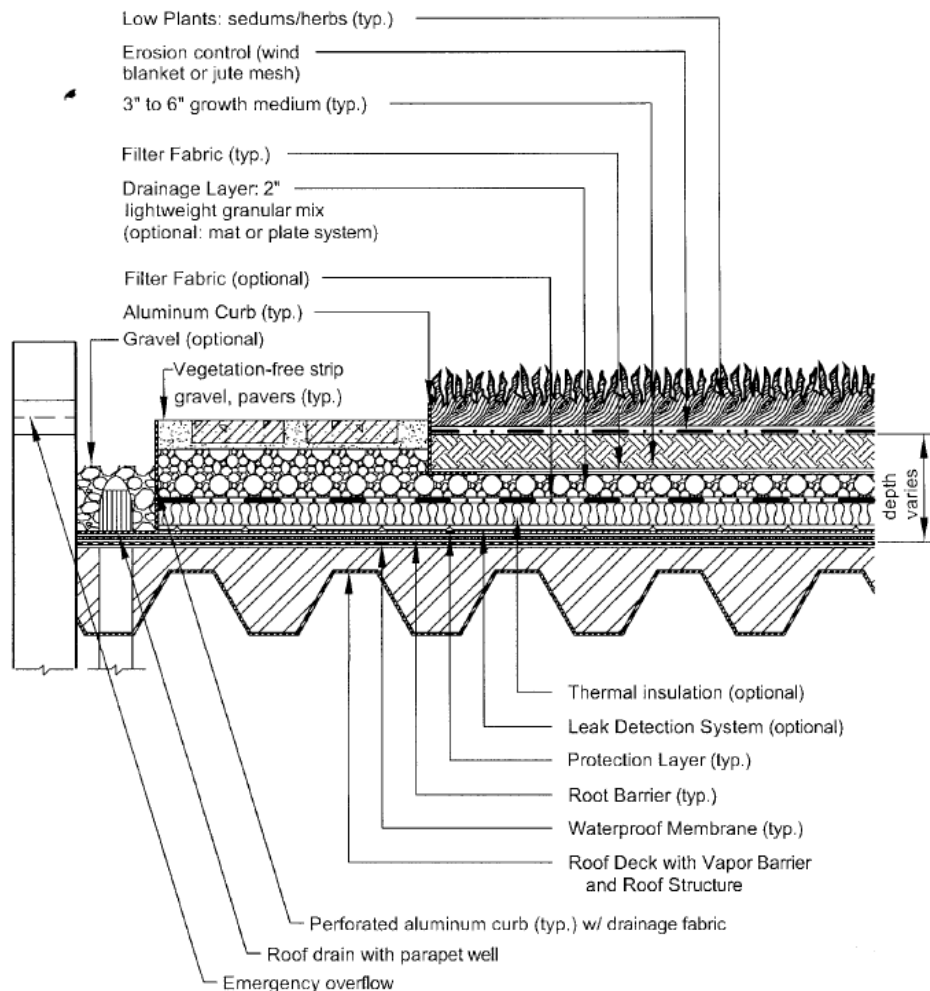
Facility Information can be obtained from the letter.

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 with the address and Case ID in the subject line.



CROSS SECTION VIEW (NTS)

Figure 5.2. Typical Section – Extensive Vegetated Roof (Source: Northern VA Regional Commission)

Revised: April 20, 2021

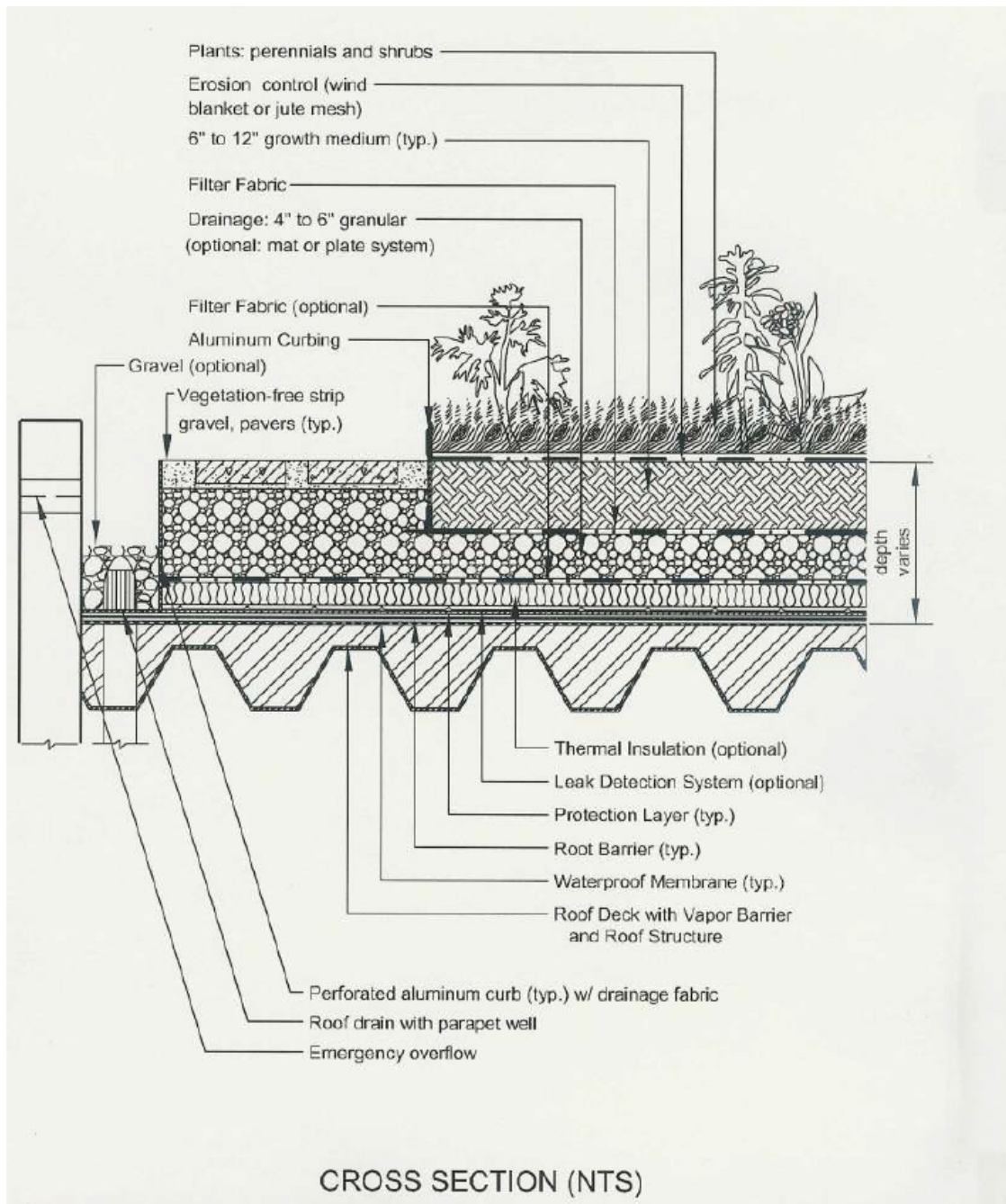


Figure 5.3. Typical Section – Intensive Vegetated Roof
 (Source: Northern VA Regional Commission)