



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 **SOIL COMPOST AMENDMENT**

Owner Information:

Name:			
Phone Number:		Email:	

Facility Information: (One form per Facility)

Address:		BMP Location: (ie. North 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 lasted 48 hours?		Estimated Amount of Rain in inches:	

	Inspection Tasks*	Inspection Results	Maintenance Needed?	Date Maintenance Completed
1	Is there any evidence of erosion at the surface of the amended soil?			
2	Is there trash or debris?			
3	Is there evidence of stormwater ponding, causing rills, or causing erosion?			

Notes (includes description of maintenance completed)

*To be performed during the first year following installation

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 the site area. 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.