

STORMWATER MANAGEMENT FACILITY INSPECTION AND MAINTENANCE LOG FOR BMPs 2019



Name of Development: _____

Location of Facility: _____ Type of Facility: _____

Contractor's Company Name: _____ Annual Stormwater Maintenance Cost*: _____

Board Member Signature: _____ Date: _____

Printed Name: _____

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

Fill in Date:

Check dams												
Erosion												
Grass cutting												
Minor sediment removal												
Mulch												
Soil Amendments												
Comments:												

***Fill in the annul cost of all stormwater management facilities you or your contractor maintains on one log if you submit multiple logs for your community. Please do not include the cost to maintain your community's open space mowing or repairs.**

Fill in date of inspection below the month and each item inspected. **One maintenance log per SWM facility per year. A minimum of two (2) inspections (spring and fall) and after each 2" rainfall must be done per year.** Mail back to: New Castle County, Department of Public Works, ATTN: Janice Catherman, 187 A Old Churchmans Road, New Castle, DE 19720; Janice.Catherman@newcastle.gov or FAX: (302) 395-5802 by January 31, 2020.