

**2021 ANNUAL INSPECTION LOG FOR SUB-SURFACE  
STORMWATER MANAGEMENT FACILITIES**



Site Name: \_\_\_\_\_

Unit ID#: \_\_\_\_\_

Facility Location: \_\_\_\_\_

Facility Type: \_\_\_\_\_

**A minimum of two to four inspections (or the number specified on the Operations and Maintenance Plan) must be performed each year.** Below, please provide the date of the inspections, note the observations and list any area in need of maintenance and/or repairs. **All maintenance and/or repairs must be completed no later than December 31, 2021.** On the second page, describe the maintenance performed to correct any deficiencies. **Both pages must be returned for the submission to be complete. Submit a separate log for each facility.**

Date of Inspection	Trash/Floating Debris	Sediment	Structural Issues	Blocked Inlet/Outlet	Facility Holding Water	Other

Owner's Name (Please Print): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Owner or Representative's Signature<sup>1</sup>: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> To avoid the need for a scanner, you may electronically sign this document by typing your name as follows: "/s/ John Q. Public."

**2021 ANNUAL MAINTENANCE AND REPAIRS FOR SUB-SURFACE  
STORMWATER MANAGEMENT FACILITIES**



Site Name: \_\_\_\_\_

Unit ID #: \_\_\_\_\_

Facility Location: \_\_\_\_\_

Facility Type: \_\_\_\_\_

**\*Describe the maintenance performed to remedy any deficiencies noted on the inspection log and the date on which it was performed. Attach before and after photos of the maintenance and/or repairs completed.**

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Contractor's Name: \_\_\_\_\_

Contractor's Signature<sup>1</sup>: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contractor's Address: \_\_\_\_\_

Logs are to be returned no later than **January 31, 2022** to: New Castle County, Department of Public Works, Attn: Carolyn Magnotti, via mail to: 187-A Old Churchman's Road, New Castle, DE 19720, fax: (302) 395-5802, or email: [Carolyn.Magnotti@NewCastleDE.gov](mailto:Carolyn.Magnotti@NewCastleDE.gov)

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