

STORMWATER MANAGEMENT FACILITY INSPECTION AND MAINTENANCE LOG FOR PONDS

Log Year: _____
(year inspections were completed)

Name of Development: _____

Location of Facility: _____ Type of Facility: ___Wet ___ Dry

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

Board Member Signature¹: _____ Date: _____ Printed Name: _____

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

Fill in Date:

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Algae												
Embankment erosion												
Embankment grass cutting												
Embankment vegetation												
Debris/trash removal												
Sediment removal from inlet pipe(s)												
Riser obstructions												
Comments:												

***Fill in the annual 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: Carolyn Magnotti, 187A Old Churchmans Road, New Castle, DE 19720; Carolyn.Magnotti@NewCastleDE.gov by January 31 of the following year.

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