

Stormwater Facilities Maintenance Log Vegetative Swale

Facility Name: _____

Date: _____

Address: _____

*All stormwater facilities are to be maintained according to the approved maintenance plan

Preventative Maintenance	Jan.	Feb.	March	April	May	June	July	August	Sept.	Oct.	Nov.	Dec.
Vegetation												
Mow Grass												
Tree/Shrub Pruning												
Trash and Debris Removal												
Inlets												
Slopes/Ramps												
Sediment Removal												
Inlets												
Corrective Maintenance												
Structural Repair												
Erosion Repair												
Other												

(X): completed

Notes: