

Stormwater Facilities Maintenance Log Wet Basin

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												
Maintenance												
Trash and Debris Removal												
Trash Rack/Outlets												
Inlets												
Rip Rap Areas												
Pond												
Sediment Removal												
Outlet Structures												
Inlets												
Rip Rap Areas												

(X): completed

Corrective Maintenance	Jan.	Feb.	March	April	May	June	July	August	Sept.	Oct.	Nov.	Dec.
Structural Repair												
Erosion Repair												
Other												

Notes: