Exhibit 4, Attachment D

Appendix A, Work Order for BMP Maintenance

APPENDIX A

CORAL BAY
BMP OPERATIONS AND MAINTENANCE

WORK ORDER FOR BMP MAINTENANCE

Source: The Ohio State University Storm Water Management Program, Post-Construction BMP Operations and Maintenance Guidance Manual, December 1, 2009

	Coral Harbor Storm Water Management Program	Appendix A
	Work Order for BMP Maintenance	Page 1 of 1

PROJECT INFORMATION:

Project: **Work Order Number:** _____

Watershed _____ **Initiated By:** _____ **Date:** _____

BMP Type _____ **Checked by:** _____ **Date:** _____

Location: _____

Crew Info: _____

Names: _____ **Time to complete Maintenance (hrs):** _____

Equipment: _____ **Date Maintenance Completed:** _____

PROJECT DESCRIPTION:

Work Order for BMP Maintenance

1. Brief Description of Type of Maintenance Work to be Performed:

2. Special requirements, permits or instructions associated with BMP maintenance:

3. Information to be documented/recorded for the storm water program:

a. Estimated amount of material removed during maintenance.	
b. Verification of proper disposal of spoil material	
c. Disturbed areas stabilized when maintenance complete?	
d. Downstream conditions checked and documented prior to performing maintenance?	

Notes on downstream conditions:

e. Any follow up inspection required?	

Inspection and Maintenance Notes:

APPENDIX B

CORAL BAY
BMP OPERATIONS AND MAINTENANCE

INSPECTION AND REPORT FORMS

Source: The Ohio State University Storm Water Management Program, Post-Construction BMP Operations and Maintenance Guidance Manual, December 1, 2009

Appendix B - 1
Operation and Maintenance Inspection Report Form
Dry Extended Detention
BMP Identification _____

Inspector Name _____ **Inspection Date/Time** _____ **Inspection Frequency** _____

Maintenance Items	Inspection Items				
	Inspection Frequency*	**Checked?** (Yes/No)	**Maintenance Needed?** (Yes/No)	**Follow up Inspection to verify Maintenance Complete (Date)** (Yes/No)	**Summary of Maintenance Required**
Dry Extended Detention					
Embankments					
a. Is there adequate vegetation and/or ground cover?	A				
b. Any undesirable vegetation and woody vegetation?	A				
c. Is the basin clear of trash and debris?	M				
d. Is the Low Flow channel clear of debris?	SA				
e. Is there standing water or wet spots within the basin bottom?	SA				
f. Any notable Embankment Erosion?	SA				
g. Any Animal Burrows identified?	A				
h. Any notable sediment accumulation within the basin (If a forebay is part of basin, See form B- 3 for forebay maintenance)?	SA				
i. Any noted cracking, bulging or sliding of dam/embankment?	A				
• Condition of upstream Face	A				

Maintenance Items	Inspection Items				
	Inspection Frequency*	Checked? (Yes/No)	Maintenance Needed? (Yes/No)	Follow up Inspection to verify Maintenance Complete (Date) (Yes/No)	Summary of Maintenance Required
• Condition of downstream Face	A				
• Condition at or beyond Toe	A				
• Condition of Emergency Spillway	A				
Emergency Spillway, Trash Racks, Inlet and Outlet Controls					
j. Is the low flow orifice (outlet control structure) clear of debris or clogged?	SA, S				
k. Is the inlet clear and free of debris?	SA				
l. Does riprap need to be cleared of vegetation or replaced at the inlet, downstream of the outlet or associated with the riser pipe?	A				
m. Is the basin functioning?	M				
n. Is the emergency spillway clear of debris?	A				
o. Is low flow or weir trash rack free of debris?	A				
p. Is there notable corrosion on trash rack or other metallic surfaces associated with outlet control system?	A				
q. Is there excessive sediment accumulation inside riser?	A				
r. What is the condition of the concrete//masonry/metal riser and barrels?	A				
• Cracks or displacement	A				
• Minor spalling (<1")	A				
• Major spalling (Rebar exposed)	A				
• Joint failures	A				
• Water tightness	A				
General					

Maintenance Items	Inspection Items				
	Inspection Frequency*	Checked? (Yes/No)	Maintenance Needed? (Yes/No)	Follow up Inspection to verify Maintenance Complete (Date) (Yes/No)	Summary of Maintenance Required
s. Is the maintenance easement clear and mowed?	SA				
t. Have there been any filed complaints from residents (Explain below)?	M				
u. Does basin need to be mowed?	Q				
v. Does graffiti need to be removed from any portion of the basin?	Q				
w. Any notable public hazards?	Q				
x. Any notable seasonal issues – Mosquito?	Q				
y. Any evidence of over application of pesticides or nutrients?	Q				
z. Any notable signs of hydrocarbon build up?	SA				
aa. Other (Specify)	M				

Inspection Frequency Key: A=Annual, SA = Semi-Annual, M=Monthly, Q=Quarterly, S= After major storm

(*) *Source: Georgia Storm Water Management Manual – Adapted from Watershed Management Institute, Inc. (1997)*

1. Inspection and Maintenance Notes:

1a. Overall condition of Facility (Check one)

_____ Acceptable

_____ Unacceptable

2. Date of Follow up inspection performed: _____

3. Dates any maintenance must be completed by: _____

_____

CERTIFICATION STATEMENT

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION ON THIS FORM AND BELIEVE THE INFORMATION IS TRUE, ACCURATE AND COMPLETE.

_____	_____	_____
Authorized Representative Signature	Title	Date

Appendix B - 2
Operation and Maintenance Inspection Report Form
Wet Extended Detention Pond
BMP Identification _____

Inspector Name _____ **Inspection Date/Time** _____ **Inspection Frequency** _____

Maintenance Items	Inspection Items				
	Inspection Frequency*	Checked? (Yes/No)	Maintenance Needed? (Yes/No)	Follow up Inspection to verify Maintenance Complete (Date) (Yes/No)	Summary of Maintenance Required
Wet Extended Detention Pond					
Embankments					
a. Is there adequate vegetation and/or ground cover?	A				
b. Any undesirable vegetation and woody vegetation that need to be removed?	A				
c. Is there floating/floatable debris removal required?	M				
d. Is there visible pollution?	M				
e. Is there erosion occurring at the shoreline?	SA				
f. Any notable embankment erosion?	SA				
g. Any animal burrows identified?	A				
h. Is there evidence of high water marks occurring at elevations near emergency spillway?	SA				
i. Any noted cracking, bulging or sliding of dam/embankment?	A				
• Condition of Upstream Face	A				
• Condition of Downstream Face	A				

Maintenance Items	Inspection Items				
	Inspection Frequency*	Checked? (Yes/No)	Maintenance Needed? (Yes/No)	Follow up Inspection to verify Maintenance Complete (Date) (Yes/No)	Summary of Maintenance Required
• Condition at or beyond Toe	A				
• Condition of Emergency Spillway	A				
j. Any notable sediment accumulation within the basin (If a forebay is part of basin, See form B- 3 for forebay maintenance)?	SA				
Emergency Spillway, Trash Racks, Inlet and Outlet Controls					
k. Are the inlets clear and free of debris?	M				
l. Where riprap is use, does this need to be cleared of vegetation or replaced?	A				
m. Is the basin functioning?	M				
n. Is the emergency spillway clear of debris?	A				
o. Are trash racks free of debris?	A				
p. Is there notable corrosion on trash rack or other metallic surfaces associated with outlet control system?	A				
q. Is there excessive sediment accumulation within in the wet extended detention pond?	A				
r. What is the condition of the concrete//masonry/metal riser and barrels?	A				
• Cracks or displacement	A				
• Minor spalling (<1")	A				
• Major spalling (Rebar exposed)	A				
• Joint failures	A				
• Water tightness	A				
s. Has the wet extended detention pond drain valve been exercised?	A				

Maintenance Items	Inspection Items				
	Inspection Frequency*	**Checked?** (Yes/No)	**Maintenance Needed?** (Yes/No)	**Follow up Inspection to verify Maintenance Complete (Date)** (Yes/No)	**Summary of Maintenance Required**
t. Have other wet extended detention pond control valves been exercised and are these locked?	A				
General					
u. Is the maintenance easement clear and mowed?	SA				
v. Have there been any filed complaints from residents (Explain below)?	M				
w. Does the perimeter of the wet detention pond need to be mowed?	Q				
x. Does graffiti need to be removed from any portion of the wet detention pond?	Q				
y. Any notable public hazards?	Q				
z. Any notable seasonal issues – Mosquito?	Q				
aa. Any evidence of over application of pesticides or nutrients?	Q				
ab. Any notable signs of hydrocarbon build up?	SA				
ac. Other (Specify):	M				

Inspection Frequency Key: A=Annual, SA = Semi-Annual, M=Monthly, Q=Quarterly, S= After major storm

(*) *Source: Georgia Storm Water Management Manual – Adapted from Watershed Management Institute, Inc. (1997)*

1. Inspection and Maintenance Notes:

1a. Overall condition of Facility (Check one)

_____ Acceptable

_____ Unacceptable

2. Date of Follow up inspection performed: _____

3. Dates any maintenance must be completed by: _____

_____

CERTIFICATION STATEMENT

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION ON THIS FORM AND BELIEVE THE INFORMATION IS TRUE, ACCURATE AND COMPLETE.

_____	_____	_____
Authorized Representative Signature	Title	Date

Appendix B - 3
Operation and Maintenance Inspection Report Form
Forebay
BMP Identification _____

Inspector Name _____ **Inspection Date/Time** _____ **Inspection Frequency** _____

Maintenance Items	Inspection Items				
	Inspection Frequency*	**Checked?** (Yes/No)	**Maintenance Needed?** (Yes/No)	**Follow up Inspection to verify Maintenance Complete (Date)** (Yes/No)	**Summary of Maintenance Required**
Forebay					
Embankments and Forebay Storage Area					
a. Is there adequate vegetation and/or ground cover?	A				
b. Any undesirable vegetation and woody vegetation that need to be removed?	A				
c. Any notable embankment erosion?	SA				
d. Any animal burrows identified?	A				
e. Any notable sediment accumulation within the forebay (Removal when depth $\leq$ 20% design depth)?	Q				
f. Forebay size needs to be validated post-sediment removal per design specifications	SA				
g. Any noted cracking, bulging or sliding of dam/embankment?	A				
• Condition of Upstream Face	A				
• Condition of Downstream Face	A				
• Condition at or beyond Toe	A				

Maintenance Items	Inspection Items				
	Inspection Frequency*	Checked? (Yes/No)	Maintenance Needed? (Yes/No)	Follow up Inspection to verify Maintenance Complete (Date)	Summary of Maintenance Required
Forebay Inlet and Outlet Controls					
h. Are the inlets clear and free of debris?	M				
i. Where riprap is used, does this need to be cleared of vegetation or replaced?	A				
j. Is the basin functioning?	M				
k. Is the transition or weir between forebay and other controls clear and functioning?	A				
l. Does the forebay dewater appropriately between storm events?	M, SA, S				
m. If the forebay has an underdrain, does this function to dewater the forebay?	A				
General					
n. Is the maintenance easement clear and mowed?	SA				
o. Have there been any filed complaints from residents (Explain below)?	M				
p. Does the perimeter of the forebay need to be mowed?	Q				
q. Does graffiti need to be removed from any portion of the wet detention pond?	Q				
r. Any notable public hazards?	Q				
s. Any notable seasonal issues – Mosquito?	Q				
t. Any evidence of over application of pesticides or nutrients?	Q				
u. Any notable signs of hydrocarbon build up?	SA				
v. Other (Specify):	M				

Inspection Frequency Key: A=Annual, SA = Semi-Annual, M=Monthly, Q=Quarterly, S= After major storm

(*) *Source: Georgia Storm Water Management Manual – Adapted from Watershed Management Institute, Inc. (1997)*

1. Inspection and Maintenance Notes:

1a. Overall condition of Facility (Check one)

_____ Acceptable

_____ Unacceptable

2. Date of Follow up inspection performed: _____

3. Dates any maintenance must be completed by: _____

_____

CERTIFICATION STATEMENT

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION ON THIS FORM AND BELIEVE THE INFORMATION IS TRUE, ACCURATE AND COMPLETE.

_____ _____ _____

Authorized Representative Signature | Title | Date

Appendix B - 4
Operation and Maintenance Inspection Report Form
Constructed Wetland
BMP Identification _____

Inspector Name _____ **Inspection Date/Time** _____ **Inspection Frequency** _____

Maintenance Items	Inspection Items				
	Inspection Frequency*	Checked? (Yes/No)	Maintenance Needed? (Yes/No)	Follow up Inspection to verify Maintenance Complete (Date) (Yes/No)	Summary of Maintenance Required
Constructed Wetland					
Embankments and Perimeter					
a. Is vegetation healthy and growing?	A				
b. Any undesirable (invasive) vegetation and woody vegetation that need to be removed?	A				
c. Is the wetland clear of trash and debris?	M				
d. Any animal burrows identified?	A				
e. Any notable sediment accumulation within the basin (If a forebay/pre-treatment area is part of wetland, See form B- 3 for forebay maintenance)?	Q				
Inlets and Outlets					
f. Are the inlets clear and free of debris?	M				
g. Where riprap is use, does this need to be cleared of vegetation or replaced?	A				
General					
h. Is the constructed wetland functioning?	M				
i. Is there excessive sediment accumulation within in the forebay or the constructed wetland?	A				

Maintenance Items	Inspection Items				
	Inspection Frequency*	Checked? (Yes/No)	Maintenance Needed? (Yes/No)	Follow up Inspection to verify Maintenance Complete (Date) (Yes/No)	Summary of Maintenance Required
j. Is the maintenance easement clear and mowed?	SA				
k. Have there been any filed complaints from residents (Explain below)?	M				
l. Does the perimeter of the forebay/pre-treatment area need to be mowed?	Q				
m. Any notable public hazards?	Q				
n. Any notable seasonal issues – Mosquito?	Q				
o. Any evidence of over application of pesticides or nutrients?	Q				
p. Any notable signs of hydrocarbon build up?	SA				
q. Other (Specify):	M				

Inspection Frequency Key: A=Annual, SA = Semi-Annual, M=Monthly, Q=Quarterly, S= After major storm

(*) *Source: Georgia Storm Water Management Manual – Adapted from Watershed Management Institute, Inc. (1997)*

1. Inspection and Maintenance Notes:

1a. Overall condition of Facility (Check one)

_____ Acceptable

_____ Unacceptable

2. Date of Follow up inspection performed: _____

3. Dates any maintenance must be completed by: _____

_____

CERTIFICATION STATEMENT

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION ON THIS FORM AND BELIEVE THE INFORMATION IS TRUE, ACCURATE AND COMPLETE.

_____ _____ _____

Authorized Representative Signature Title Date

Appendix B-5
Operation and Maintenance Inspection Report for Bioretention
BMP Identification _____

Inspector Name _____ **Inspection Date/Time** _____ **Inspection Frequency** _____

Maintenance Items	Inspection Items				
	Inspection Frequency*	Checked? (Yes/No)	Maintenance Needed? (Yes/No)	Follow up Inspection to verify Maintenance Complete (Date) (Yes/No)	Summary of Maintenance Required
Bioretention					
General					
a. Is the Bioretention control and contributing areas clear of debris and litter	M				
b. Is maintenance easement clear and maintained?	Q				
c. Has there been any dumping of yard wastes into the control?	Q				
d. If forebays are used as part of the treatment (See B-3 for forebay maintenance forms).	Q				
e. Is the plant height equal or greater than design water depth?	Q				
f. Has the control been fertilized per specification?	SA				
g. Do noxious weeds, Invasive species, non-natives vegetation need to be removed from the control?	Q				
h. Is the grass height less than or equal to 6"?	Q				
i. Does the bioretention control show any notable	Q				

Maintenance Items	Inspection Items				
	Inspection Frequency*	**Checked?** (Yes/No)	**Maintenance Needed?** (Yes/No)	**Follow up Inspection to verify Maintenance Complete (Date)** (Yes/No)	**Summary of Maintenance Required**
evidence of erosion?					
j. Is the bioretention control functioning as designed?	M				
k. Does the bioretention control dewater between storms?	Q,S				
l. Is there any evidence of standing water?	Q				
m. Is there evidence of sedimentation buildup?	A,S				
n. Is there evidence of sedimentation downstream of the control?	Q				
o. Is the underdrain/dewatering system functioning?	Q				
p. Are the overflow outlets clear of debris?	S,Q				
q. Does the raingarden control include amended soils? If yes, verification required for the composition of any replacement material is consistent with design specifications (Amended soil replacement recommended if $\leq$ 90% of design depth).	A,S				
r. Has verification been completed for removal of sediments and returning the control to design specifications.	A,S				
s. Remove any evidence of blockages.	A,S				
t. Have the controls been blocked or filled inappropriately (e.g. structures, fill, etc.)	A				
u. Has there been any notable vandalism associated with the control?	SA				

Maintenance Items	Inspection Items				
	Inspection Frequency*	**Checked?** (Yes/No)	**Maintenance Needed?** (Yes/No)	**Follow up Inspection to verify Maintenance Complete (Date)** (Yes/No)	**Summary of Maintenance Required**
v. Has dead or diseased vegetation been removed from the control?	SA				
w. Does the raingarden need to be weeded?	Q				
x. Other(specify):	M				

Inspection Frequency Key: A=Annual, SA = Semi-Annual, M=Monthly, S=After major storm

(*) *Source: Georgia Storm Water Management Manual – Adapted from Watershed Management Institute, Inc. (1997)*

1. Inspection and Maintenance Notes:

1a. Overall condition of Facility (Check one)

_____ Acceptable

_____ Unacceptable

2. Date of Follow up inspection performed: _____

3. Dates any maintenance must be completed by: _____

_____

CERTIFICATION STATEMENT

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION ON THIS FORM AND BELIEVE THE INFORMATION IS TRUE, ACCURATE AND COMPLETE.

_____ _____ _____

Authorized Representative Signature Title Date

Appendix B-6
Operation and Maintenance Inspection Report for Raingardens
BMP Identification _____

Inspector Name _____ **Inspection Date/Time** _____ **Inspection Frequency** _____

Maintenance Items	Inspection Items				
	Inspection Frequency*	Checked? (Yes/No)	Maintenance Needed? (Yes/No)	Follow up Inspection to verify Maintenance Complete (Date) (Yes/No)	Summary of Maintenance Required
Raingardens					
General					
a. Is the Raingarden control and contributing areas clear of debris and litter	Q				
b. Is maintenance easement clear and maintained?	Q				
c. Has there been any dumping of yard wastes into the control?	Q				
d. If forebays are used as part of the treatment (See B-3 for forebay maintenance forms).	Q				
e. Is the plant height equal or greater than design water depth?	Q				
f. Has the control been fertilized per specification?	SA				
g. Do noxious weeds, Invasive species, non-natives vegetation need to be removed from the control?	Q				
h. Is the perimeter grass height less than or equal to 6"?	Q				
i. Does the raingarden control show any notable	Q				

Maintenance Items	Inspection Items				
	Inspection Frequency*	**Checked?** (Yes/No)	**Maintenance Needed?** (Yes/No)	**Follow up Inspection to verify Maintenance Complete (Date)** (Yes/No)	**Summary of Maintenance Required**
evidence of erosion?					
j. Is the raingarden control functioning as designed?	M				
k. Does the rainwater control dewater between storms?	S,Q				
l. Is there any evidence of standing water?	Q				
m. Is there evidence of sediment buildup?	A,S				
n. Is there evidence of sedimentation downstream of the control?	Q				
o. Is the underdrain/dewatering system functioning?	Q				
p. Are the overflow outlets clear of debris?	S,M				
q. Does the raingarden control include amended soils? If yes, verification required of the composition of any replacement material is consistent with design specifications (Media replacement recommended if $\leq 90\%$ of design depth).	A,S				
r. Has verification been completed for removal of sediments and returning the control to design specifications.	A,S				
s. Remove any evidence of blockages.	A,S				
t. Have the controls been blocked or filled inappropriately (e.g. structures, fill, etc.)	A				
u. Has there been any notable vandalism associated with the control?	SA				

Maintenance Items	Inspection Items				
	Inspection Frequency*	**Checked?** (Yes/No)	**Maintenance Needed?** (Yes/No)	**Follow up Inspection to verify Maintenance Complete (Date)** (Yes/No)	**Summary of Maintenance Required**
v. Has dead or diseased vegetation been removed from the control?	SA				
w. Does the raingarden need to be weeded?	Q				
x. Other(specify):	M				

Inspection Frequency Key: A=Annual, SA = Semi-Annual, M=Monthly, S=After major storm

(*) *Source: Georgia Storm Water Management Manual – Adapted from Watershed Management Institute, Inc. (1997)*

1. Inspection and Maintenance Notes:

1a. Overall condition of Facility (Check one)
_____ Acceptable
_____ Unacceptable

2. Date of Follow up inspection performed: _____

3. Dates any maintenance must be completed by: _____
_____

CERTIFICATION STATEMENT

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION ON THIS FORM AND BELIEVE THE INFORMATION IS TRUE, ACCURATE AND COMPLETE.

_____ _____ _____
Authorized Representative Signature Title Date

Appendix B-7
Operation and Maintenance Inspection Report for Infiltration Basins
BMP Identification _____

Inspector Name _____ **Inspection Date/Time** _____ **Inspection Frequency** _____

Maintenance Items	Inspection Items				
	Inspection Frequency*	**Checked?** (Yes/No)	**Maintenance Needed?** (Yes/No)	**Follow up Inspection to verify Maintenance Complete (Date)** (Yes/No)	**Summary of Maintenance Required**
Infiltration Basins					
Embankments and Perimeter					
a. Is the infiltration basin and contributing area clear of debris and litter?	Q				
b. Is the maintenance easement clear and free of debris?	A				
c. Is there any evidence of dumping of yard wastes into the control?	Q				
d. If forebays are used as part of the treatment (See B-3 for forebay maintenance forms).	A				
e. Does the infiltration basin need to be Aerated and dethatched?	A				
f. Is there adequate vegetation and/or ground cover?	A				
g. Do noxious weeds, Invasive species, non-natives vegetation need to be removed from the control?	Q				
h. Is the grass height less than or equal to 6" within	Q				

Maintenance Items	Inspection Items				
	Inspection Frequency*	Checked? (Yes/No)	Maintenance Needed? (Yes/No)	Follow up Inspection to verify Maintenance Complete (Date) (Yes/No)	Summary of Maintenance Required
in the bottom of the basin?					
i. Are there any signs of petroleum Hydrocarbon contamination?	A				
j. Any noticeable odors detected?	Q				
k. Any discolored standing water?	M, S				
l. Any visual structural issues noted?	M				
Basin Function and Inlet/Outlet controls					
m. Does the control dewater between storms?	M,S				
n. Is the control functioning?	A				
o. Remove and/or repair any dead or dying grass on the bottom and side slopes of the control.	A,S				
p. Is there any evidence of erosion downstream of the outlet?	A,S				
q. Have the inflow pipes/conveyances been checked to ensure energy dissipaters are in place and functioning?	Q				
r. Are the sediments $\leq 20\%$ of design depth of the control?	A				
s. Has verification been completed for removal of sediments and returning the control to design specifications.	A,S				
t. Is the outlet in good condition and is there any evidence of downstream sedimentation?	A,S				
u. Is the emergency spillway clear of debris?	A,S				
General					
v. Any evidence of over application of pesticides	A,S				

Maintenance Items	Inspection Items				
	Inspection Frequency*	**Checked?** (Yes/No)	**Maintenance Needed?** (Yes/No)	**Follow up Inspection to verify Maintenance Complete (Date)** (Yes/No)	**Summary of Maintenance Required**
or nutrients?					
w. Any notable public hazards?	A				
x. Any notable seasonal issues – Mosquito?	A				
y. Repair undercuts and eroded areas at inflow and outflow structures	A				
z. If the control has an underdrain, Is the underdrain/ dewatering system functioning?	A,S				
aa. Other (Specify):	M				

Inspection Frequency Key: A=Annual, SA = Semi-Annual, M=Monthly, Q=Quarterly, S=After major storm

(*) *Source: Georgia Storm Water Management Manual – Adapted from Watershed Management Institute, Inc. (1997)*

1. Inspection and Maintenance Notes:

1a. Overall condition of Facility (Check one)

_____ Acceptable

_____ Unacceptable

2. Date of Follow up inspection performed: _____

3. Dates any maintenance must be completed by: _____

_____

CERTIFICATION STATEMENT

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION ON THIS FORM AND BELIEVE THE INFORMATION IS TRUE, ACCURATE AND COMPLETE.

_____	_____	_____
Authorized Representative Signature	Title	Date

Appendix B-8
Operation and Maintenance Inspection Report for
Infiltration - Trench
BMP Identification _____

Inspector Name _____ **Inspection Date/Time** _____ **Inspection Frequency** _____

Maintenance Items	Inspection Items				
	Inspection Frequency	Checked? (Yes/No)	Maintenance Needed? (Yes/No)	Follow up Inspection to verify Maintenance Complete (Date) (Yes/No)	Summary of Maintenance Required
Infiltration Trench					
Embankments and Perimeter					
a. Is the infiltration trench and contributing area clear of debris and litter?	Q				
b. Is the maintenance easement clear and free of debris?	Q				
c. Is there any evidence of dumping of yard wastes into the control?	Q				
d. If forebays are used as part of the treatment (See B-3 for forebay maintenance forms).	A				
e. Does the infiltration trench need to be Aerated and dethatched?	A				
f. Is there adequate vegetation and/or ground cover?	A				
g. Do noxious weeds, Invasive species, non-natives vegetation need to be removed from the control?	A				
h. Is the grass height less than or equal to 6" within	Q				

Maintenance Items	Inspection Items				
	Inspection Frequency	Checked? (Yes/No)	Maintenance Needed? (Yes/No)	Follow up Inspection to verify Maintenance Complete (Date) (Yes/No)	Summary of Maintenance Required
in the trench?					
i. Are there any signs of petroleum Hydrocarbon contamination?	A				
j. Any noticeable odors detected?	A				
k. Any discolored standing water?	Q,S				
l. Any visual structural issues noted?	M				
m. Does the control dewater between storms?	Q,S				
Trench Function, Inlet and Outlet Control					
n. Is the control functioning?	A				
o. Remove and/or repair any dead or dying grass within the control?	A,S				
p. Is there any evidence of erosion downstream of the outlet?	A,S				
q. Have the inflow pipes/conveyances been checked to ensure energy dissipaters are in place and functioning?	A				
r. Are the sediments $\leq 20\%$ of design depth of the control?	A				
t. Has verification been completed for removal of sediments and returning the control to design specifications.	A,S				
u. Is the outlet in good condition and is there any evidence of downstream sedimentation?	A,S				
v. Is the emergency spillway clear of debris?	A,S				
General					
w. Any evidence of over application of pesticides	A,S				

Maintenance Items	Inspection Items				
	Inspection Frequency	**Checked?** (Yes/No)	**Maintenance Needed?** (Yes/No)	**Follow up Inspection to verify Maintenance Complete (Date)** (Yes/No)	**Summary of Maintenance Required**
or nutrients?					
x. Any notable public hazards?	A				
y. Any notable seasonal issues – Mosquito?	A				
z. Is erosion repair necessary at inflow and outflow structures?	A				
aa. If the control has an underdrain, Is the underdrain/ dewatering system functioning?	A,S				
ab. If riprap is used as the trench filter material, does this need to be cleared of vegetation and does any material need to be replaced?	SA				
ac. Other (Specify):	M				

Inspection Frequency Key: A=Annual, SA = Semi-Annual, M=Monthly, Q=Quarterly, S=After major storm

(*) *Source: Georgia Storm Water Management Manual – Adapted from Watershed Management Institute, Inc. (1997)*

1. Inspection and Maintenance Notes:

1a. Overall condition of Facility (Check one)

_____ Acceptable

_____ Unacceptable

2. Date of Follow up inspection performed: _____

3. Dates any maintenance must be completed by: _____

_____

CERTIFICATION STATEMENT

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION ON THIS FORM AND BELIEVE THE INFORMATION IS TRUE, ACCURATE AND COMPLETE.

_____	_____	_____
Authorized Representative Signature	Title	Date

Appendix B-9
Operation and Maintenance Inspection Report for Infiltration – Porous Pavement
BMP Identification _____

Inspector Name _____ **Inspection Date/Time** _____ **Inspection Frequency** _____

Maintenance Items	Inspection Items				
	Inspection Frequency*	Checked? (Yes/No)	Maintenance Needed? (Yes/No)	Follow up Inspection to verify Maintenance Complete (Date) (Yes/No)	Summary of Maintenance Required
Infiltration – Porous Pavement					
General					
a. Is the porous pavement and contributing areas clear of debris and litter?	M				
b. Do noxious weeds, Invasive species, non-natives vegetation need to be removed from the control?	M				
c. Are there any signs of petroleum Hydrocarbon contamination?	M				
d. Any visual structural issues noted?	M				
e. Does the control dewater between storms?	M				
f. Is the control functioning?	A				
g. Any notable public hazards?	A				
h. Has the pavement been sealed?	A,S				
i. Is there any evidence of surface staining that might indicate issues associated with the stone subgrade or other sub-surface drainage system?	M,S				
j. Have the upland and adjacent areas been	M				

Maintenance Items	Inspection Items				
	Inspection Frequency*	**Checked?** (Yes/No)	**Maintenance Needed?** (Yes/No)	**Follow up Inspection to verify Maintenance Complete (Date)** (Yes/No)	**Summary of Maintenance Required**
mowed?					
k. Does the pavement surface need to mechanically swept and/or vacuumed?	M.S				
l. Other (Specify):	M				

Inspection Frequency Key: A=Annual, SA = Semi-Annual, M=Monthly, Q=Quarterly, S=After major storm

(*) *Source: Georgia Storm Water Management Manual – Adapted from Watershed Management Institute, Inc. (1997)*

1. Inspection and Maintenance Notes:

1a. Overall condition of Facility (Check one)

_____ Acceptable

_____ Unacceptable

2. Date of Follow up inspection performed: _____

3. Dates any maintenance must be completed by: _____

_____

CERTIFICATION STATEMENT

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION ON THIS FORM AND BELIEVE THE INFORMATION IS TRUE, ACCURATE AND COMPLETE.

_____	_____	_____
Authorized Representative Signature	Title	Date

Appendix B-10
Operation and Maintenance Inspection Report for Enhanced Water Quality Swale
BMP Identification _____

Inspector Name _____ **Inspection Date/Time** _____ **Inspection Frequency** _____

Maintenance Items	Inspection Items				
	Inspection Frequency*	Checked? (Yes/No)	Maintenance Needed? (Yes/No)	Follow up Inspection to verify Maintenance Complete (Date) (Yes/No)	Summary of Maintenance Required
Enhanced Water Quality Swale					
Erosion, Sedimentation and Vegetation					
a. Control and adjacent areas clear of debris and trash	A				
b. Are Inlets and outlets clear of debris?	A				
c. Any evidence of dumping of yard wastes into the control?	A				
d. If Energy Dissipaters are present, are these clear of debris and functional?	A				
e. Are adjacent areas stabilized?	A				
f. Is the grass height equal to or < 6"?	Q				
g. Fertilizer application information if known (Date applied and type)	A				
h. Is there any evidence of erosion within the swale?	Q,S				
i. Do noxious weeds, Invasive species, non-natives vegetation need to be removed from the control?	A				
j. Any evidence of surface water oil/gas sheen?	A				

Maintenance Items	Inspection Items				
	Inspection Frequency*	Checked? (Yes/No)	Maintenance Needed? (Yes/No)	Follow up Inspection to verify Maintenance Complete (Date) (Yes/No)	Summary of Maintenance Required
k. Any noted discolored standing water in the swale?	Q.S				
l. Is there any distinct odor emitting from the swale?	A				
m. Is there down cutting in the flow line of the swale?	A				
n. Is there evidence of erosion at the transition between adjacent land and the swale?	A				
o. Does the control dewater appropriately between storms as designed?	Q,S				
p. Any evidence of erosion downstream at the outlet of the swale?	A,S				
q. Is there uneven settlement or pockets of standing water in or along the swale?	Q,S				
r. Is swale clean of sediments (Sediments should not be > than 20% of swale design depth)?	A				
General					
s. Are sumps greater than 50% full of sediment?	A,S				
t. Are the swale outlets in good condition?	A,S				
u. Any evidence of erosion	A,S				
v. Any evidence of blockages	A,S				
w. Has facility been blocked or filled inappropriately (e.g. structures, fill, etc.)?	A				
x. Has the swale been checked for evidence of erosion/washout of inlet/outlet filter media	A				
y. When sediment is removed or maintenance	A				

Maintenance Items	Inspection Items				
	Inspection Frequency*	**Checked?** (Yes/No)	**Maintenance Needed?** (Yes/No)	**Follow up Inspection to verify Maintenance Complete (Date)** (Yes/No)	**Summary of Maintenance Required**
performed, the swale cross section dimensions shall be checked after to ensure sized as per design.					
z. If there is an underdrain or dewatering system, are the openings or gravel free of debris?	A				
aa. Is swale functioning?	M				
ab. Has documentation of erosion associated with other drainage structures discharging into the swale/strip been performed?	A				
ab. Have non-approved structures within the swale been removed?	A				
ad. Other (Specify):					

Inspection Frequency Key: A=Annual, SA = Semi-Annual, M=Monthly, S=After major storm

(*) *Source: Georgia Storm Water Management Manual – Adapted from Watershed Management Institute, Inc. (1997)*

1. Inspection and Maintenance Notes

1a. Overall condition of Facility (Check one)

_____ Acceptable

_____ Unacceptable

2. Date of Follow up inspection performed: _____

3. Dates any maintenance must be completed by: _____

_____

CERTIFICATION STATEMENT

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION ON THIS FORM AND BELIEVE THE INFORMATION IS TRUE, ACCURATE AND COMPLETE.

_____	_____	_____
Authorized Representative Signature	Title	Date

Appendix B-11
Operation and Maintenance Inspection Report for Vegetated Filter Strips
BMP Identification _____

Inspector Name _____ **Inspection Date/Time** _____ **Inspection Frequency** _____

Maintenance Items	Inspection Items				
	Inspection Frequency*	Checked? (Yes/No)	Maintenance Needed? (Yes/No)	Follow up Inspection to verify Maintenance Complete (Date) (Yes/No)	Summary of Maintenance Required
Vegetated Filter Strips					
Erosion, Sedimentation and Vegetation					
a. Control and adjacent areas clear of debris and trash	A				
b. Are Inlets and outlets clear of debris?	Q				
c. Any evidence of dumping of yard wastes into the control?	Q				
d. If Energy Dissipater are present, are these clear of debris and functional?	Q				
e. Are adjacent area stabilized?	A				
f. Is the grass height equal to or < 6", is mowing required?	Q				
g. Fertilizer application information if known (Date applied and type)	A				
h. Is there any evidence of erosion within the control?	Q				
i. Do noxious weeds, Invasive species, non-natives vegetation need to be removed from the control?	A				

Maintenance Items	Inspection Items				
	Inspection Frequency*	**Checked?** (Yes/No)	**Maintenance Needed?** (Yes/No)	**Follow up Inspection to verify Maintenance Complete (Date)** (Yes/No)	**Summary of Maintenance Required**
j. Any noted discolored standing water in the control?	Q,A				
k. Is there any distinct odor emanating from the control?	Q				
l. Is there evidence of erosion at the transition between adjacent land and the vegetated strip?	Q,S				
m. Does the control dewater appropriately between storms as designed?	S				
n. Any evidence of erosion downstream of vegetated strip area?	A,S				
o. Is the vegetated strip clean of sediments?	A				
p. Any evidence of erosion	A,S				
q. Any evidence of blockages	A,S				
General					
r. Has facility been blocked or filled inappropriately (e.g. structures, fill, etc.)?	A				
s. Have non-approved structures within the vegetated strip area been removed?	A				
t. Is the vegetated strip functioning?	M				

Maintenance Items	Inspection Items				
	Inspection Frequency*	**Checked?** (Yes/No)	**Maintenance Needed?** (Yes/No)	**Follow up Inspection to verify Maintenance Complete (Date)** (Yes/No)	**Summary of Maintenance Required**
u. Other (Specify):	M				

Inspection Frequency Key: A=Annual, SA = Semi-Annual, M=Monthly, S=After major storm

(*) *Source: Georgia Storm Water Management Manual – Adapted from Watershed Management Institute, Inc. (1997)*

1. Inspection and Maintenance Notes

1a. Overall condition of Facility (Check one)

_____ Acceptable

_____ Unacceptable

2. Date of Follow up inspection performed: _____

3. Dates any maintenance must be completed by: _____

_____

CERTIFICATION STATEMENT

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_____ _____ _____

Authorized Representative Signature Title Date

Appendix B-12
Operation and Maintenance Inspection Report for Manufactured Treatment Devices (MTD)
BMP Identification _____

Inspector Name _____ **Inspection Date/Time** _____ **Inspection Frequency** _____

Maintenance Items	Inspection Items				
	Inspection Frequency*	Checked? (Yes/No)	Maintenance Needed? (Yes/No)	Follow up Inspection to verify Maintenance Complete (Date) (Yes/No)	Summary of Maintenance Required
Manufactured Treatment Devices					
a. Inspect inflow areas for standing water or evidence of recently standing water.	M				
b. Inspect for clogging of device. Remove and dispose of sediments or debris as needed.	M				
c. Inspect structure using inspection port/ access structure.	A				
d. Follow manufacturers recommended safety procedures for maintaining controls. These may include confined space entry requirements.	A				
e. Properly ventilate space prior to entry for cleaning and inspection.	A				
f. Remove sediment as needed when average depths reach 1" or per the manufacturers recommendation.	A				
g. Inspect all structural components for cracking, subsidence, erosion and deterioration.	A				

Maintenance Items	Inspection Items				
	Inspection Frequency*	**Checked?** (Yes/No)	**Maintenance Needed?** (Yes/No)	**Follow up Inspection to verify Maintenance Complete (Date)** (Yes/No)	**Summary of Maintenance Required**
h. Other :					

Inspection Frequency Key: A=Annual, SA = Semi-Annual, M=Monthly, S=After major storm

(*) *Source: Georgia Storm Water Management Manual – Adapted from Watershed Management Institute, Inc. (1997)*

1. Inspection and Maintenance Notes:

1a. Overall condition of Facility (Check one)

_____ Acceptable

_____ Unacceptable

2. Date of Follow up inspection performed: _____

3. Dates any maintenance must be completed by: _____

_____

CERTIFICATION STATEMENT

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION ON THIS FORM AND BELIEVE THE INFORMATION IS TRUE, ACCURATE AND COMPLETE.

_____	_____	_____
Authorized Representative Signature	Title	Date