

INFILTRATION BASIN

20__ Maintenance Log for Stormwater Management Facilities

Name of Facility: _____

Location/Address: _____

Franklin ID #: _____

Submission for: (Select One)	
<input type="checkbox"/>	1st Quarter
<input type="checkbox"/>	2nd Quarter
<input type="checkbox"/>	3rd Quarter
<input type="checkbox"/>	4th Quarter

INFILTRATION BASIN

Date:

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Preventative Maintenance (X):Completed

Lawn/Vegetative Area:																				
	Cutting																			
	Maintenance																			
	Pest Control																			
	Sand Layer																			
Trash and Debris removal:																				
	Trash rack/outlets																			
	Underdrains																			
	Inlets																			
	Slopes/Ramps																			
	Rip-Rap																			
Sediment Removal:																				
	Trash rack/Outlets																			
	Underdrains																			
	Inlets																			
	Slopes/Ramps																			
	Rip Rap																			
Mechanical Components:																				
	Fence Gates/Locks																			
	Other																			

Corrective Maintenance

Structural Repair																				
Fence Repair																				
Erosion Repair																				
Other																				

Comments: _____
(indicate any repairs which were completed)