

**VEGETATIVE SWALE**

# 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

VEGETATIVE SWALE													
Date:													
<b>Preventative Maintenance</b>						(X):Completed							
Lawn/Vegetative Area:													
	Cutting												
	Maintenance												
	Pest Control												
	Grass Bottom												
Trash and Debris removal:													
	Inlets												
	Grass Bottom												
Sediment Removal:													
	Inlets												
Mechanical Components:													
<b>Corrective Maintenance</b>													
Structural Repair													
Fence Repair													
Erosion Repair													
Other													
Comments:													
<small>(indicate any repairs which were completed)</small>													