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20___ Maintenance Log for Stormwater Management Facilities

Name of Facility:	Submission for: (Select One) 1st Quarter						
Location/Address:		2nd Quar	rter				
Franklin ID #:		4th Quar	ter				
	WET POI	ND					
Date:							
Preventative Maintenance		(X):Completed					
Lawn/Vegetative Area:							
Cutting							
Maintenance		\bot					
Pest Control		\bot					
Weed Removal							
Trash and Debris removal:					Ţ		
Trash rack/outlets							
Pond							
Inlets							
Rip-Rap							
		\longrightarrow					
Sediment Removal:	\longrightarrow	\longrightarrow					
Trash rack/Outlets		\longrightarrow					
Inlets							
Rip-Rap		\bot					
		\bot					
Mechanical Components:							
Fence Gates/Locks		\bot					
Aeration Equipmt		\bot					
Perm Pool Level		\bot					
Other							
Corrective Maintenance			_	_			
Structural Repair					1		
Fence Repair							
Erosion Repair							
Other							
Comments:					!_		
(indicate any repairs which were completed)							