

VENTURA COUNTY WATERSHED PROTECTION DISTRICT

STORMWATER TREATMENT FACILITY MAINTENANCE RECORD VERIFICATION FORM

RECORD VERIFICATION

Property Address & Assessor's Parcel Number (APN):

No. & Street Name	City	Ca	ZIP Code	APN
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Property Owner/Responsible Party:

Name Code	Responsible Party/HOA (if applicable)	No. & Street Name	City	State	ZIP
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Type of SWTS on your property:

- | | |
|--|--|
| <input type="checkbox"/> Bioretention (with underdrain) | <input type="checkbox"/> Infiltration Basin/ Trench |
| <input type="checkbox"/> Bioretention (without underdrain) | <input type="checkbox"/> Permeable Pavement |
| <input type="checkbox"/> Cartridge Media Filter | <input type="checkbox"/> Planter Box |
| <input type="checkbox"/> Catch Basin Insert | <input type="checkbox"/> Proprietary Treatment Device (please list name) |
| <input type="checkbox"/> Constructed Wetland | <input type="checkbox"/> Sand Filter |
| <input type="checkbox"/> Dry Extended Detention Basin | <input type="checkbox"/> Vegetated Swale/ Filter Strip |
| <input type="checkbox"/> Drywell | <input type="checkbox"/> Wet Detention Basin |
| <input type="checkbox"/> Green Roof | |

CURRENT CONDITION OF SWTS (CHECK ALL THAT APPLY)

- | | |
|---|--|
| <input type="checkbox"/> Accumulation of trash and/or debris | <input type="checkbox"/> Signs of erosion and/or exposed dirt |
| <input type="checkbox"/> Pipes or risers coming into BMP are damaged (e.g., cracked) | <input type="checkbox"/> Odors and/or standing water (water should drain from BMP within 48 hours) |
| <input type="checkbox"/> Overflows (even during small rain storms - possibly clogged) | <input type="checkbox"/> Evidence of animal burrows |
| <input type="checkbox"/> Overgrown or unhealthy vegetation | <input type="checkbox"/> Signs of vandalism |
| <input type="checkbox"/> Excessive algae | <input type="checkbox"/> None of the above |

MAINTENANCE PERFORMED OVER THE PAST YEAR

Type of Service Performed (check below as applicable to your device)

Note: Not all maintenance tasks will apply to your device.

Recommended inspection and maintenance for most BMPs is semiannually, after each significant storm, or more frequently, if needed.

- Manufacturer recommended maintenance performed (please list manufacturer and device model)
- Remove litter & debris as required
- Repair erosion
- Reseed and/or replant to damaged landscaped areas as needed
- Clean/repair inlet rip rap and pilot channels
- Clean/repair outlet to prevent/eliminate clogging
- Remove sediment when accumulation reach 25% of original design depth
- Remove accumulated sediment or tree/shrub growth that may obstruct flow through device
- Replace filter media (if applicable)
- Inspect perimeter fencing and repair as necessary
- Repairs to device needed
Please describe: _____
- Date repair completed or scheduled for completion: _____
- Other Maintenance Performed
Please describe: _____
- Device is clean and does not need service at this time

Date of Inspection: _____ Date Maintenance Performed: _____

CERTIFICATION

I, _____ hereby certify that the above information is correct to the best of my knowledge.

Signature

Date