# VENTURA COUNTY WATERSHED PROTECTION DISTRICT

## STORMWATER TREATMENT FACILITY MAINTENANCE RECORD VERIFICATION FORM

### RECORD VERIFICATION

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

<table>
<thead>
<tr>
<th>No. &amp; Street Name</th>
<th>City</th>
<th>Ca</th>
<th>ZIP Code</th>
<th>APN</th>
</tr>
</thead>
</table>

Property Owner/Responsible Party:

<table>
<thead>
<tr>
<th>Name Code</th>
<th>Responsible Party/HOA (if applicable)</th>
<th>No. &amp; Street Name</th>
<th>City</th>
<th>State</th>
<th>ZIP</th>
</tr>
</thead>
</table>

Type of SWTS on your property:

- [ ] Bioretention (with underdrain)
- [ ] Bioretention (without underdrain)
- [ ] Cartridge Media Filter
- [ ] Catch Basin Insert
- [ ] Constructed Wetland
- [ ] Dry Extended Detention Basin
- [ ] Drywell
- [ ] Green Roof
- [ ] Infiltration Basin/ Trench
- [ ] Permeable Pavement
- [ ] Planter Box
- [ ] Proprietary Treatment Device (please list name)
- [ ] Sand Filter
- [ ] Vegetated Swale/ Filter Strip
- [ ] Wet Detention Basin

### CURRENT CONDITION OF SWTS (CHECK ALL THAT APPLY)

- [ ] Accumulation of trash and/or debris
- [ ] Signs of erosion and/or exposed dirt
- [ ] Pipes or risers coming into BMP are damaged (e.g., cracked)
- [ ] Odors and/or standing water (water should drain from BMP within 48 hours)
- [ ] Overflows (even during small rain storms - possibly clogged)
- [ ] Evidence of animal burrows
- [ ] Overgrown or unhealthy vegetation
- [ ] Signs of vandalism
- [ ] Excessive algae
- [ ] 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, ___________________________ herby certify that the above information is correct to the best of my knowledge.

________________________________________

Signature  Date