DINWIDDIE COUNTY

PLANNING, ZONING, CODE COMPLIANCE AND ENVIRONMENTAL

WET SWALES

MAINTENANCE INSPECTION REPORT

1. A licensed professional engineer must conduct all inspections utilizing the approved construction plans, As-Builts, and recorded Stormwater Maintenance Agreement located at the Dinwiddie County Courthouse.

2. All items must be inspected and any discrepancies and necessary repairs must be noted along with an estimate cost of repairs.

3. Upon completion of the inspection, one (1) copy, indicating estimated completion date and cost of noted discrepancies and and repairs, is to be forwarded by the inspection firm to the: **County of Dinwiddie, Planning & Zoning Department, Attn: Environmental Administrator, P.O. Drawer 70 Dinwiddie, VA 23841**. The original form must be forwarded to the owner of the facility. This form is to be typed or in black/blue ink only. No color ink or pencil will be accepted.

4. The facility owner's representative must indicate on the original form the actual completion date and actual cost of acquired repairs, after which the facility owner must sign and return one (1) copy of the form to the: **County of Dinwiddie, Planning and Zoning Department, Attn: Environmental Administrator, P.O. Drawer 70 Dinwiddie, VA. 23841.**

PROJECT INFORMATION:

Name of Project:_____

Location of Project:_____

Owner of Facility:_____ Inspection Date:_____

Facility Type:

- ☐ **Level 1**
- ☐ **Level 2**

Facility Location:

- ☐ **Surface**
- ☐ **Underground**

Hydraulic Configuration:

- ☐ **On-line facility**
- ☐ **Off-line facility**

Filtration Media:

- ☐ **No filtration (e.g. dry well, permeable pavement, infiltration facility, etc.)**
- ☐ **Sand**
- ☐ **Bioretention Soil**
- ☐ **Peat**
- ☐ **Other** _____

Type of Pre-Treatment Facility:

- ☐ **Sediment forebay (above ground)**
- ☐ **Sedimentation chamber**
- ☐ **Plunge pool**
- ☐ **Stone diaphragm**
- ☐ **Grass filter strip**
- ☐ **Grass channel**
- ☐ **Other** _____

CONTRIBUTING DRAINAGE AREA:

	YES	NO
There is excessive trash and debris.	☐	☐
There is evidence of erosion and/or bare or exposed soil.	☐	☐
There is excessive landscape waste and yard clippings.	☐	☐

PRE-TREATMENT:

	YES	NO
There is adequate access to the pre-treatment facility.	☐	☐
There is excessive trash, debris, or sediment.	☐	☐
There is evidence of erosion and/or exposed soil	☐	☐
There is evidence of clogging (standing water, noticeable odors, water stains, algae or floating aquatic vegetation).	☐	☐
There is dead vegetation.	☐	☐

INLET:

	YES	NO
The inlet provides a stable conveyance into the swale	☐	☐
There is excessive trash/debris/sediment.	☐	☐
There is evidence of erosion at or around the inlet	☐	☐

CHECK DAMS:

	YES	NO
A check dam is not functioning properly.	☐	☐
There is a large accumulation of sediment or trash/debris behind the check dam.	☐	☐

VEGETATION:

	YES	NO
Plant composition is consistent with the approved plans.	☐	☐
Invasive species (e.g., phragmites) are present.	☐	☐
Vegetation is dead or dying.	☐	☐

OUTLET:

	YES	NO
Outlets are obstructed or erosion and soil exposure is evident below the outlet.	☐	☐
There is excessive trash, debris, or sediment at the outlet.	☐	☐

OVERALL:

	YES	NO
Access to the Infiltration facility or its components is adequate.	☐	☐
Mosquito proliferation	☐	☐
Encroachment on the swale or easement by buildings or other structures	☐	☐

DESCRIBE REPAIRS NEEDED:	**Estimated Cost of Repairs**

Note: Provide pictures of area(s) before repairs and after repairs have been completed.

Estimated Repairs Completion Date:_____ **Total Estimated Cost of Repairs:**_____

ENGINEER'S INFORMATION:

Inspected By:_____P.E.

Firm:_____

Address:_____

_____

Phone:_____ Email:_____

Signature of P.E. _____

(must be by the P.E. performing the inspection)

Place signed/dated Professional Stamp

FACILITY OWNER INFORMATION:

Owner / Representative Name:_____ Title:_____

Address:_____

Actual Date All Repairs Completed:_____ **Actual Cost of All Repairs:**_____

Owner / Representative Signature:_____Phone:_____