

# Inspection & Maintenance Agreement - Goodlettsville, TN

## Annual Maintenance Report Form

1. This form is to be completed by an owner or operator of a property with stormwater control measures on site.
2. The form is designed to be completed on the web and can be done with a mobile phone.
3. The purpose is to report on the operation and maintenance of stormwater control measures.
4. Return this report by July 1 of each year, covering the previous calendar year January through December.
5. Completing the web-based form will take only about six minutes.

**Date:** \*Required

**What is the address of the facility/operation?** \*Required

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Your answer

**What is Owners Name and Address of Parcel?** \* Required

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Your answer

**What is your name?** \* Required  
(e.g. John Smith)

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Your answer

**Your e-mail address**

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Your answer

**Facility manager**

Please provide name of the primary manager of the operation. Facility manager, property manager, HOA president, etc.

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Your answer

**Facility phone number** \* Required  
Please provide an on-site phone number.

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Your answer

**Check box for the type of stormwater control measure(s) on site. \* Required**

Stormwater Control Measures (SCMs)

Click ALL check boxes that apply

<input type="checkbox"/>	Bioretention	<input type="checkbox"/>	Green roof
<input type="checkbox"/>	Channel (grass)	<input type="checkbox"/>	Inlet filter
<input type="checkbox"/>	Filter strip	<input type="checkbox"/>	Pervious concrete
<input type="checkbox"/>	Infiltration trench	<input type="checkbox"/>	Pervious paver blocks
<input type="checkbox"/>	Paver blocks	<input type="checkbox"/>	Sand filter
<input type="checkbox"/>	Rain garden	<input type="checkbox"/>	Wetland
<input type="checkbox"/>	Swale	<input type="checkbox"/>	WQPA (streamside vegetation buffer)
<input type="checkbox"/>	Manufactured	<input type="checkbox"/>	Detention basin or pond
<input type="checkbox"/>	Cistern		
<input type="checkbox"/>	Underground detention chambers (e.g., plastic, concrete, corrugated metal pipe)		
<input type="checkbox"/>	I believe we have stormwater controls, but I don't know what type.		
<input type="checkbox"/>	None. I'm not aware of any stormwater control measures here.		
<input type="checkbox"/>	Other:		

**Indicate the three most costly stormwater quality-related maintenance activities at this facility the past year. \* Required** (Click ALL check boxes that apply)

<input type="checkbox"/>	Vegetation management (bioretention, grass channels, swales, etc.)
<input type="checkbox"/>	Litter pick-up and disposal
<input type="checkbox"/>	Brush and leaves removal (blocked pipes, outlets, etc.)
<input type="checkbox"/>	Sweeping (sediment, litter) and disposal
<input type="checkbox"/>	Minor removal of sediment from curbs, collars, forebays
<input type="checkbox"/>	Replenishing soil media in bioretention, swale or other infiltration-type SCMs
<input type="checkbox"/>	Repairing areas of erosion
<input type="checkbox"/>	Replacing plant material
<input type="checkbox"/>	Replacing stormwater treatment filters
<input type="checkbox"/>	Vacuumping litter and sediment from underground, manufactured devices
<input type="checkbox"/>	Repairing hard structures (pipe, box, headwall)
<input type="checkbox"/>	Major removal of sediment (e.g. de-mucking pond)
<input type="checkbox"/>	I'd be guessing -- I really don't know.
<input type="checkbox"/>	We didn't do any maintenance the past year.
<input type="checkbox"/>	Other:

**To the best of your knowledge, are all parts of your stormwater quality controls functioning properly? \* Required** (At end of this survey is a Comment box, where you may elaborate on this question.)

Yes  No  Unsure

**How many pounds of litter, trash and floating debris were removed from the SCMs over the past year? \* Required**

If you are not already doing so, begin to quantify the amount of litter captured in your stormwater control measures. Keep a tally for the year. Use a whole number. **If zero**, enter 0. **If no record** or estimate is available, enter 1.

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Your answer

**How many pounds of sediment were removed from the controls over the past year? \* Required**

If you are not already doing so, begin to quantify the amount of sediment (dirt, fines, grit) captured and removed from your stormwater control measures. Keep a record for the year. Use a whole number. **If zero**, enter 0. **If no record** or estimate is available, enter 1.

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Your answer

**If your stormwater treatment includes an underground, manufactured device (vault, swirl, filter, etc.), how many times this past year was the device INSPECTED?**

Inspection of underground device normally requires lifting a grate or cover in order to view condition and contents of device. A measuring rod is usually used to measure depth of sediment. If you have **no devices**, check the N/A columns. If **one device**, answer for the one, and check N/A for the other rows. **If two**, answer for the two and N/A for others. Etc. **If more than four**, answer for the four you inspected most. It will help if you turn your phone to landscape mode to see this question. (For purposes of this questionnaire, you will need to note on your stormwater management plan the numbering of MTDs on your site. Keep this consistent year to year for this annual report.)

Place "X" in appropriate boxes

	N/A – NO Device	ZERO	ONCE	TWICE	3+ Times	Unsure
Device # 1						
Device # 2						
Device # 3						
Device # 4						

**How many times was the manufactured device (vault, swirl, filter, etc.) EMPTIED of litter, debris and/or sediment?**

If you have **no devices**, check the N/A columns. If **one device**, answer for the one, and check N/A for the other rows. If **two**, answer for the two and N/A for others. Etc. If **more than four**, answer for the four you emptied most. Place "X" in appropriate boxes.

	N/A – NO Device	ZERO	ONCE	TWICE	3+ Times	Unsure
Device # 1						
Device # 2						
Device # 3						
Device # 4						

**Do you use a contractor to service your stormwater control measures? \* Required**

For example, landscaping service for bioretention; or stormwater services company to vacuum underground sediment capture devices?

- Yes                       No

**Name(s) of service companies**

If possible, enter the company name(s), separated by commas.

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Your answer

**Do you (or your landscaping service company) apply fertilizer on the grounds? \* Required**

**\* Required**

- Regularly (more than once per year)
- Infrequently (once per year or two)
- Less than once per two years
- Less than once per five years
- Unsure/don't know.
- No

**Include dates of inspections, remedial actions taken to repair, modify or reconstruct the system and the state of control measures. \*Required**