



Town of Algoma
 15 N. Oakwood Road
 Oshkosh, WI 54904
 Phone: 920.235-3789

STORMWATER MANAGEMENT SYSTEM INSPECTION, OPERATION, & MAINTENANCE FORM

Site or Subdivision Name:		Parcel ID:		
Site Address / Location:				
Inspection Frequency (check one): <input type="checkbox"/> > 0.5 Inch Rain (R) <input type="checkbox"/> Monthly (M) <input type="checkbox"/> Biannual (B) <input type="checkbox"/> Annual (A) <input type="checkbox"/> 5-Year Cycle (C) <input type="checkbox"/> Other				
Date of Inspection:	Inspector Name:	Maintenance Crew Leader Name:		
Maintenance Items – Proprietary Filtration Device (1010)	Frequency	Observed?	Inspector Comments	Maintenance Completed
1. Debris & Litter – At inlets and outlets (grate, orifice, weir, pipe, filter, etc.)	R,M,B,A,C	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes
2. Debris & Litter – At other device locations (vegetation)	A,C	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes
3. Vegetation – Vegetation health or density concern (water, disease, etc.)	M,B,A,C	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes
4. Vegetation – Noxious weed or tree root concern (unauthorized planting, etc.)	A,C	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes
5. Wildlife – Burrow holes or other concern	A,C	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes
6. Erosion – Channel, rill, scour, or other erosion concern	A,C	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes
7. Structural inlet or outlet concern (crack, spalling, corrosion, joint, etc.)	A,C	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes
8. Structural wall or embankment concern (seeping, settling, failing, etc.)	A,C	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes
9. Structural spillway concern (dimensions, freeboard, unstable, leak, etc.)	A,C	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes
10. Pretreatment sediment accumulation concern (exceeds maximum allowed)	A,C	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes
11. Clogging or compaction concern (drain time or life exceeds max. allowed)	R,A,C	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes
12. Other (graffiti, illicit discharge, illegal dumping, etc.):		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes