

Attachment B

Stormwater Best Management Practices (BMP) Operations and Maintenance Plan

[Project name]
[Project address and city]
CRWD permit #[XX-XXX]

List of Stormwater BMPs to be inspected and maintained:

[list BMPs and expected date they will be online]

[List of pretreatment structures with each BMP]

Refer to associated location map at the end of this document.

Owner:

[Owner name]

[Owner address]

Party Responsible for Maintenance:

[Party responsible for maintenance]

[Mailing address, phone number, email address]

Plan prepared by:

[insert Name]

[insert Address]

[insert Date]

Inspection Activities:
(insert a table for each BMP)

<u>Inspection Activity*</u>	<u>Inspection Frequency</u>	<u>Actions</u>

- *For all BMPs be sure to include the frequency of inspection/ indicator that maintenance is needed.
- *For infiltration and filtration BMPs, be sure to include drawdown of system at 48 hours after a rainfall of 0.5 inch or greater.
- *For Manufactured Treatment Devices specifically, be sure to include:
 1. Requirement to maintain the MTD when drawdown of the storage system upstream exceeds 48 hours.
 2. Maximum design maintenance interval of 1-year or per manufacturer recommendation, whichever is shortest.
 3. Submit calculations or justification that MTD sediment storage is sufficient for the maintenance interval.
 4. Recommended filtration media replacement interval.

Maintenance Activities:

<u>Maintenance Activity</u>	<u>Maintenance Frequency</u>	<u>Notes/Additional Actions</u>	<u>Maintenance By</u>

Equipment and tools needed to perform maintenance:
[List tools and equipment needed for maintenance]

Maintenance Cost Estimates [Year estimate was made]:
[List cost estimates for maintenance activities]



Capitol Region Watershed District

595 Aldine Street • Saint Paul, MN 55104
T: 651-644-8888 • F: 651-644-8894 • capitolregionwd.org

BMP INSPECTION & MAINTENANCE ANNUAL REPORTING FORM

This project was permitted by CRWD requiring stormwater treatment and volume reduction BMPs. These must be inspected and maintained annually, at minimum, to ensure proper function. This form shall be completed and submitted to the CRWD office annually by the owner or person in charge of maintenance.

Permit Name and #:

Inspection Date:

Location:

Inspection Time:

Inspected by:

Property Contact (if different from inspector):

Type of BMP(s) on
site:

Date of and amount of most recent
rainfall:

Any items found to be unsatisfactory shall be corrected on an annual basis to prevent enforcement action. Indicate in the comments section what maintenance is being done and the timeframe for completion. Include photographs.

Vegetation established, and without noxious weeds?

Comment:

Site free of erosion problems?

Comment:

BMP(s) receiving stormwater?

Comment:

BMP(s) free of sediment, dead plant material, trash, and debris?

Comment:

Pretreatment area/devices free of sediment, dead plant material, trash, and debris?
Comment:

BMP(s) completely drained within 48 hrs of rainfall?
Comment:

Inlets, outlets, and emergency overflows functional?
Comment:

Other Comments:

Required Maintenance Identified by Inspection?
Comment:

Deadline(s) for Completion:

Maintenance Conducted:

Date(s) Conducted:

Please contact a CRWD Inspector at (651)-644-8888 with any questions.

BMP Location Map:

[Insert location map, to scale, showing all BMP names, locations, and access routes]