

DETENTION BASIN

20__ Maintenance Log for Stormwater Management Facilities

Name of Facility: _____

Location/Address: _____

Franklin ID #: _____

Submission for: (Select One)	
<input type="checkbox"/>	1st Quarter
<input type="checkbox"/>	2nd Quarter
<input type="checkbox"/>	3rd Quarter
<input type="checkbox"/>	4th Quarter

DETENTION BASIN												
Date:												
Preventative Maintenance						(X):Completed						
Lawn/Vegetative Area:												
	Cutting											
	Maintenance											
	Pest Control											
Trash and Debris removal:												
	Trash rack/outlets											
	Channels											
	Inlets											
	Slopes/Ramps											
Sediment Removal:												
	Trash rack/Outlets											
	Channels											
	Inlets											
	Slopes/Ramps											
Mechanical Components:												
	Fence Gates/Locks											
	Other											
Corrective Maintenance												
Structural Repair												
Fence Repair												
Erosion Repair												
Other												
Comments:												
<small>(indicate any repairs which were completed)</small>												

Inspection reports can be mailed, faxed to (732) 249-7810, or emailed to stormwater@twp.franklin.nj.us