



## Long-Term Storm Water Management Maintenance Inspection Report Form

Property Information			
Property Address:			Inspection Date:
Facility Name:		Original Project Name:	
Current Owner:		Site Contact Name:	
Email Address:		Phone Number:	
Inspector Information			
Inspector Name:		Inspector Employer:	
Email Address:		Phone Number:	
Inspection Type: <i>(Check One)</i>	<div style="display: flex; justify-content: space-between;"> <span>Biennial</span> <span>5 Year (City use only)</span> </div>		
Inspection Report:			
Items Inspected	Answer	Is maintenance required?	Notes:
	Yes / No	Yes / No	
1.) Has the property been altered from the approved site plan?			
2.) Have the property operations/business uses been changed since the last inspection?			
3.) Have all inlet structures been inspected?			
4.) Have all outlet structures been inspected?			
5.) Have all the detention ponds, retention ponds and swales been inspected?			
6.) Have all catch basins, pre-treatment catch basins, sumps and manholes been inspected?			
7.) Have all Low Impact Development (LID) systems been inspected?			
8.) Has the landscaping been inspected to check on the quality of vegetation and soils?			
9.) Do SOPs seem to be doing an adequate job at reducing and preventing pollution?			
Additional Comments:			

Observations/Remarks:	Observations/Remarks:
Observations/Remarks:	Observations/Remarks:
Observations/Remarks:	Observations/Remarks:
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>Will a re-inspection be necessary to ensure required maintenance has been completed?</p> <p><i>(Check one)</i></p> <div style="display: flex; justify-content: space-around;"> <span>Yes</span> <span>No</span> </div> </div> <div style="width: 35%;"> <p>If "Yes", when will the re-inspection occur?</p> <p><i>(Date)</i></p> </div> </div>	
<p>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information provided is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</p>	
Inspector <i>(Print Name)</i>	<div style="display: flex; justify-content: space-between;"> <span>Signature:</span> <span>Date:</span> </div>
Site Contact <i>(Print Name)</i>	<div style="display: flex; justify-content: space-between;"> <span>Signature:</span> <span>Date:</span> </div>



Send a copy of this report to the City of Orem Storm Water Division by September 29 biennially.  
 Mail: Storm Water Coordinator 1450 W 550 N Orem UT, 84057 or Email: [swmp@orem.gov](mailto:swmp@orem.gov)