



DINWIDDIE COUNTY

ENVIRONMENTAL DEPARTMENT

BMP OPERATION & MAINTENANCE INSPECTION

(DETENTION, RETENTION, AND EXTENDED DETENTION BASINS)

1. A licensed professional engineer must conduct all inspections.
2. All items must be inspected and any discrepancies and necessary repairs must be noted.
3. Upon completion of the inspection, one (1) copy, indicating discrepancies and repairs, is to be forwarded by the inspection firm to the: **County of Dinwiddie, Planning & Zoning Department, Attn: Environmental Administrator, P.O. Drawer 70 Dinwiddie, VA 23841.** This form is to be typed or in black/blue ink only. No color ink or pencil will be accepted.

GENERAL INFORMATION:

Name of Project: _____

Location of Project: _____

Owner of Facility: _____ Inspection Date: _____

Were issues identified during the previous inspection that required maintenance?	YES	NO	N/A
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If so, was the mainateance performed and recorded in BMP Maintenance Follow-up section of the inspection form?	YES	NO	N/A
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If no, explain: _____

Does the current inspection, as summarized hereon, identify maintenance needs?	YES	NO
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If yes, please complete the BMP Maintenance Follow-up portion.

Facility Information

Facility Type	Level 1	Level 2
Hydraulic Configuration	On-line	Off-Line

Pond Characteristics and Functions (Check all that apply)

Water Quality Treatment	Channel Protection	Extended Detention Included
Ties into Groundwater	Single Cell Pond	Multi-Cell Pond
One or More Wetland Cells		

Type of Pre-Treatment Facility

Sediment forebay	Vegetated buffer area	Grass filter strip	Grass Channel
Other			

Contributing Drainage Area

Excessive trash/debris	YES	NO	N/A
Bare exposed soil / Inadequate vegetation	YES	NO	N/A
Evidence of erosion	YES	NO	N/A
Excessive landscape waste/yard clippings	YES	NO	N/A

Pretreatment / Forebay / Inflow

Excessive trash/debris/sediment or other blockage	YES	NO	N/A
Sediment deposit are 50% or more of forebay capacity	YES	NO	N/A
Woody growth on the forebay dam	YES	NO	N/A
Dead vegetation, exposed soil	YES	NO	N/A
Evidence of erosion, undercutting, or bare soils	YES	NO	N/A
Structural deterioration of inlets, outfalls or pretreatment overflow weirs into the facility	YES	NO	N/A
Animal burrows	YES	NO	N/A

Vegetation

Dead vegetation/exposed soil	YES	NO	N/A
Invasive species are present	YES	NO	N/A
Trees planted in the buffer and on wetland islands and peninsulas need watering	YES	NO	N/A

Berm / Embankment

Overgrown, including woody growth 5' beyond the outfall pipe and/or embankment	YES	NO	N/A
There is sparse vegetation cover and erosion channels are present	YES	NO	N/A
Cracking, bulging, sloughing and seepage	YES	NO	N/A
Evidence of animal burrows	YES	NO	N/A

Riser

Structural condition of riser is deteriorating	YES	NO	N/A
Adjustable control valve is inaccessible and inoperable (if present)	YES	NO	N/A
Pieces of the riser are broken or missing	YES	NO	N/A
Riser or low flow orifice is blocked	YES	NO	N/A
Riser provides inadequate conveyance out of facility	YES	NO	N/A
Evidence of erosion or undermining at/around riser	YES	NO	N/A
Structural deterioration	YES	NO	N/A

Outlet / Outfall

Exposed rebar, joint failure, loss of joint material, misalignment, leaking or corrosion	YES	NO	N/A
Excessive trash/debris/sediment or blockages	YES	NO	N/A
Evidence of erosion and bare soil	YES	NO	N/A
Valves, manholes or locks cannot be opened or operated (if present)	YES	NO	N/A
Erosion of outfall channel or riprap deterioration	YES	NO	N/A
Outlets provide inadequate conveyance out of facility	YES	NO	N/A

Overall

Access to the facility is in need or repair	YES	NO	N/A
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Encroachment on facility or easement by buildings or other structures	YES	NO	N/A
Evidence of oil/chemical accumulation, odor, algae, color or pollution	YES	NO	N/A
Fences and/or safety signage is inadequate	YES	NO	N/A
Trash in the pool	YES	NO	N/A
Mosquito proliferation	YES	NO	N/A
Is maintenance critical to the function of the BMP	YES	NO	N/A

Describe Repairs Needed

Note: If more space is needed, attach a separate page.

BMP Maintenance Follow-up

(Only to be completed if there are needed repairs)

Individual or company who performed the maintenance: _____

Individual who oversaw the performed maintenance: _____

Date the maintenance was completed: _____

Did the maintenance solve the identified problem(s)? YES NO

Description of Maitnence Performed _____

Attach before and after photos to this form of areas that need to be corrected.

Engineer's Information

Inspected By: _____, P.E.

Firm: _____

Address: _____

Phone: _____ E-mail: _____

Signature: _____

(*must be by the P.E. performing the inspection)



** Place signed/dated Professional Stamp*

County Use Only

Date Received _____ Next Inspection Date _____

Accepted By: _____

(Dinwiddie County Environmental Administrator)