



**Waukesha County Dept. of Parks & Land Use – Land Resources Division**  
**515 W. Moreland Blvd., Room AC260**  
**Waukesha, WI 53188-3868**

**Phone: 262-896-8300**

**Fax: 262-896-8298**



## Structural BMP Inspection Report Cover Sheet

Use only one cover sheet per project with as many specific structural BMP inspection report attachments as needed. Please provide digital photographs of the site and BMPs.

### Provide

Project Name: \_\_\_\_\_

Inspector's Name: \_\_\_\_\_

Project Municipality: \_\_\_\_\_

Inspector's Company: \_\_\_\_\_

Weather Conditions: \_\_\_\_\_

Inspector's Mailing Address:

\_\_\_\_\_  
 \_\_\_\_\_

Date of Last Rainfall: \_\_\_\_\_

Inspector's Phone Number: \_\_\_\_\_

BMP Owner's/Responsible Party's Name:

\_\_\_\_\_

Inspector's Fax Number: \_\_\_\_\_

BMP Owner's/Responsible Party's Address:

\_\_\_\_\_

Inspector's Email Address:

\_\_\_\_\_

### Inspection Report Attachments

The listed attachments are the structural BMP Inspection Reports to be completed for this particular site. Please use one attachment per BMP inspected and submit all forms together with this Cover Sheet as one single report. Also, please document the number of each structural BMP found at this site in the below blank spaces.

#### Number of BMPs at this site:

Attachment A: <b>Wet Detention Basin</b>	_____
Attachment B: <b>Infiltration Basin</b>	_____
Attachment C: <b>Bioretention Basin</b>	_____
Attachment D: <b>Constructed Wetland</b>	_____
Attachment E: <b>Dry Detention Basin</b>	_____
Attachment F: <b>Grassed Swale</b>	_____
Attachment G: <b>Sand Filter</b>	_____
Attachment H: <b>Filter Strip/Level Spreader</b>	_____
Attachment I: <b>In-Ground Water Quality Device</b>	_____
Attachment J: <b>Underground Storage/Infiltration</b>	_____
Attachment K: <b>Rain Garden</b>	_____

# Structural BMP Inspection Report Cover Sheet

## Inspection Results

Do any of the project BMPS inspected need maintenance?    Yes     No   
If "yes", list the BMP Description and BMP Number: (i.e. wet detention #3, infiltration basin 2A, etc.)

- a.
- b.
- c.
- d.
- e.
- f.

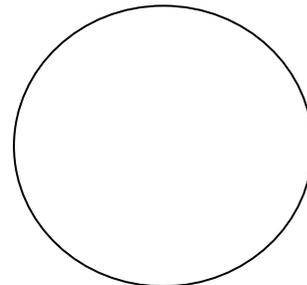
## Professional Certification (Registered Wisconsin professional engineer, surveyor, or landscape architect)\*:

*To be completed only when all structural BMPS at this site are functional with no outstanding maintenance issues.*

I, \_\_\_\_\_, as a duly registered \_\_\_\_\_ in the State of Wisconsin hereby certify that, to the best of my knowledge, this report presented reflects the current conditions of the storm water management BMPS for this project.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



\*The BMP inspection report cover sheet shall be signed by a registered professional engineer, land surveyor or landscape architect licensed in the State of Wisconsin or other qualified professional (with description of qualification).