

Nashville Metro Water Services, Stormwater Control Measures *Annual Inspection and Maintenance Summary Report*

IMPORTANT INFORMATION: *(Use of this new form is required effective January 1st, 2020)*

- An Annual Inspection and Maintenance Summary Report is required to be submitted by the owner (or other authorized personnel) for all Stormwater Control Measures (SCMs) with a grading permit number of 2008 or later. This new form will replace the original checklist within the Long Term Maintenance Agreement.
- Annual Inspection Summary Reports shall be submitted after January 1st and by no later than July 1st. The report should be a summary of the previous year's (January-December) inspection/maintenance of all SCM structures
- Only one form shall be submitted by each owner (or other authorized personnel) for all the structures on the property. For example, if your property has a bioretention basin and pervious pavers (all under a 2008 grading permit or later), the site Annual Inspection and Maintenance Summary Report shall include information on the inspection and maintenance on both the bioretention basin and pavers. **Reports that omit SCM structures on the property (from 2008 or later) will not be logged into Metro's database.**
- **Please note:** Owners are required to maintain documentation of routine inspections and maintenance performed throughout the year (i.e. photographs, inspection notes, waste disposal tickets, etc.). This documentation is not required to be submitted to Metro, unless otherwise requested.
- This form shall be submitted "electronically" in PDF format to the following inbox: mws.scm@nashville.gov.
- More information about SCM Inspection and Maintenance Reporting can be found at scm.nashville.gov.

Site Information *(Incomplete Forms will not be accepted)*

Business Name (if applicable):			Grading Permit #	
Owner Name:			Total Number of SCM on Property: ____ <i>(List number of each types below This form should include all SCMs on the parcel)</i> ____ Underground Vault* ____ Dry Detention Pond ____ Bioretention Basin (Rain Garden) ____ Porous Pavement/Pavers ____ Water Quality/Grass Swale ____ Wet Pond ____ Other: _____ * For Underground Vaults, list make/model: _____	
Owner Email:				
Owner Phone #:				
Property Address:				
Inspector Name:				
Inspector Phone Number/Email				
Inspector Company Name (If Applicable)				
Summary of Inspection/Maintenance Notes. (If needed add 2 nd sheet of notes)	All SCMs functioning at time of the most recent inspection. <input type="checkbox"/> Yes <input type="checkbox"/> No (If not, please explain below what was done to correct):			
Maintenance Performed (Throughout the previous Calendar Year) Yes <input type="checkbox"/> No <input type="checkbox"/>		Notes:		
Owner/Authorized Personnel Signature: (By signing this checklist, you are certifying to being the authorized personnel for this property to attest that all information on this sheet is correct.			Date	