PRIVATE TREATMENT CONTROL BMP
OPERATION AND MAINTENANCE VERIFICATION FORM

NON-STANDARD TREATMENT CONTROL BMPS

1. Transcribe the following information from your notification letter and make corrections as necessary:

Permit No.: _____

BMP Location: _____

Responsible Party: _____

Phone Number: ( ) _____ **Email:** _____

Responsible Party Address: _____
Number Street Name & Suffix City/Zip

☐ *Check here for Address Change*

2. Using the Table below, please describe the inspections and maintenance activities that have been conducted during the fiscal year (July 1 – June 30), and date(s) maintenance was performed. Under "Results of Inspection," indicate whether maintenance was required based on each inspection, and if so, what type of maintenance. If maintenance was required, provide the date maintenance was conducted and a description of the maintenance. ***For guidance, y*****our developer prepared maintenance plans as an appendix to the Stormwater Management Plan specifically for your treatment control BMP. Also, if you have a manufactured structure, please refer to the manufacturer's maintenance instructions.** *If no maintenance was required based on the inspection results, state "no maintenance required."*

What To Look For?	Date Inspected	Results of Inspection: Work needed? (Yes/No)	Date Maintenance Completed and Description of Maintenance Conducted
Accumulation of Sediment, Litter, Grease			
Standing Water			
Erosion			
Overgrown Vegetation			
Poor Vegetation Establishment			
Structural Damage			

3. Attach copies of available supporting documents (photographs, copies of maintenance contracts, and/or maintenance records). ****PHOTOGRAPHIC DOCUMENTATION IS STRONGLY ENCOURAGED***

4. Sign the bottom of the form and return to: *Warwick Township*
315 Clay Road, PO Box 308
Lititz, PA 17543-0308 ***OR***
Email: townshipmanager@warwicktownship.org
Pone: 717-626-8900

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Signature of Responsible Party **Print Name** **Date**