

Nashville Metro Water Services, Green Infrastructure Control

Annual Inspection and Maintenance Summary Report

IMPORTANT INFORMATION: *(Use of this new form is required effective February 1st, 2023)*

- An Annual Inspection and Maintenance Summary Report is required to be submitted by the owner (or other authorized personnel) for all Stormwater Control Measures (SCM)/Green Infrastructure Control Practices (GICP) with a DRC/LTMP.
- Annual Inspection Summary Reports shall be submitted no later than July 1st. The report should be a summary of the previous year's (January-December) inspection/maintenance of all SCM/GICP systems.
- Only one form shall be submitted by each owner (or other authorized personnel) for all the systems on the property. For example, if your property has a rain garden and pervious pavers the site Annual Inspection and Maintenance Summary Report shall include information on the inspection and maintenance on both the rain garden and pavers. **Reports that omit SCM/GICP systems on the property 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: singlefamilystormwater@nashville.gov.
- More information about GICP Inspection and Maintenance can be found at <https://www.nashville.gov/departments/water/developers/stormwater-review/regulated-residential-infill>.

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

Business Name (if applicable):		SWSF #		
Owner Name:		Total Number of GICP on Property: _____ <i>(List <u>number</u> of each types below This form should include all GICPs on the parcel)</i>		
Owner Email:				
Owner Phone #:		<input type="checkbox"/> Cistern <input type="checkbox"/> Dry Well <input type="checkbox"/> Vegetated Filter Strip <input type="checkbox"/> Modified French Drain <input type="checkbox"/> Permeable Paver <input type="checkbox"/> Rain Garden <input type="checkbox"/> Other: _____		
Property Address:				
Inspector Name:				
Inspector Phone Number/Email				
Inspector Company Name (If Applicable)				
Summary of Inspection Notes. (If needed add 2 nd sheet of notes)	All GICPs functioning at time of the most recent inspection.		Yes	No
	<i>(If not, please explain below what was done to correct):</i>			
Maintenance Performed (Throughout the previous Calendar Year)		Notes:		
Yes	No			
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		
			Date Published: March, 2025	