

SUBMIT CHECKLIST AND PHOTO DOCUMENTATION TO STORMWATER@BURLINGAME.ORG OR BY MAIL TO ADDRESS BELOW



City of Burlingame  
Public Works Department  
501 Primrose Road  
Burlingame, CA 94010  
stormwater@burlingame.org

## Media Filter Operation and Maintenance Inspection Report

Date of Inspection: \_\_\_\_\_ Property Address: \_\_\_\_\_

Name of person to contact regarding this report: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_  Property Owner  Site Manager  Contractor  Other: \_\_\_\_\_

Issue	Conditions When Maintenance Is Needed	Conditions Present? (Yes/No)	Comments (Describe maintenance action taken including date completed or if maintenance was not conducted, note when it is scheduled to be done)	Expected Results When Maintenance Is Performed
1. Sediment, trash, and debris accumulation	Sediment, trash and debris accumulated in the sedimentation basin, riser pipe and filter bed. Filter does not drain as specified.			Sediment, trash and debris removed from sedimentation basin, riser pipe and filter bed and disposed of properly. Filter drains per design specifications.
2. Standing water	Media filter does not drain within five days after rainfall.			Clogs removed from sedimentation basin, riser pipe and filter bed. Filter drains per design specifications.
3. Mosquitoes present*	Evidence of mosquito larvae in media filter.			No signs of mosquito or mosquito larvae.
4. Filter bed	Overall media depth 300 millimeters (12 inches) or less.			Media depth restored to 450 millimeters (18 inches).
5. Miscellaneous	Any condition not covered above that needs attention in order for the non-proprietary media filter to function as designed.			Meet the design specifications.

\*If mosquitos or mosquito larvae are observed, please contact the San Mateo County Mosquito & Vector Control District at 650-344-8592 or info@smcmvcd.org.

**Photo Documentation**

Please submit photos showing the current conditions of the bioretention area.

Photos are included in a separate page or  Photos will be sent separately via email

**Certification Statement**

I hereby certify that the information presented in this report is true and complete to the best of my knowledge:

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Signature of Property Owner or Other Responsible Party

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Print Name

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Date