



Maintenance Form 5.1 – Rain Barrel:

Rain Barrel LID SWMF		
Owner:	_____	
Address:	_____	

Phone:	_____	
E-mail:	_____	
Parcel Number:	_____	

Date of Last Inspection:	_____	
List any additional LID SWMF on site:		
List any previous concerns:		
Inspection List	Yes	No
Are fittings tight?	<input type="checkbox"/>	<input type="checkbox"/>
Does water flow freely through the system?	<input type="checkbox"/>	<input type="checkbox"/>
Is the screen covering intact and secure?	<input type="checkbox"/>	<input type="checkbox"/>
Are there holes in the screen cover?	<input type="checkbox"/>	<input type="checkbox"/>
Are pipes free from clogs?	<input type="checkbox"/>	<input type="checkbox"/>
Is the system over flowing?	<input type="checkbox"/>	<input type="checkbox"/>
Additional Comments:		
- Please attach pictures		
Maintenance Items To be Completed:		
By signing this form, I certify that I have inspected this system.		
_____	_____	
Owners Signature	Date	