

Water Quality Facility Work Plan

Fill out this work plan and return to the City of Springfield within 30 days

Facility name: _____ Site address: _____

Site Plan Number: _____

Submitted by: _____

Work performed by: _____

Work start date: _____ Work end date: _____

These dates are estimated and may change due to weather or unforeseen factors. The City of Springfield will be notified immediately at 541.726.3694 of any changes to this plan.

- Structures to be cleaned between the dates of _____ and _____.
- | | |
|--|--|
| <input type="checkbox"/> Water Quality Manhole | <input type="checkbox"/> Filter Catch Basins |
| <input type="checkbox"/> Outfall Structure | <input type="checkbox"/> Inlet Structure |
| <input type="checkbox"/> Catch Basins | <input type="checkbox"/> Closed Detention System |
| <input type="checkbox"/> Filter Vault | <input type="checkbox"/> Other _____ |

- Vegetation management to occur between the dates of _____ and _____.
- | | |
|--|---|
| <input type="checkbox"/> Pruning of desirable vegetation | <input type="checkbox"/> Removal of invasive vegetation |
|--|---|

Approved methods are manual or mechanical removal of invasive vegetation from the facility. For difficult invasive plants or pests, please contact Environmental Services at 541.726.3694 for technical assistance.

- Grading and/or sediment removal will be done between the dates of _____ and _____. Approved plans will be referenced to determine correct slope and elevations.
- Planting and erosion control will be done between the dates of _____ and _____. Approved plans will be referenced for plant or seed mix requirements. If a planting plan is not available contact the City of Springfield for guidance. All exposed areas of water quality facilities shall be protected from erosion. Depending on the site, there are several options available for erosion control, including coconut or jute matting and straw layering.
- Other: _____

The City of Springfield will be notified at 541.744.3385

- Immediately of any changes to this plan
- For inspections when all work is complete

Signature: _____ Date: _____

Include other issues or comments on a separate sheet if necessary.



Environmental Services
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541.726.3694
www.springfield-or.gov
www.springfieldstreams.org