



**Triangle Pond Management**  
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**Maintenance Service Report**

|                                      |                           |                    |  |
|--------------------------------------|---------------------------|--------------------|--|
| <b>Customer Name:</b>                |                           | <b>Date:</b>       |  |
| Chandler Woods MOA                   |                           | 7/12/2023          |  |
| <b>Address:</b>                      |                           |                    |  |
| 214 Abbot Pl                         |                           |                    |  |
| <b>Aquatic Technician:</b>           |                           |                    |  |
| Luis Rodriguez                       |                           |                    |  |
| <b>Time of Arrival:</b>              | <b>Time of Departure:</b> | <b>Drive Time:</b> |  |
| 8:34 AM                              | 12 :10PM                  | 52 minutes         |  |
| <b>Type of Device(s) Maintained:</b> |                           |                    |  |
| BMP 1, BMP 2, BMP 3                  |                           |                    |  |

|   |  |   |   |
|---|--|---|---|
| <b>Unwanted Vegetation:</b>                           |  |   |   |
| <input checked="" type="checkbox"/> Filamentous Algae | <input type="checkbox"/> Planktonic Algae                      | <input type="checkbox"/> Emergent Aquatics            | <input type="checkbox"/> Submersed Aquatics           |
| <input type="checkbox"/> Free Floating Aquatics       | <input checked="" type="checkbox"/> Broadleaf/Invasive Grasses | <input type="checkbox"/> Other (see additional notes) |   |
| <b>Method of Treatment Used:</b>                      |  |   |   |
| <input checked="" type="checkbox"/> Algaecide         | <input checked="" type="checkbox"/> Herbicide                  | <input type="checkbox"/> Dye (Black/Blue)             | <input type="checkbox"/> Other (see additional notes) |

| General Inspection:   | Comment:                          |
|---|-----------------------------------|
| Was any trash found in or around the devices?                           | Yes<br>Removed 2 gallons of trash |
| Were the Inlets & Outlets clear of all debris and functioning properly? | Yes<br>See notes                  |
| Was the Rip Rap clear of any unwanted vegetation?                       | Yes<br>See notes                  |
| Was the required beneficial vegetation healthy and flourishing?         | Yes                               |
| Was any Beaver/Muskrat activity observed?                               | No                                |
| Was the water at the proper elevation?                                  | Yes                               |
| Were the devices draining properly?                                     | Yes                               |
| Was the Riser/Trash Rack clear of trash and debris?                     | Yes                               |
| Was any erosion observed during the visit?                              | No                                |

| Optional Services:                              |     | Comment: |
|---|-----|----------|
| Were Mowing services completed?                 | Yes |          |
| Was the Rip Rap in the correct position?        | Yes |          |
| Were overseeding services preformed this visit? | No  |          |
| Was the Drain Valve exercised?                  | No  |          |
| Was the Fountain/Aerator functioning properly?  | N/A |          |

#### Wildlife Observations

| Healthy for Aquatic Environment:    |   | Unhealthy for Aquatic Environment<br>(Removal/Remediation Recommended): |
|-------------------------------------|---|---|
| <input type="checkbox"/> Bass       | <input type="checkbox"/> Bluegill/Sunfish | <input type="checkbox"/> Geese  |
| <input type="checkbox"/> Grass Carp | <input type="checkbox"/> Minnows/Gambusia | <input type="checkbox"/> Excessive Turtles                              |
| <input type="checkbox"/> Cray Fish  | <input type="checkbox"/> Turtles          | <input type="checkbox"/> Snakes   |

| Repairs?                 | Comment: |
|--------------------------|----------|
| Are repairs required? No |          |

| Overall Condition of Devices:   |
|---|
| <input type="checkbox"/> Excellent <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor |

| Additional Notes:   |
|---|
| <p>Walked and removed trash and debris.</p> <p>Mowing and string trimming services were completed.</p> <p>Blew out debris in riprap.</p> <p>Treated unwanted vegetation in riprap with an approved herbicide.</p> <p>Treated unwanted vegetation in BMP 3 with an approved herbicide.</p> <p>Please contact our office with any additional questions, concerns, or to schedule repairs.</p> |

| Technician's Signature:   |
|---|
|  |


| Photo 1:  | Photo 2:   |
|---|--|
|    |    |
| BMP 1 overall   | BMP 1 backside   |
| Photo 3:  | Photo 4:   |
|  |  |
| BMP 1 outlet  | BMP 1 riser  |



| Photo 5:  | Photo 6:   |
|---|--|
|    |    |
| BMP 1 inlet   | BMP 2 overall  |
| Photo 7:  | Photo 8:   |
|  |  |
| BMP 2 riser   | BMP 2 outlet   |



| Photo 9:  | Photo 10:  |
|---|--|
|    |    |
| BMP 2 backside  | BMP 2 inlet  |
| Photo 11:   | Photo 12:  |
|  |  |
| BMP 3 overall   | BMP 3 inlet  |

| Photo 13:   | Photo 14: |
|---|-----------|
|  |           |
| BMP 3 riser   |           |
| Photo 15:   | Photo 16: |
|   |           |
|   |           |