





# TOWN OF WAYNESVILLE

## Stormwater Inspection Form

FOR OFFICE USE ONLY

Received by: \_\_\_\_\_

Date received: \_\_\_\_\_

Please use a separate form for each SCM on site

### STORMWATER CONTROL MEASURE ANNUAL MAINTENANCE INSPECTION REPORT

#### BIORETENTION CELL

Potential Problem	Code	Comments
<b>Bioretention Cell Mulch and Media</b>		
Mulch is breaking down or floated away		
Soils/mulch clogged with sediment		
Other (describe)		

<b>Underdrain System (If Applicable)</b>		
Clogging has occurred		
Other (describe)		

<b>Outlet Control Structure</b>		
Clogging has occurred		
Drop inlet is damaged		
Other (describe)		

<b>Receiving Water</b>		
Erosion or other signs of damage at the outlet		
Other (describe)		

<b>Miscellaneous</b>		
Access		
Vandalism		
Signage (if applicable)		
Other (describe)		

**Additional Comments/Recommendations:**

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Describe the maintenance/repair activities performed since the last inspection date (if no previous inspection, describe all maintenance performed). Examples: mowed the grass monthly, watered the plants weekly, picked up trash weekly, had the water quality unit cleaned with a vacuum truck on March 1, 2020, etc. Include current maintenance/repair activities or activities that need to be performed (e.g. the pervious concrete needs to be swept, the green roof needs to be weeded, etc):

Please notify the Administrator when repairs from this report have been completed.



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#### BIORETENTION CELL

Inspection Result (circle): Passed/Failed

If failed, reason for failure:

#### CERTIFICATION

I, \_\_\_\_\_ as a duly registered \_\_\_\_\_ in the State of North Carolina attest that on \_\_\_\_\_, 20\_\_\_\_, a thorough inspection of all required stormwater control facilities was performed. All information provided is correct to the best of my knowledge.

Inspector's Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Seal (if applicable)

License/Certification Number: \_\_\_\_\_

Date: \_\_\_\_\_