



TOWN OF WAYNESVILLE

Stormwater Inspection Form

Please use a separate form for each SCM on site

FOR OFFICE USE ONLY

Received by: _____

Date received: _____

STORMWATER CONTROL MEASURE ANNUAL MAINTENANCE INSPECTION REPORT

PROPRIETARY DEVICES (STORM FILTER)

Project Name: _____	Inspection Date: _____
Inspector Phone #: _____	Inspector Email: _____
Inspector Name: _____	Inspector Signature: _____
Recent Rainfall: <input type="checkbox"/> 0-2 days <input type="checkbox"/> 3-5 days <input type="checkbox"/> 5+ days	<input type="checkbox"/> Initial Inspection <input type="checkbox"/> Follow-up Inspection

<input type="checkbox"/> Operations and Maintenance Agreement Recorded
<input type="checkbox"/> U&c !^•Á Á@ Á •] ^&c áÀÜÔ Á Á^ Á&@ áÁ Á@ Á !{ ÁYei fYXl

Code Key:

N/A	=	Not Applicable	M	=	Monitor (potential for future problem)
WN	=	Work Needed	S	=	Satisfactory (or no maintenance needed at time of inspection)

Potential Problem	Code	Comments
Entire SCM		
Trash/debris is present		

Adjacent pavement (if applicable)::		
Sediment is present on the pavement surface		
Other (describe)		

Flow diversion structure		
The structure is clogged		
The structure is damaged		
Other (describe)		

StormFilter Cartridges		
Cartridges not performing as designed (see manufacturer's recommendations)		
Other (describe)		

Outlet Device		
Clogging has occurred		
The outlet device is damaged		
Other (describe)		

Receiving Water		
Erosion or other signs of damage at the outlet		
Other (describe)		



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Miscellaneous		
Access		
Vandalism		
Signage (if applicable)		
Other (describe)		

Additional Comments/Recommendations:

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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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: _____