





# 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 PROPRIETARY DEVICES (STORM FILTER)

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

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If failed, reason for failure:

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### 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: \_\_\_\_\_