



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

STORMWATER WETLAND

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

Operations and Maintenance Agreement Recorded

~~Use the following codes to indicate the condition of the SCM at the time of inspection. If Yes, if Yes~~

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		
Perimeter of Wetland		
Bare soil/erosive gullies		
Vegetation is too short or too long		
Other (describe)		
Inlet Device: Pipe or Swale		
The pipe is clogged (if applicable)		
The pipe is cracked or otherwise damaged		
Erosion is occurring in the swale (if applicable)		
Other (describe)		
Forebay		
Sediment/debris accumulation		
Erosion has occurred		
Weeds are present		
Other (describe)		
Deep Pool, Shallow Water and Shallow Land Areas		
Algal growth over 50% of normal pool water surface		
Invasive vegetation over 50% of normal pool		
Shallow land flooded more than 5 days after storm		
Plants area dead, diseased or dying		
Pruning needed for optimal plant health		
Sediment accumulation (75% - original deep pool depth)		
Other (describe)		

Potential Problem	Code	Comments
Embankment		
Tree growth on embankment		
Needs repair (determined by appropriate professional)		
Evidence of muskrat or beaver activity is present		
Other (describe)		
Micropool		
Sediment accumulation (75% of original pool depth)		
Other (describe)		
Outlet Device		
Clogging has occurred		
Device is damaged		
Debris on trash rack		
Other (describe)		
Receiving Water		
Erosion or other signs of damage at the outlet		
Other (describe)		
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: _____