

# 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 UNDERGROUND DETENTION

Project Name:	Inspection Date:		
Inspector Phone #:	Inspector Email:		
Inspector Name:	Inspector Signature:		
Recent Rainfall: □0-2 days □3-5 days □5+ days	□ Initial Inspection □ Follow-up Inspection		

## ] Operations and Maintenance Agreement Recorded ] Ú**&c**`¦^• ⁄ң ́ ⁄a@ ⁄هِ •] ^&c^åÂÙÔT ⁄æc^Áæcæ&@åÁų Áœá ÁĮ ¦{ ⁄<mark>ff Yei ]f YXŁ</mark>

#### Code Key:

N/A WN	=	Not Applicable Work Needed	M S		<ul> <li>Monitor (potential for future problem)</li> <li>Satisfactory (or no maintenance needed at time of inspection)</li> </ul>				
Potential Problem						Code	Comments		
Entire SC	Entire SCM								
Trash/deb	ris is p	present							

Inlet Device		
The pipe is clogged (if applicable)		
The pipe is cracked or otherwise damaged		
The structure is damaged		
Other (describe)		
The underground vaults/pipes		
Sediment accumulation of 6 inches or more		
Significant seepage or settlement and cracking within a		
small area of the vault/pipe		
Interior walls of the vault/pipe show signs of improper		
alignment, displaced joints, cracks, corrosion, surface wear	 	
Other (describe)		
The receiving water		
Erosion, other signs, or damage have occurred at the outlet		
Other (describe)		
The outlet device		
Clogging has occurred		



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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.

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