



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

WET DETENTION BASIN

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

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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 the Wet Detention Basin	Code	Comments
Bare soil/erosive gullies		
Vegetation is too short or long		
Other (describe)		

Inlet Device: Pipe or Swale	Code	Comments
The pipe is clogged (if applicable)		
The pipe is cracked or otherwise damaged		
Erosion is occurring in the swale (if applicable)		
Other (describe)		

Forebay	Code	Comments
Sediment accumulation (greater than design depth)		
Erosion has occurred		
Weeds are present		
Other (describe)		

Vegetated Shelf	Code	Comments
Pruning needed for optimal plant health		
Plants are dead, diseased, or dying		
Weeds are present		
Other (describe)		

Potential Problem	Code	Comments
Main Treatment Area		
Sediment accumulation (greater than design depth)		
Algal growth over 50% of water surface area		
Invasive vegetation covers 50% of water service		
Other (describe)		

Embankment & Spillway		
Shrubs/trees present		
Evidence of muskrat or beaver activity is present		
Needs repair (determined by appropriate professional)		
Other (describe)		

Outlet Control Structure		
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: _____