

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

FILTER STRIP/LEVEL SPREADER

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&č ¦^• ʎį -ʎ@ ʎ§ •] ^&c^åÂĴÔT /ᡂ^Ácæ&@åʎŧ[ʎs@ā Áţ ¦{ /á**tf Yei]f YXŁ**

Code Key:

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

Flow Splitter Device (if applicable)	
Device is clogged	
Device is damaged	
Other (describe)	

The Level Spreader	
Level lip damaged (cracked, settled, undercut or eroded)	
Erosion around level lip end (from stormwater bypass)	
Trees/shrubs present (in swale or downstream or lip)	
Other (describe)	

Bypass Channel	
Areas of bare soil and/or erosion/gullies present	
Turf reinforcement damaged/rip-rap displaced	
Other (describe)	

Filter Strip	
Grass is too short or too long (if applicable)	
Areas of bare soil and/or erosion/gullies present	
Sediment accumulation	
Grass is dead, diseased or dying	
Invasive vegetation	
Other (describe)	



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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

l,	as a duly registered	in the State of North Carolina
attest that on, 20_	_, a thorough inspection of all required stormwate	r control facilities was performed.
All information provided i	s correct to the best of my knowledge.	

Inspector's Signature:_____

Title:_____

Seal (if applicable)

License/Certification Number: _____

Date: _____