



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 GRASSED SWALE

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

<input type="checkbox"/> Operations and Maintenance Agreement Recorded
<input type="checkbox"/> Úãċ ^•Á Ą@ġ •] ^&c^áÙÔŦ Á^Áac&@áĀ Ą@ Ā !{ ÁŦYeI ŦYXĹ

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 Length of Swale		
Trash/debris is present		
Bare soil/erosive gullies		
Sediment covers grass at swale bottom		
Vegetation is too short or long		
Other (describe)		

Receiving Water	Code	Comments
Erosion or other signs of damage at the outlet		
Other (describe)		

Miscellaneous	Code	Comments
Access		
Vandalism		
Signage (if applicable)		
Other (describe)		

Additional Comments/Recommendations:



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GRASSED SWALE

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: _____