



# TOWN OF WAYNESVILLE Stormwater Inspection Form

<b>FOR OFFICE USE ONLY</b>
Received by: _____
Date received: _____

Please use a separate form for each SCM on site

## STORMWATER CONTROL MEASURE ANNUAL MAINTENANCE INSPECTION REPORT INFILTRATION TRENCH

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"/> If Yes If No
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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
<b>Entire BMP</b>		
Trash/debris is present		
<b>The Grass Filter Strip or Other Pretreatment Area</b>		
Bare soil/erosive gullies		
Sediment accumulation (greater than 6-inches)		
Other (describe)		
<b>Flow Diversion Structure (If Applicable)</b>		
Clogging has occurred		
Device is damaged		
Other (describe)		
<b>Trench</b>		
Ponding water more than 24 hours after storm event		
Sediment accumulation (75% of the original depth)		
Invasive vegetation		
Other (describe)		
<b>Observation Well(s)</b>		
Water table within 1-ft of bottom of system for 3 months		
Outflow pipe is clogged		
Outflow pipe is damaged		
Other (describe)		



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Potential Problem	Code	Comments
<b>Emergency Overflow Berm</b>		
Erosion or signs of damage at outlet		
Other (describe)		
<b>Receiving Water</b>		
Erosion or other signs of damage at the outlet		
Other (describe)		
<b>Miscellaneous</b>		
Access		
Vandalism		
Signage (if applicable)		
Other (describe)		

**Additional Comments/Recommendations:**

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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):



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Inspection Result (circle): Passed/Failed

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If failed, reason for failure:

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### 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: \_\_\_\_\_